

Navlette Ommouy McFarlane

# The Tulips Care Home II

## Inspection report

375 Hither Green Lane,  
Lewisham, London SE13 6TR  
Tel: 0208 695 1175

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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 13 October 2014. We last inspected the service in December 2013 where 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 four 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.

People told us they felt safe at the service and liked the staff. 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

# Summary of findings

appointments. Staff were trained to meet people's needs and received support to carry out their work. People said they were able to make decisions about how they were supported and staff respected their views and privacy.

People told us they were supported by a small group of staff who knew them well. They said all the staff were friendly and treated them with respect. During the inspection staff regularly asked people how they were

feeling and supported them with any worries they had. A mental health professional who visited people using the service said it had a calm and homely atmosphere and was effective in promoting people's wellbeing.

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.

# 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 told us they trusted the staff at the service. The provider had ensured staff knew how to identify and report any concerns about abuse or neglect. Risks to people were assessed and managed. There were sufficient numbers of suitable staff on duty at all times. People received their medicines safely as prescribed.

Good



### Is the service effective?

The service was effective. Staff had received training which enabled them to meet people's needs. The provider ensured staff were supported to carry out their responsibilities. People told us staff sought their consent for the support they received. People's day-to-day health needs were met. They were supported to access healthcare appointments and to eat a healthy diet.

Good



### Is the service caring?

The service was caring. People told us they liked the staff who had got to know them and understood their needs. They said staff respected their privacy and dignity. We observed that staff interacted with people in a polite and friendly way.

Good



### Is the service responsive?

The service was responsive. People told us that they were asked about their preference and needs. They said their support was delivered in the way they wished. People's support plans were regularly updated to ensure their current needs were met. People were asked for their views of the service and their views were acted on.

Good



### Is the service well-led?

The service was well-led. People who use the service and commissioners told us the service was well run. They said the managers of the service were in day-to-day contact with them and were involved in their support. Staff said the managers of the service acted on any suggestions they had about improving the service.

Good



# The Tulips Care Home II

## 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. 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 13 October 2014 and was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service and used this to plan the inspection.

During the inspection we spoke with two people who use 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 were seen. We checked the provider's systems for monitoring and improving the quality of the service. We reviewed the feedback people had given the provider about their experience of the service.

After the inspection we spoke with a health care professional who was responsible for commissioning the service to obtain their view of it.

# Is the service safe?

## Our findings

People felt safe at the service. One person told us, "I feel safe here and get on with everyone." Another person said, "Everything is fine and I am happy here." People said they had no concerns about abuse or neglect at the service. A person said, "I trust all the staff and would tell the manager or my family if something was wrong."

Training records confirmed staff had attended local authority courses on adult safeguarding. Staff understood how to reduce the risk of people experiencing abuse or neglect. A member of staff was able to explain to us 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, "The staff help me with my money. We go to the bank and keep it safe but I can spend it when I like." Staff told us they followed clear procedures when supporting people with their finances. We saw 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 the records were accurate. These arrangements reduced the risk of people experiencing financial abuse.

Staff told us they had received training on avoiding discrimination. Records showed people who used the service were asked about their preferences in relation to their cultural and religious needs. There was evidence in daily notes that people had been supported to meet these needs in the way they wished.

People told us they were in control of their lives and were able to choose how they spent their time. Some people said when they went out staff supported them. They said there were enough staff to enable them to go out when they wished. A person said, "I just ask the staff to come with me when I want to go the shops and when I go to my classes." They said they had been in a meeting to discuss risks and were happy they always went out with a staff member.

Staff told us the provider varied the number of staff on duty according to people's needs. For example, extra staff were put onto the shift rota if this was required 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 sickness and holidays were covered from within the staff team. During the inspection we saw staff were able to give people individual attention and reassurance.

Records showed 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 keeping people safe in the community and the signs to be aware of which may indicate a person's mental health was deteriorating. Staff told us they followed these guidelines which included the actions they should take in order to support people to keep as well and safe as possible. A health professional told us the service had been effective in managing risks to people. 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 made a report to explain how the evacuation had been carried out.

People told us they had help with their medicines. They said staff talked to them about their medicines and they had been given information about what their medicines were for and what the side effects might be. Records showed people's need for support to manage their medicines was assessed when they began to use the service. A person told us, "I have to take certain tablets to keep well and staff help me with that."

A health professional, who had worked with the service for a number of years, confirmed 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 and promptly reported any potential problems to them so that appropriate action could be taken to keep people healthy.

We looked at two people's medicines administration record charts for the two weeks prior to the date of the inspection. Staff had fully completed these and they showed people

## Is the service safe?

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. One person was prescribed a medicine to be taken 'as required'. There

were guidelines in place for staff to ensure the person received it appropriately. Records showed staff had followed this guidance. We saw that medicines were stored safely.

# Is the service effective?

## Our findings

People told us they enjoyed living at the service and said they were in good health. A person said, "I am able to get the help I need." Another person said, "I feel calm here, it is a relaxing place."

People told us they were able to make decisions about their lives. People said they were fully involved in discussing their support plans and agreed with the way they were supported. Care records showed people were involved in discussions about their needs and reviews of their progress. These records, which included detailed information on people's mental health, did not indicate 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 they could in future support people appropriately if they come within the scope of this legislation.

The provider told us that in the past, due to their mental health needs, some people had been challenging for staff to support. She said the staff team had worked with the community mental health team (CMHT) in order to fully understand and meet people's needs so they enjoyed a better quality of life. A health professional told us that over the years people's challenging behaviour had reduced due to the way the service supported them. For example, they said people had developed fulfilling leisure activities, had told health professionals they felt better and their physical health had improved in terms of their weight and blood pressure.

The provider ensured staff received support and training to meet people's needs. A member of staff told us when they first started work they had spent two weeks 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. A record of their induction confirmed this. 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 told us they received good support from their manager and could easily ask them for any advice. A staff member said the provider had arranged for a health professional to talk to the staff team about how to support a person with their long term health condition. 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 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 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 were supported to maintain a healthy body weight and eat a balanced diet. A person said they had wanted to lose weight and staff had supported them with this. Records showed they were supported by staff to follow the advice of their GP in relation to their diet and exercise. For example, staff had supported them to be more physically active by going with them on regular walks.

Arrangements for people's meals were flexible. A person told us, "Sometimes I cook, sometimes the staff cook for me. I can choose what I want and I can always go to the kitchen to get something." Another person said, "I like the food and we discuss what to have." Records showed staff had received training on preparing food safely. When staff prepared food they kept a record to confirm it had been served to people at the correct temperature.

The service met people's health needs. People told us they were able to see a dentist or optician when necessary and could easily access their GP. A person said, "If I feel unwell the staff help me to see my GP." People's records included the dates of their planned healthcare appointments. People said staff supported them to attend these and meetings about their mental health needs and treatment.

## Is the service effective?

Reports of 'care programme approach' meetings showed staff had supported people to discuss their health with mental health specialists and to be involved in their treatment.



# Is the service caring?

## Our findings

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People told us staff treated them with respect and were kind. A person told us, "All the staff are very nice here. I like them all." Another person said, "They have got to know me and I have got to know them." A health professional, who had known the service for several years, said the provider and staff had formed positive relationships with people which had promoted their mental health. They said they had always found the service to be a calm pleasant environment where people experienced support from staff who knew them well and were able to recognise any signs of their mental health deteriorating.

People told us staff always asked them in private about how they were feeling. A person told us, "I have a lot of worries and I can talk to staff about them." Staff made a record on every shift about what each person had reported. People told us they 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, how they were sleeping 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 to support the person to develop these. Arrangements were also made about supporting 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. They said they could arrange their room as they wished and lock it with a key if they wished. A person's care record stated they wanted staff to always use the full version of their first name. During the inspection we observed that staff complied with this wish. Staff we spoke with had a good knowledge of each person's background and needs.

We saw staff consistently spoke to people in a friendly and respectful way and patiently reassured people when they were anxious. 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 regularly went to adult education classes of their choice with support from staff.

People separately made themselves meals and prepared hot drinks during the inspection. Each person did so in line with their recorded preferences and cultural needs. The service had agreed with each person a plan to maintain and promote their independence. For example, a person had specific goals in relation to developing their household management skills. Reviews of their care plan included information about their progress with this.

# 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, "They asked me what I was interested in and what I did and didn't want." 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

Care records were accurate and in relation to people's circumstances and the support they had received. For example, there was information on how someone was supported to have regular blood tests to monitor their health. A person said, "If I need help with something I get it."

Staff we spoke with were knowledgeable about people's individual needs and clear about the support each person required. For example, during the inspection staff explained to us the reasons why one person was anxious and how they were supporting them. The person's records included information on this and we observed that that staff supported the person in line with this written guidance. A member of staff told us, "We are expected to read and understand people's support plans. We get to know people well and how they like to be supported."

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's records included information on their hobbies and the support they required from staff to attend adult education classes of their choice. They told us, "I love attending my classes, staff go with me on the bus and I do get a lot out of it."

Records showed people kept in touch with their friends and family. A person said staff helped them make arrangements to have contact with their relatives. People said they had recently gone out to the shops, the park and local cafes and restaurants.

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, "I have been really happy here. If I wanted to complain about something I would go to the manager." They told us they could 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. 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. One person had said, "I would like more relaxation sessions." During the inspection the person told us they now regularly attended these sessions which staff in the service organised and were now happy with the number of sessions offered.

# Is the service well-led?

## Our findings

The provider of the service was managed the service and employed a deputy manager to assist her. The CQC does not require the service to have a registered manager. 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."

Staff said the provider was friendly and approachable. They said she was knowledgeable about people's needs and gave staff good advice in relation to people's support and health needs. Staff said there were clear standards on how they should interact 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 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 staff were given the opportunity to raise any concerns and contribute their ideas about how the service operated.

The provider ensured the quality of the service. People's care records were up to date and comprehensive. They included evidence of oversight and input by the managers of the service. For example, they held meetings with people to develop and review their care plans. A member of staff told us managers checked the standard of their record keeping on a regular basis. They told they were required to complete daily checklists which ensure people had received all the support they required. For example, staff were required to confirm that people's medicines administration record charts had been completed.

The provider had ensured adequate resources were available to improve the service. Records showed maintenance issues were attended to and people told us they found the service comfortable and warm.

A health professional said the provider had developed a service which had consistently delivered effective support to people with mental health needs over several years. They told us communication between the service and the community mental health team was always open and constructive.