

The Tulips Care Home

Tulips Care Home I

Inspection report

326 Hither Green Lane
Hither Green
London
SE13 6TS

Tel: 02086951175

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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 ●

Summary of findings

Overall summary

The Tulips Care Home I is a small care home that provides support to a maximum of four people who have mental health issues. The service is situated over two floors with a large lounge and access to a garden.

At the last inspection, the service was rated Good. At this inspection we found the service maintained an overall rating of Good.

The service had a registered manager in place.

People continued to receive support in taking their medicines safely and in line with good practice. Records showed staff administered, recorded and stored people's medicines correctly and staff were aware of the correct action to take should errors in with medicines be identified.

The service continued to protect people against the risk of harm and abuse. Staff received on-going safeguarding training and were able to identify different types of abuse and how to report their concerns. Records detailed how people were protected against the risk of avoidable harm, through risk assessments. Staff confirmed risk assessments gave them guidance on how to support people when faced with identified risks. Risk assessments were reviewed regularly to reflect people's changing needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. At the time of the inspection there was one person subject to a DoLS authorisation.

People continued to be supported to make decisions and choices about the care and support they received. People confirmed they were given choices and had their choices respected and adhered to. People gave consent to care and treatment prior to it being delivered. The service continued to support people to access sufficient amounts of food and drink that met their nutritional needs and preferences. People were encouraged to plan and make their meals to encourage their independence and gain life skills. People's health and wellbeing was monitored by staff and people were supported to access health care services as and when needed.

People were supported by sufficient numbers of suitably qualified staff to meet their needs. Staff employed by the service underwent a comprehensive employment and induction programme and had their competencies assessed. Staff continually reflected on their working practices through supervisions and annual appraisals.

The service maintained an ethos that was shared by staff to empower people through compassion and support. People were supported to maintain and enhance their independence. People continued to be supported by staff that respected their privacy and maintained their dignity.

People's care plans were person centred and detailed their preferences, health care and medical needs. Care plans were reviewed frequently by staff and changes made to reflect their needs were shared with staff. People were encouraged and supported to participate in activities that reflected their preferences. Activities provided encouraged rehabilitation and access to the local community. Staff were aware of the risks of social isolation and the detrimental effect this could have in people's mental health.

The service continued to ensure people were aware of how to raise concerns and complaints. People confirmed they knew how to raise a complaint and felt these would be managed responsively and in-line with the provider's guidelines and policy.

The service continued to seek feedback from people, their relatives and staff about the quality of the service provision. Annual quality assurance questionnaires were reviewed and action taken to address any concerns identified swiftly. Staff completed audits of the service which looked at the safety of the environment, medicine management, training and records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Tulips Care Home I

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 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.

We carried out this comprehensive inspection on 28 April 2017. The inspection was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held about the service. This included previous information shared with us from health care professionals, members of the public and notifications. A notification is information about important events, which the service is required to send us by law. We used this information to plan our inspection.

During the inspection we spoke with two people, one care staff, the deputy manager and the registered manager/provider. We reviewed three care plans, three Medicine Administration Recording Sheets (MARS), three staff personnel files, audits of the service, quality assurance questionnaires, records relating to maintenance and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt the service was safe. One person told us, "I feel safe, the door [front] is locked and secure at night and that makes me feel safe." Another person said, "Of course I feel safe." Another person said, "All the staff are my friends and they protect and look after me and the others [living at the service]. They [staff] make sure no harm comes to me or to them."

People continued to be protected against the risk of abuse. One staff member told us, "If I suspect abuse I would inform the [registered] manager immediately. If I didn't think that my concerns had been dealt with appropriately I would contact the local authority safeguarding team. It's important that we protect people and keep them safe and prevent any danger or harm." Staff were aware of the importance of recognising abuse and taking action immediately. Staff received on-going safeguarding training which they confirmed they put into practice when delivering care and support.

The service continued to protect people from identified harm. The service had developed risk assessments that detailed the identified risk and gave staff guidance on how to mitigate the risks. Risk assessments were reviewed regularly to reflect people's changing needs. Staff were aware of the importance of reviewing risk assessments to ensure they had up-to-date guidance on supporting people safely. Risk assessments covered for example, safe medicines management, behaviours that others find challenging, communication, self-imposed isolation and health, nutrition and dietary needs. Where risks were identified these had been shared with health care professionals to gather further advice and guidance.

People received care and support from sufficient numbers of suitable staff. We received mixed reviews about staffing levels, with one person stating, "I think there might be too many staff." However another person said, "Maybe there could be more staff, I'm not sure." We looked at records and found there were sufficient numbers of staff to meet people's health, emotional and social needs. One staff told us, "I think we do have enough staff. If everyone here is going out the registered manager will get more staff to cover any shortages. If there's any sickness absence staff will help cover, or we can use the bank staff. We rarely ever use agency staff."

People continued to receive their medicines safely and in line with the provider's policy. One person told us, "The staff give me the tablet to take with a glass of water. They [staff] ask if I want to take it [the medicine] and will remind me to take it." Another person said, "Staff help me with this [administering medicines]." We carried out an audit of two people's medicines and found all medicines were accounted for, medicine administration records (MAR) were completed correctly and medicines were stored safely. We spoke with staff who demonstrated sound knowledge on how to respond to any concerns or errors identified, with one staff telling us, "Report the error to the senior on shift. Check the MAR to see if the error is identifiable and contact the GP." The service had received a medicine audit by the dispensing pharmacy on 27 October 2016 where medicines management was found to be in order. Records confirmed medicines audits were undertaken by staff twice a day, this enabled any discrepancy to be identified quickly and action taken to minimise the impact on people.

Is the service effective?

Our findings

People told us they felt staff were trained in their role and delivered care that met their needs. The service had an embedded ethos of empowering staff to deliver effective care and support to people through training and development. The registered manager encouraged staff to undertake training relevant to their roles and responsibilities. Records confirmed training available to staff covered, safeguarding, medicines management, Mental Capacity Act 2005 (MCA), food hygiene and dementia. Staff confirmed the training they received gave them confidence to carry out their role. One staff member told us, "In the last year I have completed lots of training. The training here is good and we [staff] all need refresher training. The things we don't know are always covered in training including changes to legislation. I could ask for more training if I felt I needed it and I know I would get it."

People continued to receive care and support from staff that had undergone a comprehensive induction process. The induction looked at the needs of people using the service and how staff could effectively meet their needs in line with good practice and people's preference. Staff confirmed upon commencing employment, they shadowed more experienced staff to gain an understanding of how the service is run and their roles and responsibilities. One staff member told us, "I found the induction really helpful in grasping the routines of people and of the service. If I felt I needed longer shadowing staff I could have asked for it."

People were supported by staff that received on-going supervisions and appraisals to reflect on their working practices. The service continued to encourage staff to play an active role in their personal development. Records showed supervisions took place regularly and staff confirmed they could request an earlier supervision if they found the need for one. Supervisions looked at training needs, responsibilities, future goals and previously set goals. Where these had not been achieved, further guidance and support was offered. Staff confirmed they found supervisions beneficial to discuss both their achievements, goals and aspirations.

People continued to have their consent to care and treatment sought and their decisions respected. One person told us, "Staff respect my decisions." A staff member told us, "We [staff] have to ask people to gain their consent. This could be in relation to taking their medicines, financial support, activities and health." During the inspection we observed staff seeking people's consent to support them. Staff were respectful when people did not give consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. One staff member told us, "The MCA is legislation that care homes have to follow when someone lacks the capacity to make a decision. We [staff] must assume people have capacity and where we assume someone may not, we have to complete an assessment, to gather what level of capacity they have. MCA, for example, covers going out unsupported as they [people] may not have an awareness of the danger."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty. At the time of the inspection there was one person subject to a DoLS authorisation. The service supported people in line with the authorisation.

The service maintained support to people to have access to sufficient amounts of food and drink to meet both their dietary requirements and preferences. One person told us, "Yes, I do get a lot. All of the food is okay. There's fruit, vegetables, crisps and yoghurts to eat as snacks throughout the day. I can ask for second helpings if I would like some." During the inspection we observed staff supporting people during meal times and offering them a selection of food that met their preferences. People were encouraged to help participate in both the planning and production of meals to enhance their daily living skills.

People were actively encouraged to access a wide range of health care services to meet their health and medical requirements. Records confirmed people had access to mental health services, G.P's, dentists and opticians. One person told us, "Yes, I do get to go to health appointments like the G.P and the dentist." People were in receipt of a health action plan (HAP) which ensured they received an annual review of their medicine, dental, optician and general health check needs. This meant that people's health care needs were monitored, identified and acted on in a timely manner.

Is the service caring?

Our findings

People continued to receive care and support from staff that demonstrated empathy, compassion and kindness. One person told us, "The staff are fun, supportive and talkative. Sometimes they can be serious when they need to be, but you can have a laugh and a joke with them." Another person said, "The staff are brilliant because they make me feel secure. It's a lovely feeling to feel secure." Throughout the inspection we observed staff engaging with people in a caring and respectful manner. Staff spoke to people using their preferred name and about topics that mattered to them. The service had a calm and relaxed homely feel, where people were encouraged to be themselves and to speak freely.

The service had an embedded culture whereby people were encouraged to make decisions about the care they received. One person told us, "I can make choices and decisions and the staff here respect all my decisions." Staff we spoke with had a clear understanding of empowering people to make their own decisions. Staff confirmed they gave people sufficient information in a manner they understood, thus enabling them to make informed decisions. We observed staff supporting people to make decisions throughout the inspection, for example, whether people wanted to participate in a planned activity or join their peers at lunchtime.

People continued to have their privacy and dignity maintained and respected at all times. One person told us, "Staff knock on my bedroom door and wait for me to say 'come in'." One staff member told us, "We [staff] must keep things private. If supporting someone with personal care you must make sure that you've pulled the curtains and shut the door."

The service had a foundation that was based on a culture of normalisation, social integration and independence. People continued to receive care and support from staff that shared the provider's ethos. One person told us, "Staff encourage me to be independent." Another person said, "I try to be independent." Staff were passionate about supporting people to be independent. One staff member told us, "Some people require a lot of encouragement and prompting. Some people may not want to do things and may need a lot of support to get them involved and independent. It's really important for people to maintain their independence. If we know someone is capable we try to get them to do that for themselves. We are there to support them but we do not want to de-skill people." During the inspection we observed staff encouraging people to help lay the dinner table and participate in meal preparation. Care plans clearly identified areas of support people required and set goals on how to support people to meet their goals of increasing their independence, with the desired effect of further independent living.

Is the service responsive?

Our findings

The service maintained a delivery of care that was person centred and tailored to people's individual needs, preference and requirements. One person told us, "The staff explained what was in it [care plan] and I was happy with that. I can ask to see my care plan if I want to and I might want to in the future." A staff member told us, "They [care plans] are tailored to the individual's needs. It's about making sure we [staff] meet their needs. Management let us [staff] know when the care plans have been updated and we are given time to read them." Care plans were comprehensive and covered for example, admission assessments, mental health needs, preferences with personal care, hopes and dreams, medicines management, support plans and health monitoring checks. Care plans were regularly reviewed to reflect people's changing needs. Where possible, care plans were shared with people, their relatives and health care professionals. Feedback given was then implemented into the care plans to ensure staff delivered up to date care in line with people's needs and preferences.

People continued to be supported by staff to participate in activities that met their preferences and social needs. One person told us, "I attend an educational course at a college. I go out to the theatre, bowling, on boat trips up the river Thames, meals out and shopping." Another person said, "Of course I go out a lot. I'm going out for supper tonight." During the inspection we observed people being supported into the local community for a meal of their choice. The service provided a wide range of activities for people, which reflected their preferences in line with their care plan. Where people did not wish to participate in activities, this was monitored and alternative activities offered. Concerns about people being susceptible to social isolation were shared with the mental health team for guidance and support. Staff were able to identify how people may present should they be socially isolated and the correct action to take to minimise negative impacts on them.

People knew how to raise a complaint. One person told us, "Yes I know how to make a complaint. I would write it down and give it to staff to put in the complaints book. If I was not happy I'd tell my relatives and they would take it further." Another person said, "If I didn't like things, I would ask if they could be changed." Staff were aware of the correct action to take in line with the provider's policy should they receive a complaint. One staff member we spoke with said, "First I would talk to the person who raised the complaint and reassure them. I would ensure that I was patient in listening to their concerns. There's a complain form that would need to be completed and I would help someone complete it if they needed support. We [staff] would write everything down, making sure we log the time and the date. I would then talk to the registered manager. We looked at the complaints file and noted there had been no complaints raised in the last 12 months. We spoke with the registered manager who was able to identify the actions to be taken when a complaint about the service was received.

Is the service well-led?

Our findings

The service maintained a culture that was positive, empowering, inclusive and actively focused on people's preferences incorporating them into the service delivery. One person told us, "I can have my family visit me here, that's important to me. There are no rules about visiting times, all they [staff] ask is that we let them know." Another person said, "I like it here."

The service had a registered manager in place. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff alike spoke positively about the registered manager and how she led the service. One person told us, "I think she [registered manager] is lovely. She helps me live the way I want to live and listens to me." Another person said, "She's a good [registered] manager. She helps out a lot and always acknowledges me and lets me know she's here and checks if every things ok." A staff member we spoke with told us, "She [registered manager] looks after the people very well in all aspects. She's approachable and I can talk to her. She would definitely listen to any input or ideas we [staff] have. She always spends time with the people and is often here at the service." People confirmed that the registered manager was approachable. During the inspection both people and staff were observed speaking with the registered manager seeking advice and support. People were to be at ease with the registered manager.

The service maintained regular audits of the service to drive improvement. We looked at the audits the service maintained and found these covered, health and safety, medicines, fire people's finances. Staff confirmed that where issues were identified during audits, findings were shared with the registered manager and action taken swiftly to address the issues. For example, where maintenance issues were identified, the registered manager had requested works be carried out in a timely manner. Quality assurance questionnaires were sent to people, their relatives and health care professionals to gather feedback on the service and improvements made where identified. We looked at the completed questionnaires for 2017 and found these covered, staffing attendance, customer satisfaction, lifestyle choices, person centred care planning, welfare and medicines. The completed questionnaires contained positive comments about the service delivery with one quote stating, 'I am proud of the way I am looked after'. Another quote stated, 'My keyworking and the registered manager look after me excellently'.

The registered manager continued to encourage partnership working with other health care professionals. We spoke with the registered manager who told us, "It is very important to work with other organisations. By doing so we can get advice, they support us and we can then support them." Records confirmed the registered manager sought partnership working with care coordinators, psychologists, psychiatrists and the mental health team. Where advice and guidance was shared with the service, this was implemented into staff's working practices, to ensure people received current support in line with professional input.

