

Navlette Ommouy McFarlane

The Tulips Care Home II

Inspection report

375 Hither Green Lane
Lewisham
London
SE13 6TR

Tel: 02086951175

Date of inspection visit:
20 August 2019
21 August 2019

Date of publication:
25 September 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Tulips Care Home II is a small residential care home providing personal care for up to four adults with mental health needs. At the time of our inspection four people were living in the service who had mental health conditions, with one person living with dementia.

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

People and their relatives were positive about the kind and compassionate attitude of the staff team. People and staff complimented the friendly and homely environment.

We observed positive interactions between people and staff throughout the inspection, with staff being knowledgeable about people's needs.

Where people had limited communication, we saw they were comfortable and relaxed in the presence of staff. Due to the size of the service and the consistency of the staff team, people had developed positive relationships with staff.

People were involved in how they received their care and staff worked closely with them to help their understanding of how they wanted to be supported.

People were supported to a range of healthcare appointments and staff contacted the necessary health and social care professionals if people's health changed.

People were supported to take part in a range of events and activities, both within the home and within the local community. Friendships were supported with people in the provider's two other homes on the same street to help reduce social isolation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Although there were monitoring processes in place, there were inconsistencies with how people's financial transactions were kept and recorded, which was not in line with the provider's policies and procedures. There were also shortfalls with some health and safety checks.

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

Rating at last inspection

The last rating for this service was Good (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to good governance. 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 for the provider to understand what they will do to improve the standards of quality. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

The Tulips Care Home II

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 Care Act 2014.

Inspection team

This consisted of one inspector.

Service and service type

Tulips Care Home II is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission as it is not a requirement of their registration. The manager of the home is registered as an individual provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the last inspection report. We used all of this information to plan our inspection.

During the inspection

We met all four people who used the service and spoke with one of them in more detail. As some people were not fully able to communicate with us, we carried out observations throughout the inspection to help us understand the experiences of people who could not talk with us in more detail. We spoke with four members of staff. This included the individual provider, the deputy manager and two support workers.

We reviewed a range of records. This included four people's care and medicines records and five staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks and minutes of team and resident meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, training and newly implemented quality assurance processes. The provider sent us further information between 30 August and 3 September 2019. We contacted two relatives of people who used the service and managed to speak with one of them. We also spoke with two health and social care professionals who had experience of working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff completed safeguarding training to ensure people were protected from avoidable harm. Where training was scheduled to be refreshed, the provider sent us correspondence from the training organisation to confirm it had been booked for between 13 and 21 September 2019.
- Staff had a good understanding of their safeguarding responsibilities and were confident any concerns raised would be dealt with immediately. One support worker said, "We discuss it during supervision and we are always reminded to safeguard our clients, be vigilant and report anything immediately."
- People and their relatives told us they felt safe living at the home. One person said, "It's a dangerous place out there and you hear about all these stabbings. But I feel safe in here and they look after us." A relative said, "It is nice for us to know they are in a safe home and looked after. I don't have any concerns at all."
- Where we had received some anonymous concerns about the service in July 2019, which were unsubstantiated, this had been discussed at a recent team meeting. The provider's whistleblowing policy had also been discussed and made available to staff. Whistleblowing is when a staff member reports suspected wrongdoing at work.

Using medicines safely

- There were clear procedures in place and guidance in the office for staff to follow to ensure people received their medicines safely. Staff completed training and annual observations were in place.
- Details about people's medicines were included in their care records, including information about any side effects or if people had a history of not being compliant with their medicines. Staff were aware of the processes to follow if they had any concerns about people's medicines.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly and daily checks were in place to minimise any errors. An external medicines audit had been carried out by a pharmacist in February 2019 which did not identify any concerns.
- We did see records for one person that needed to be updated regarding a new medicine that had been started in April 2019. The person's MAR confirmed they had been taking the medicine and the provider said they would update the care plan right away.

Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. There was always two members of staff on during the day and a member of staff at night. As one person was extremely independent with all daily living activities, this meant two staff members supported the other three people.
- The provider and deputy manager covered the on-call and staff told us they could always get extra

support in an emergency from the provider's two other registered homes, which were located across the road.

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents.

The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. Emergency care plans were in place with guidance for risks related to behaviour that challenged the service, epilepsy, dementia and a range of mental health conditions so staff could support people safely.
- Staff were knowledgeable about the risks to people and explained how they managed them to keep people safe. Staff explained possible signs and symptoms of people's health conditions and how they would respond if their health deteriorated.
- An updated fire risk assessment had been carried out in August 2019 and we saw the provider had taken appropriate action after a London Fire Brigade (LFB) inspection served an enforcement notice in August 2018. The return LFB inspection in November 2018 confirmed the provider was now meeting legal requirements. Staff were aware of the fire safety procedures and there were weekly fire safety checks and monthly fire drills.

Preventing and controlling infection

- Staff were responsible for the daily cleaning of the service and were supported by a contracted cleaner every two weeks. We observed the home to be clean and tidy with an infection control policy and reminders for staff about safe practice.
- There were weekly checks in place to ensure the service was kept clean and the home environment was also discussed at team meetings. One person said, "They are very good with cleaning. I have a lovely big room and they mop it and clean it every day."
- There was a food hygiene policy in place and the kitchen had a rating of five from the Food Standards Agency at the most recent inspection in May 2019, the highest rating available.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. Incident forms were completed, reported to the provider and discussed at the staff handover.
- Although there had not been any serious incidents or accidents across the service, we saw any issues were discussed at team meetings. For example, medicines procedures were discussed and staff responsibilities reiterated to ensure best practice was followed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had been assessed before they used the service or when their health needs changed. There was information in place about people's background histories and health conditions, with information provided by relevant health and social care professionals.
- The provider had guidance and best practice information from the NHS about people's health conditions, which included mental health conditions, epilepsy and diabetes.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started and shadowed senior members of the staff team. A range of key policies and procedures were discussed and given to staff. All of the staff we spoke with had been with the provider for over three years.
- Staff completed mandatory training that included fire safety, health and safety, moving and handling and safeguarding. More specific training included epilepsy, mental health awareness and behaviour that challenged the service.
- Staff were also supported to obtain vocational qualifications in health and social care to support them in their role. Two staff had completed courses and four were still completing them. Staff spoke positively about the training they received. One support worker said, "The training is regular, it is really clear and easy to understand. I certainly feel confident with it."
- Staff received supervision to support them in their role. Supervision records documented any staff issues and the support people received. Where there were some minor gaps in supervision dates, the provider acknowledged this had been due to a management change in March 2019. However, staff confirmed due to the small size of the service, they had regular discussions on an informal basis and supervisions with the new deputy manager were going well.

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

- People were supported to eat and drink and staff were aware of their nutritional needs. When people moved in their preferences were recorded in their initial assessments.
- We observed three people having lunch on the first day of the inspection and saw they were provided with the appropriate levels of support and encouraged to have a healthy and balanced diet. Team meetings discussed people's dietary preferences, portion sizes and healthy food plans according to their individual needs.
- We received positive feedback from one person and a relative about the food and the support they received. One person said, "They know about my diabetes and know what food I like and what is important for me." One relative said, "[Family member] eats well. I've seen this when I've been there and helps to keep

them healthy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services. A communication book recorded people's appointments and who would be supporting them. We saw people had regular appointments with their GP, optician, dentist and chiropodist.
- Where staff noticed a change in people's health and wellbeing, they were encouraged and supported to see the necessary health care professional.
- We saw one person was supported by staff in meetings with the Community Mental Health Team (CMHT) as part of their Care Programme Approach (CPA) involvement. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals. We saw positive feedback in one meeting about the staff and the steady home environment.
- We did note that some appointment records did not always have a date they took place. The provider acknowledged this and said they would ensure this was discussed with the staff team.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked with the relevant health and social care professionals when applications were made to deprive people of their liberty. Their related assessments and decisions had been properly taken to ensure that people's rights were protected. Positive feedback was seen, with one comment from a health and social care professional highlighting a person was well settled and their needs were being met.
- The provider followed best practice and had information and guidance factsheets about mental capacity and DoLS assessments, what the required procedures were and what should be done if there were any concerns. Feedback from a health and social care professional involved in one person's authorisation said it was clear that staff were working to meet the person's needs in the least restrictive way.
- Where a condition of one person's DoLS authorisation was not clearly recorded, the provider sent us correspondence after the inspection to confirm action had been taken.
- Staff completed training in the MCA and supported people to make decisions about their day to day events, despite them lacking capacity. One support worker said, "We offer lots of encouragement, always try to explain everything we are doing to help them understand."

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

- The home was accessible to people who used the service and they had their own bedrooms with two communal bathrooms, a communal lounge and kitchen. There was also access to a private garden.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives spoke positively about the caring attitude of the staff team. One person said, "I have to say I am quite content, the staff are all very nice, I know the staff care about me and support me when I'm upset. I'm very grateful." One relative said, "It is ever so nice there, they are all lovely and friendly."
- Staff had a good understanding about the importance of having positive relationships with people. Comments included, "We praise people's achievements as we hope it encourages them" and "It feels like I'm looking after my own family."
- We observed positive interactions throughout the inspection and people were comfortable with the staff team as they knew each other well. There was a homely atmosphere and staff involved people and interacted with them in a respectful way.

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

- Records showed that people were involved in making decisions about their care and support. We saw one person had signed to confirm they were happy with the support they received during a review. Records also included who should be involved with decisions about people's care.
- One relative confirmed although they were not always able to attend review meetings or healthcare appointments, they were always kept updated about any changes.
- Where people had no known family, the provider had made contact with an advocacy organisation to ask for support and advice. We received correspondence after the inspection that one person had been visited by an advocate regarding their care and support. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- We observed positive interactions during the inspection of how staff respected people's privacy and promoted their independence. Care records included personal care checklists which showed what people were able to manage themselves.
- One person told us they were encouraged to be involved in the day to day tasks of the home and could help out at mealtimes and support the staff team. They added, "I do get to help out and get involved in doing the dishes or drying up."
- Positive feedback was seen in the provider's questionnaires about people feeling respected and being given enough privacy. One person told us they were always encouraged to keep up with their personal hygiene and supported when necessary.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and explained how they liked to be supported. People had regular keyworker sessions which discussed how they were feeling and gave an opportunity to discuss if they had any issues or worries. A keyworker is a specific member of staff with additional responsibility for planning and discussing a person's care.
- We did find keywork records for one person had not been completed since May 2019, which the provider acknowledged and would address with the staff team. We spoke with this person who confirmed they were happy and could speak with the staff at any time.
- One person told us they had moved in from one of the provider's other homes across the road to accommodate them moving to a ground floor room due to their mobility. They added, "It really helped as it was getting difficult using the stairs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were highlighted and staff had a good understanding of how to meet their needs. Easy read documents were made available to people to aid their understanding. Despite some people's limited communication, we could see information about people's care and support had been explained to them.
- One support worker said, "Even though there are communication issues, we focus on people, communicate with eye contact, body language and gestures, speaking slowly to help with their understanding."

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 be part of their local community and were encouraged to take part in activities to improve their health and wellbeing. An activities coordinator visited weekly to support people with seated exercises, relaxation techniques and arts and crafts.
- People were supported to socialise with people living in the provider's other two homes across the road. One person said, "They still take me over to see my friends over the road. We go over all the time and it is lovely to see everybody." This person also told us about the knitting club they were part of with people in the other homes, which they thoroughly enjoyed.

- We saw people went to the cinema, attended weekly coffee mornings at the local library, had their hair and nails done and went to the local pub as a house event for lunch.
- The provider encouraged one person to be involved with events and activities related to their religious and cultural needs. The provider had offered support for them to attend a local cultural group, however the person told us they had declined.

Improving care quality in response to complaints or concerns

- People and their relatives did not have any concerns or complaints about the service. One relative told us they would feel confident speaking with the staff if they ever had any concerns.
- There was an accessible and easy read complaints policy in place and people were given a copy of this and it was reviewed annually.
- The deputy manager told us there had been no complaints since the last inspection. We saw that people were regularly reminded about the complaints procedure and this was discussed during keywork sessions and resident meetings.

End of life care and support

- People were not being supported with end of life care at the time of the inspection. The provider had a bereavement policy in place with advice and guidance for staff to share with people and families on ageing and dying.
- Where there was limited information for one person about their funeral plan, the provider said this had been arranged by a relative, which the relative confirmed. The provider said they would add this information to the person's care plan.
- We did see one person had incomplete information about their Do not Attempt Cardiopulmonary Resuscitation (DNACPR) status. The provider acknowledged this and removed this from their care records immediately. They informed us after the inspection they had contacted the person's family to discuss this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant for this service, there was an aspect of the service management that was inconsistent. However, leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although monitoring and quality assurance processes were in place, they were not always being completed. There were gaps in the records for one person's financial records and weekly audits, which had not been completed since April 2019.
- There were discrepancies in recordings for another person, including some missing receipts, which weekly checks had not identified. The provider acknowledged this and said it was due to a recent change in management.
- A recent quality assurance audit recorded weekly water temperatures were being taken but we could not see any records of this. The provider acknowledged this was not being recorded. They told us an external contractor was in the process of taking over the responsibility for fire safety and health and safety checks.
- We also found where one person had a seizure, it had not been recorded in their seizure chart, which had to be done according to the person's care plan.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Team meetings discussed staff responsibilities, including reminders about keyworking duties, safe medicines procedures, the home environment and training needs. It also covered safeguarding and the responsibilities of the staff team if they had any concerns.
- Staff had daily handovers that discussed each person and if there were any issues or changes in their health. Due to the size of the service, staff confirmed there were daily checks on people throughout the day to see how they were feeling.
- The provider had worked with the Care Home Intervention Team (CHIT) from the local authority and had arranged specific training for staff about different types of dementia and advice on how to manage different behaviours.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the home environment and the management of the service.

One person said, "All the staff are really lovely. I played snakes and ladders with the boss today, that was fun." One relative said, "It is ever so nice and I'm very happy [family member] is there. They make the place have a lovely feeling."

- Staff were confident with the support they received from the provider and were positive about the working environment. Comments included, "It's a very homely place and I'm very happy working here" and "The [provider] and the deputy manager have both been very supportive. They are always here for us, always listen and are very open. I don't have any concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and their relative's views about the care and support received through questionnaires. People were supported to provide feedback about the service and the four responses from June 2019 were positive. One comment from a person said, 'I enjoy living at the Tulips home, I love the staff.'
- People were involved in regular resident meetings to discuss the service and asked what they wanted to be involved in. Staff also engaged with people on a regular basis as part of their keyworking responsibilities.
- New comment cards had recently been introduced to get feedback from people's relatives and health and social care professionals. The provider told us they regularly contacted two people's relatives to get feedback, but did not always keep a formal record.
- Staff were positive about the support they received and felt part of the organisation. One support worker said, "I've worked here for a long time and as we are a small team, I feel lucky that we all get on and do feel part of the team."

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to seek advice and guidance related to people's care and support. One health and social care professional told us the Tulips care home was very well regarded by their colleagues and had only received positive feedback about the quality of the service.
- The provider had created links with a range of local organisations, including the library and local church. They were also involved in an arts and craft group with another local care home.

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 was aware of their responsibilities of making sure they were open and honest with people and their relatives. A relative said, "If there have ever been any issues or anything happens, they always get in touch with me."
- A health and social care professional confirmed there had been no incidents or safeguarding concerns.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems or processes were in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users.</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p> <p>Regulation 17(2)(b)(c)</p>