

Tulip Mental Health and Community Care Limited

10-12 Hainsworth Park

Inspection report

12 Hainsworth Park
Hull
HU6 8QQ

Tel: 07796013455
Website: www.tulipcommunitycare.co.uk






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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

10-12 Hainsworth Park is a care home providing personal and nursing care for up to four children and younger adults with mental health needs. The service provides support in two adapted buildings in a residential area. At the time of our inspection there were three people using the service.

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

People benefited from living in a person-centred and caring service. However, improvements were needed to help ensure people would receive consistently safe and effective care. Medicines were not managed safely. We could not be assured new staff had been safely recruited or that agency staff were suitable and safely deployed to work in the service. Records relating to the induction, training and monitoring of new staff's performance did not evidence a safe and effective process.

Clear and complete records were not always available in other areas, for example in relation to the management of accidents and incidents or health, safety and maintenance checks. Because of these concerns, there was an increased risk people could receive ineffective or unsafe care. There had been changes of management at the service. Whilst we received positive feedback about the new manager there had been a lack of oversight and effective monitoring during a period of transition, which showed the service had not always been well-led.

People's needs were thoroughly assessed, and detailed person-centred care plans were in place setting out how best to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff encouraged people to express their wishes and views and to be involved in decisions.

Staff were caring and respectful in the way they supported people. People were supported to take positive risks, access their wider community and pursue their hobbies and interests.

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

Rating at last inspection

This service was registered with us on 10 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on when the service was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

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

We have identified breaches in relation to safety, medicines, evidencing safe recruitment practices and the governance arrangements at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

10-12 Hainsworth Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors.

Service and service type

10-12 Hainsworth Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 10-12 Hainsworth Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. The service had been without a registered manager since June 2022. A new manager was in post and was in the process of applying to become the registered manager.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure there would be people at home to speak with us and the provider or manager available to support the inspection.

What we did before the inspection

We reviewed information we received about the service since it first registered. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from Healthwatch, and the local authority who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 1 of their relatives about their experience of the care provided. We received feedback from 2 health and social care professionals and spoke with 8 members of staff including the provider's nominated individual, the manager, the clinical support manager, deputy manager, a team leader and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care and medicine administration records. We looked at 2 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at increased risk of harm, because robust systems were not in place to make sure their medicines were managed and administered safely.
- Not all prescribed medicines had been recorded on people's medicine administration records (MARs). This increased the risk people would miss doses of prescribed medicines.
- Clear guidance was not always provided to help make sure staff administered 'when required' doses of prescribed medicines appropriately.
- Staff had not followed good practice guidance to check and make sure accurate information was recorded on people's MARs or to ensure all 'over the counter' medicines were managed and administered safely.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were gaps in recruitment records. This meant we could not be certain the provider had followed a safe recruitment process when new staff were employed.

The failure to evidence safe recruitment practices was a breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our site visit, the provider shared information about a system they had set up to help evidence safer recruitment practices in future.
- Enough staff were deployed to meet people's needs. The provider used agency staff when necessary to cover gaps in the rota.

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

- People were at increased risk because the provider had not followed a robust process to make sure all agency staff were suitably trained and competent before being deployed.
- There were gaps in the information obtained about agency staff and records did not evidence they had received a thorough induction before starting work at the service.
- There were gaps in records relating to health, safety and maintenance checks of the building. For example, around the safety of the electrical installation, tests of the fire alarm, and water temperature checks

designed to monitor and minimise the risks associated with Legionella developing in the water system.

- We could not always be certain appropriate action had been taken following accidents and incidents. A robust system was not in place to make sure all accidents and incidents were thoroughly documented and to support the effective oversight and analysis of risk.
- Accidents and incidents that had occurred had not been thoroughly reviewed and analysed to help identify any patterns, trends or lessons that could be learned.

The failure to maintain complete and contemporaneous records and to monitor and mitigate risks was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had detailed risk assessments, showing risks associated with meeting their needs had been thoroughly assessed. This included comprehensive positive behaviour support plans to guide staff on how best to support people if they became anxious or distressed.
- People were supported to take positive risks. Detailed management plans guided staff on how to support people to minimise risks whilst promoting their independence. A professional told us, "The service promotes a good quality of life, ensuring [Name] is safe from harm, but also working towards independence."

Preventing and controlling infection

- The environment was generally clean and tidy.
- Staff had access to appropriate personal protective equipment.
- There were some gaps in cleaning records and limited use of audits to show how the provider monitored and made sure staff followed good infection prevention practice.

Systems and processes to safeguard people from the risk of abuse

- People using the service felt safe. Staff had been trained to help them identify and report any safeguarding concerns.
- Concerns had been appropriately reported to the local authority safeguarding team to help safeguard people from abuse and neglect.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was not guaranteed. We could not be certain people would be supported to achieve consistently good outcomes.

Staff support: induction, training, skills and experience

- People were at increased risk of receiving ineffective or unsafe care. A robust process had not been followed to make sure all staff were suitably trained and competent before being deployed.
- Records did not evidence a thorough approach to the induction, training and monitoring of new staff's performance.
- New staff had been deployed without completing relevant training, for example, in relation to the use of restraint or supporting people with behaviours that may challenge.
- Staff had not always received regular supervisions, spot checks or competency assessments to help monitor their performance.

The failure to monitor and mitigate risks and to maintain records in relation to persons employed was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, people gave generally positive feedback about the skills of the staff. A relative explained, "The staff watch [Name] all the time and try their best to keep them safe and prepare them for when they come out of care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were thoroughly assessed. Detailed care plans had been put in place to support and guide staff on how to provide effective care.
- Staff worked with other professionals and people's multi-disciplinary teams to plan and coordinate how to meet their needs.
- People were supported to engage in therapy sessions as part of a holistic approach to promoting and maintaining their wellbeing.
- Comprehensive handovers were completed to ensure staff had up-to-date information about people's needs and to help monitor any risks or issues arising.

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

- People's nutritional needs were assessed, and staff provided advice, guidance and support if necessary, to make sure people ate and drank enough.
- Staff encouraged people to make healthy decisions to maintain a balanced diet.

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

- People benefited from living in a small person-centred service in a residential area, close to local amenities.
- The environment was homely, with private and communal areas including safe outside spaces.
- Some areas of the service needed redecoration and plans were in place to address this.
- People had been encouraged to personalise their bedrooms according to their individual preferences.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported and encouraged to make their own decisions.
- Appropriate authorisations were in place where needed to deprive people of their liberty. Action had been taken to regularly review DoLS authorisations and to help ensure staff worked within relevant conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. Professionals told us staff were kind, caring and compassionate in the way they met people's needs.
- Staff were patient and respectful in the way they spoke with people. A relative commented, "I've met most of the carers now and they seem very nice people."
- People's needs were considered in the way their care and support was planned and delivered. This showed staff respected people's individual and diverse needs.

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

- People were actively involved in planning how their needs were met. Staff sought people's views and encouraged them to make decisions wherever possible.
- People felt confident speaking with staff to express their wishes. Staff worked in partnership with people to understand their views and encouraged them to make safe decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained.
- People had their own personal space. Staff carefully balanced the need to complete regular observations and safety checks with the need to promote people's privacy, dignity and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met.

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

- People received person-centred care. Staff assessed people's needs and created detailed, person-centred care plans setting out how best to meet their individual needs. A professional said, "They are very person-centred and working towards the future and independence, which is positive for [Name]."
- Information was recorded about people's aspirations, likes, dislikes and personal preferences to support staff in providing person-centred care.
- Care plans were holistic and set out the support people required to meet all of their needs. They identified areas for development and how staff would support and encourage people to meet their developmental goals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed to help make sure staff understood how best to share information in an accessible way.

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

- People were supported to take positive risks. This helped ensure people could access their wider community and pursue their hobbies and interests.
- People were supported to maintain contact with people who were important to them to help reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or management if they were unhappy about the service or wanted to complain.
- The provider had a policy and procedure setting out how they would manage and respond to complaints. However, records of how complaints had been managed and any lessons learnt were not always clear. Following our site visit, the provider sent us information to show what action they had taken to address this concern.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been changes in management at the service. We received positive feedback about the new manager and the changes being made. However, the provider had not ensured the consistent and safe management of the service during a period of transition.
- People's medicines had not been managed safely. Risks associated with the home environment had not always been effectively monitored and managed.
- Clear and complete records were not always available. For example, in relation to the recruitment, induction and training of staff, accidents and incidents, health and safety checks or the management of complaints. This meant we could not be certain appropriate action had been taken to monitor and minimise risks.

The failure to ensure consistently effective systems of governance put people at increased risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider was committed to continually improving the service and sent us information following our inspection site visit showing the actions they had taken to address concerns and continue improving systems and processes

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefited from living in a person-centred service. A professional said, "They provide [Name] with a home that keeps them safe and well cared for."
- People's needs were thoroughly assessed, and staff and management worked in consultation with other professionals to plan how best to meet people's needs. A professional told us, "A new home manager has been appointed. Since this communication has improved greatly."
- Staff told us they felt supported and that management were approachable. One member of staff explained, "I think everyone is really approachable. You never feel you can't ask or that there's a silly question. It feels like management have always got time for you to ask questions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The provider and management understood their responsibility to be open and honest and apologise to people if something went wrong.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured care and treatment were provided in a safe way for service users. Regulation 12(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to establish and operate effectively systems and processes to assess, monitor and mitigate risks and to maintain complete and necessary records. Regulation 17(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider failed to evidence safe recruitment practices. Regulation 19(3).