Navlette Ommouy McFarlane

Tulips Care Home III

Inspection report

324 Hither Green Lane,
Lewisham,
London,
SE13 6TS
Tel: 0208 695 1175
Website:

Date of inspection visit: 7, 8 and 19 October 2015
Date of publication: 31/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 7,8 and 19 October 2015 and was unannounced.

The Tulips III is a residential home for up to six people with a mental health condition. At the time of the inspection there were six people living at the service. There was a manager in post, the service is not required to have a registered manager.

We have made a recommendation about the management of fire safety.

People received their medicines in line with company policy. Staff underwent training to ensure they were knowledgeable and competent to administer medicines to people. Staff had sound knowledge and understanding of the medicines people took and the reasons why. We carried out an audit of one person's medicines and found that these were recorded, stored and administered in line with good practice.

Summary of findings

People at the service told us they felt safe because the staff were always on hand to help them. Staff had sufficient knowledge of how to identify signs of abuse and who to raise their concerns to should they suspect abuse.

The provider was aware of their responsibilities relating to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

Staff underwent a comprehensive induction process when first employed. Inductions were tailored to staff's individual needs and were extended should staff require additional support and training. Staff received on-going supervisions from the manager to help them reflect on their work and identify training requirements.

Care plans were person centred and where possible people were involved in the development of these. Care plans covered all aspects of care delivered and were regularly updated and reviewed to reflect people's changing needs.

Risks to people were identified and plans were in place to manage them. Staff had a clear understanding on how to minimise these risks and were aware of the importance in following the set guidelines.

People's consent was sought for care that was provided in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Information was shared with people in a way that they could understand so that they were well informed and supported to give their views.

The service actively sought feedback on the delivery of care. Yearly quality assurance questionnaires were sent to people, their relatives and staff to seek their views on how the service is run. The provider acted appropriately to suggestions made.

People's complaints and concerns were listened to by the manager and felt their concerns were listened to and acted upon.

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?

Requires improvement

The service was not always safe. People were not always protected against the risk of fire as fire escapes were kept locked by the means of a key with access to the key placing people at risk of harm.

There were sufficient numbers of staff on shift to keep people safe.

Staff had a good understanding of their responsibilities within the provider's safeguarding framework. They were aware of the correct procedures to follow when reporting and the management of abuse.

Risk assessments were in place and reviewed regularly to ensure staff were given the tools to maintain people's safety both in house and when accessing the community.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by knowledgeable and skilled staff who knew how to effectively meet their needs.

Staff received on-going comprehensive training to effectively carry out their role and responsibilities.

People's consent was sought for care that was provided in line with the MCA and DoLS. Information was shared with people in a way that they could understand so that they were well informed and supported to give their views.

People had access to health care services and received comprehensive support from external professionals. People were supported to maintain good health.

People were provided with enough to eat and drink throughout the day. Food provided was nutritious and took into account people's preferences and dietary requirements.

Is the service caring?

Good

The service was caring. Staff treated people with dignity, respect and compassion at all times.

Staff encouraged people to be involved in all aspects of their care and provided people with information and explanations in a manner they understood.

People were encouraged to be as independent as possible, staff supported people to gain life skills to help further their independence.

People were supported to maintain positive relationships with friends and family.

Summary of findings

Staff actively involved people to take interest in their own wellbeing and encouraged people to make healthy decisions.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and contained information relating to people's history, experiences, likes, dislikes and identified needs.

Concerns and complaints were taken seriously and dealt with in a timely manner to receive a positive outcome for the person.

Staff encouraged people to participate in their local community to minimise the risk of social isolation.

People were encouraged to engage in college courses and activities of their choosing. Staff facilitated people's preferences with regards to education.

Is the service well-led?

Good

The service was well-led. The manager was approachable and took an active role in the day to day management.

There were effective systems in place to monitor the quality of the service. The manager actively sought people's feedback with regards to the service provision and acted on them.

People and staff told us they found the manager approachable and would manage concerns or issues that arose, appropriately.

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 7, 8 and 19 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we gathered information we held about the service and the provider. We looked at details of statutory notifications sent to us by the service, safeguarding concerns, complaints, information shared with us by other health care professionals and the registration details of the service.

During the inspection we spoke with three people who live at The Tulips III, and one relative. We also spoke with one care worker, the deputy manager and the manager. We looked at three care records and their medicines administration records (MAR), the accidents and incidents records, four staff records, and other documentation the service is legally required to maintain.

After the inspection we spoke with one community psychiatric nurse and a care manager that were involved in the service and the local fire officer.

Requires improvement

Is the service safe?

Our findings

People were not protected against the risk of fire. The service did not have a suitable fire protection system in place to maintain people's safety. We looked at the fire risk assessment and found these had been updated in relation to good practice.

People's means of escape in the event of a fire were restricted. We found the three fire exits were kept locked to ensure people did not leave the premises without direct support from staff, with one staff member on duty holding the key. This meant that people could not safely and immediately exit the building in the event of a fire. We spoke with the manager who informed us they would implement a new system so that all staff on duty could access the key.

On the third day of our inspection we saw a comprehensive fire risk assessment had been completed in line with legislation. The provider had put a new system in place which comprises of a locked box attached to the wall with a small metal hammer that would be used to break the glass to retrieve the key to unlock the door, in the event of an emergency. This meant that in an emergency people could exit the building easily, however there was a risk to people from broken glass.

We recommend that the service seek guidance on fire safety from an appropriate source and take action to update their practice accordingly.

People felt safe living at the service. One person told us, "I like living here and I am safe. The front door is kept locked to make sure bad people can't come in and steal things". A relative told us, "My [relative] is safe living there, if [they] felt unsafe they would tell me immediately". A health care professional we spoke with told us, "People are safe there".

People were protected against the risk of abuse. We spoke with staff who were able to identify the different types of abuse and how people's behaviours and presentation may alter if they had been subjected to any form of abuse. Staff had a good understanding of the appropriate process to follow when reporting incidents of suspected abuse. Staff told us, "I would contact the manager, the local authority and those that need to know. I wouldn't sit and do nothing about it". Staff had sufficient knowledge of their responsibilities within the safeguarding framework and the service had robust systems in place to report and manage allegations of abuse. Staff were able to demonstrate an understanding of whistleblowing and were aware of their rights under the procedure.

People were protected against repeat incidents and accident. Accidents and incidents were documented and shared with health care professionals to minimise the risk of a recurrence. One person told us, "I don't go out on my own in case I have an accident, they [staff] like to keep me safe". A health care professional we spoke with told us, "Staff are managing behaviours well. We evaluate the level of care and we work with them and they [staff] are keen to learn and follow guidelines to support people to improve".

People were supported to receive their medicines safely. Staff were able to demonstrate safe practice in the safe administration of medicine. Staff sought people's consent before administering medicine. We carried out an audit of medicines held at the service. We observed staff administering medicines to one person and they explained what medicine they were receiving and the reasons why. We saw that medicines were stored appropriately and in line with the provider's policy. Medicine administration recording sheets (MARS) were completed correctly and detailed the name of the medicine, dose, route, time dose to be given and sign once taken.

People were supported by sufficient numbers of skilled staff to ensure their needs were met. During the inspection we spoke to one staff who told us, "I think there are enough of us [staff] to get everything done, if there wasn't I'd speak to the manager". A health care professional we spoke with told us, "I believe there are enough staff on shift to meet people's needs". Staff told us that alongside care workers, the deputy manager and the manager were available and could therefore support staff when they were short. The deputy manager told us that staffing levels were based on the needs of people and where needs changed this was reflected in the increase in staffing. This meant that staffing levels were flexible to meet people's needs.

The service had robust systems in place to ensure suitable staff were employed by the service. We looked at staff records and found that prior to receiving an offer of employment necessary checks had been undertaken. For example, disclosure and barring services (DBS) criminal checks, two written references, proof of address and photo

Requires improvement

Is the service safe?

identification. Staff underwent competency assessments to ascertain their level of knowledge and any areas of support they may require to safely fulfil their duties during the induction process.

Good

Is the service effective?

Our findings

People were supported by knowledgeable and effective staff who actively encouraged people to give consent to the delivery of their care.

People were not deprived of their liberty unlawfully. Staff had sound knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities within the legal framework. People were able to go out independently in line with their care plan and risk assessment, however due to safety reasons others required the direct support from others to access the community. Documentation confirmed that staff had received MCA and DoLS training. At the time of the inspection the service had sought DoLS authorisations from the local authority DoLS team and had followed good practice to ensure people were not being deprived of their liberty unlawfully. One DoLS authorisation had been granted and the service were awaiting the outcome of the other submitted DoLS requests.

People's consent was sought prior to care being delivered. One person told us, "[Staff] ask me if I want to do things or if they can help, sometimes I say yes and sometimes I say no." A relative we spoke with told us, "Staff are respectful and do get [relative's] consent, if they didn't [relative] would tell me." We saw staff seeking people's consent throughout the inspection for example, we observed staff asking people if they could enter their rooms and support them with their medicine. Staff were respectful of those that did not give their consent and told us, "Sometimes if you give people time to digest the information then approach them again they may change their minds, but it's their choice to have us support them." We also spoke with a health care professional who told us, "People's consent is certainly sought. [Staff] always take people's views and choices into consideration and their choice is respected".

People were supported by competent and skilled staff. Staff underwent comprehensive inductions to ensure they could effectively support people and meet their needs. One staff member told us, "We covered a lot in the induction and it helps you to really know people and what you're meant to do." Records showed that staff were supported by experienced staff during their induction period. Staff induction could be extended based on their abilities and skills and additional support measures were put in place if needed.

People received care from staff that were effectively supported to carry out their role. Records showed that staff received on-going supervision and appraisals. Staff told us, "I find the supervisions helpful we can talk about anything that we need to". Another staff member told us, "I get my supervisions every six to eight weeks. We discuss people's health and wellbeing, any concerns I have or training I need. I feel that I can express myself freely and we cover everything".

People were supported by staff who received on-going training to enhance the delivery of care. Staff received all mandatory trying and also training that was identified for people, for example, post-traumatic stress disorder training. We looked at the training matrix which showed what staff had received and upcoming scheduled training. We spoke with a health care professional involved with the service who told us, "Staff are qualified in their role to support people. We have been involved in their training and the staff are knowledgeable". Staff told us they found the training helpful in order to effectively carry out their role.

People were communicated with in a manner they preferred. Throughout the inspection we observed staff interacting with people using different styles, for example, staff would change their approach to sharing information based on the level of understanding of people.

We observed staff encouraging people to participate in a planned activity to access the local community for lunch. Staff were seen using a positive energetic approach to encouraging someone to participate.

We observed staff speaking to one person using very clear short sentences as this fitted with the person's preferred communication style. We reviewed the care plan which indicated how the person wanted to be addressed this showed staff were following their care plan.

People had access to food and drink at times that suited them. During the inspection we observed people having lunch. People were given choices in the meal they wanted and where possible this was facilitated. One person told us, "I can eat when I want, I like the food". A relative told us, "There is enough to eat and drink and if there wasn't my relative would tell me." We saw that snacks were available for people to have as and when they wished.

Good

Is the service caring?

Our findings

People received care and support from caring and respectful staff. One person told us, “I’m glad I came here to live, it’s the best”. They went on to say, “I like living here because everyone [staff] is nice to me”. A relative told us, “I want the best possible care for my [relative] and I believe [they] gets it there”. A health care professional we spoke with told us, “It’s like a home away from home.”

People were supported by staff that were kind, caring and respectful of their needs. We observed staff interacting with people throughout the three day inspection and found staff had developed positive relationships with people. For example, staff were observed talking to people about their life history, family members and accomplishments and were aware of people’s likes and dislikes. We spoke with staff who told us how important it was to know people well so that they could tailor the way they worked to meet people’s needs.

People were encouraged to maintain their independence and life skills wherever possible. Staff supported people to participate in all aspects of their care for example participating doing their own laundry and tidying of their personal rooms. People were keen to tell us they did their own laundry and took pride in their home and how it looked.

People were supported to understand what was going on at all times within the service. Staff were inclusive of all and communicated in a way that people understood and could relate to. Staff shared information with people so that they had an understanding of the plans for the day. Staffwere patient when sharing information and when receiving confirmation of what had been said.

People received reassurance and support at times of distress. Staff used proactive measures when directly supporting people who were experiencing anxiety. Staff were observed supporting someone who was upset and anxious by actively listening to the person and them allowing time to express their concerns in a safe manner. Staff had a clear understanding of how to support people effectively. A health care professional told us, “Staff are able to anticipate changes to people’s behaviour so these do not escalate and increase behaviours that others may find challenging”.

People were respected and their dignity and privacy maintained. During the inspection we observed staff supporting people in a respectful manner ensuring that they were not overheard by others when discussing matters of a private nature with someone. Staff used their knowledge of the importance of maintaining people’s confidentiality by ensuring that people were spoken to quietly if they did not wish to move to a private area. Staff told us, “We share information with people on a need to know basis, we make sure only the people that have to know do so”.

Good

Is the service responsive?

Our findings

People were supported to raise concerns and complaints without fear of reprisal. One person told us, "I talk to [staff] when I'm not happy and they fix things. I have my own procedure". A relative told us, "I'm comfortable raising any concerns with staff or the manager. I know that I'm listened to and so is [my relative] when they raise concerns".

People felt safe to raise concerns and complaints in a safe way. Records showed that concerns and complaints were recorded and acted upon where appropriate. Where concerns and complaints were raised with external health care professional to ensure the best possible outcome was reached for all involved. For example the manager told us, "We try to learn from all complaints raised; we review them to see if any patterns emerge".

People were aware of how to raise a complaint and were provided with guidance on how to do so. During the inspection the manager showed us an easy read complaints form which was being compiled for those who may find pictorial guidance easier than written guidance. This meant that people were given the tools to raise a complaint in a way they understood.

People received care which was person centred and met their care and support needs. Care plans detailed people's history, likes and dislikes, medical diagnosis, medical history and assessments. The service had in place emergency plans based on specific needs of people, for example, what to do if there is deterioration in someone's mental health or physical health. Care plans were reviewed regularly to reflect people's changing needs and the information shared with the care staff. People had weekly one to one meetings to raise concerns or issues with staff. The service carried out eight weekly reviews of their care plans. Risk assessments were reviewed three monthly in conjunction with guidance of health care professionals.

People were encouraged to make choices about the delivery of care they received. Throughout the inspection we observed staff supporting people to make decisions, for example if they wished to take their medicine, access the community or spend time with their peers. Staff gave people guidance and shared information in a way to enable people to make informed decisions. Staff told us, "We ask people what they want to do; it's not for us to decide we just help them see the options".

People were encouraged to participate in a wide range of activities of their choice. Staff told us, "We support people to join in but recognise that sometimes they want to spend time alone and that's fine too". We observed people accessing the local community whilst others chose to spend time chatting with people and spending at home. Records showed that people attended college to participate in life skills courses such as baking, money management and literacy and numeracy skills, shopping, boat rides, cinema trips, walks and meals out. In-house activities included, visits from external entertainers such as the Royal British Legion, reminiscence days, watching television and meal preparation.

The Tulips III had robust systems in place to ensure the smooth transition for people between services. We spoke with external health care professionals who told us, " [The Tulips III] supported [people] to visit the service to familiarise themselves with the home prior to moving in, this helped them settle well". Records showed that extensive information sharing and communication with people important to those moving to the service took place and staff received tailored and specific training to ensure people's needs could be met.

Good

Is the service well-led?

Our findings

One person we spoke with told us, "I can talk to [the manager], she's around if I need her and she will answer my questions. She helps where she can". A relative told us, "Very good. [The manager] comes to all the meetings and we go over things and we can talk to her about anything." Staff spoke positively of the manager and told us, "I can approach her about anything I need to; she's here a lot and is involved in people's care". A health care professional we spoke with told us, "The manager is hands on and gets stuck in".

The service was homely and people were able to sit in any communal area they chose. People were observed interacting positively with staff and the atmosphere was warm and inviting.

The manager operated an open door policy which meant people could speak or meet with her at any time. The manager was visible within the service and carried out all duties to ensure she had knowledge of people and their needs.

Staff and the manager confirmed that the service encouraged people to take responsibility for their actions and to learn for future experiences. Staff were keen to learn about the people they supported and this was confirmed when we spoke to two health care professionals. Staff were confident in their abilities and that of their manager to ensure people received the best possible care available to them. The service held staff and house meetings regularly to enable people to be involved in developing the service.

People were protected against the risk of their confidentiality being breached. We reviewed documents the service is legally obliged to maintain and found that these were easily accessible for staff. Staff had access to the office where records were kept locked to maintain people's confidentiality. We looked at documents relating to people's health needs, policies and procedures, staff personnel files, fire files and maintenance records. Records were maintained in line with good practice and reviewed regularly.

The manager carried out daily, weekly, monthly, six monthly and yearly audits of various areas of the service and delivery of care. For example health and safety, food and hygiene, maintenance, care plans, risk assessments and medicines. We saw evidence that these had been undertaken and where issues identified these were then reported and acted upon in a timely manner.

People's views about the service were actively sought. The service carried out quality assurance questionnaires yearly to gain the feedback from people, their relatives, staff and external health care professionals. Information gathered in these reports was then reviewed and where action required the manager implemented the changes. We saw evidence of people's views being gathered and acted on.

People were supported by a team of health care professionals both in-house and community based to improve the quality of their lives. The manager actively sought partnership working with other organisations. We spoke with two external health care professionals who confirmed that the manager encouraged feedback from other professionals to enhance staff knowledge and maintain positive outcomes for people. We saw evidence the manager had liaised with the local Psychiatric Team, Mental Health Team, Psychologist co-ordinators and the local recovery team.