

# Galleon Care Homes Limited

# Mulberry House

## Inspection report

7 Hollington Park Road  
St Leonards On Sea  
East Sussex  
TN38 0SE

Tel: 01424728800  
Website: [www.mulberryhousecare.co.uk](http://www.mulberryhousecare.co.uk)

Date of inspection visit:  
05 July 2023  
13 July 2023

Date of publication:  
23 August 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mulberry House is a residential care home providing personal and nursing care to 67 people who are living with a range of health needs, for example, diabetes and heart disease. The service also supports people living with an acquired brain injury, this can be due to an accident or health related such as a stroke. There were people with a learning disability, who were living with other health related conditions or an acquired brain injury, which was their prime reason for care. The home can support up to 72 people.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. The manager was aware of the principles of RSRCRC. At the time of the inspection people living with learning disabilities and/or autism required nursing care.

Since the last inspection improvements had been made. There was a clear management structure that had established quality systems that supported effective leadership and oversight of the service. Audits and quality monitoring identified areas for improvement and development. For example, accidents and incidents were reviewed to identify any trends.

There had been a focus on improvement and service development for the benefit of people. For example, the environment had been subject to an intensive refurbishment and redecoration programme.

Infection control practice had improved, equipment had been replaced and staff were fully supported to follow government guidelines on infection control at all times.

Medicines were ordered, stored and administered safely. People received their medicines as prescribed and practice to support the effective and safe use of anticipatory medicines had been reviewed and were in place.

Care documentation had been reviewed and now confirmed why people stayed in bed and if they were able to use their call bells. Risk assessments clarified what measures were in place if people were not able to use their call bells.

People received safe care and support by staff trained to recognise signs of abuse or risk and understood what to do to support people safely. Risk assessments were used to identify individual risk and to minimise risks as far as possible. There were enough suitably trained and experienced staff to meet people's needs including the individual 1 to 1 time required. Safe recruitment practices had been followed before staff started working at the service.

People received individual time with staff to engage in activity and entertainment that met their individual needs, this included individual trips out. Complaints were recorded and responded to effectively.

People's communication needs were assessed, and professional advice was used to enable the most productive communication models were used. End of life care was planned and involved additional health care professionals when needed.

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

There was a stable management structure and staff felt well supported and valued. There was a positive culture and team spirit amongst all the staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

**Good** ●

# Mulberry House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by 2 inspectors and 1 medicines inspector.

#### Service and service type

Mulberry House 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced, with a follow visit being announced.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. This included information contained within notifications, and any contact regarding complaints and safeguarding. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Throughout the inspection, we spoke with 8 people who used the service. We spent time talking with and observing people's interactions with staff. We spoke with 12 members of staff including the registered manager, the operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with 2 relatives in the service and contacted a further 6 by telephone or email, to gather their feedback about the service. We spoke to 3 visiting professionals during our visits and contacted a further 4 health and social care professionals by email for their view on the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- At the last inspection we were not assured that all areas of the home were cleaned appropriately to minimise the risk of cross infection. At this inspection we found practice had improved, equipment had been replaced to ensure effective cleaning could be maintained and government guidelines were being followed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The registered manager had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

### Using medicines safely

- At the last inspection there were no protocols to guide staff on when and why to use prescribed anticipatory medicines. At this inspection, we found where people were prescribed anticipatory medicines there were clear protocols in place. Staff were clear about where to get support from to make decisions about using these medicines.
- Medicines were ordered, stored and administered safely. People received their medicines as prescribed. Medicines were administered at set times of the day using a paper medicines administration record (MAR) system which supported staff to follow the prescriber's instructions.
- When required medicines [PRN] protocols supported staff to administer medicines to people when they needed them. The reason why they had been given was clearly recorded to ensure medicines were used appropriately.
- Medicines care plans and risk assessments were detailed, and person centred. There was information to support staff to care for people in a way that met their individual needs.
- Staff received regular training and competency assessments. Clinical leads supported care staff to learn

how to administer medicines safely.

- The service undertook regular audits and followed up any actions. Lessons learned were shared with staff to reduce errors and incidents.

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

- Risks to people were assessed and managed. Environmental risks were assessed and monitored by a maintenance team. There was a system to identify any maintenance issue that was resolved according to risk. For example, a trip hazard on a carpet was identified to the maintenance manager and this was resolved immediately.
- Routine health and safety checks were carried out and included fire, gas, and electrical safety. Equipment used in people's care, such as slings, hoists, and wheelchairs, were checked and serviced in line with manufacturer's guidelines.
- Water safety was managed by an external company. Systems to ensure the hot water supply was safe was reviewed during the inspection and updated to ensure they were effective in all areas.
- Risk assessments and personal emergency evacuation plans (PEEPS) had been carried out to identify the support each person would need in the event of a fire.
- Risks to people their health, safety and welfare were assessed, identified and managed. Care records identified specific risks to people and provided guidance for staff on how to minimise or prevent the risk of harm. These included risks associated with mobility, skin integrity and eating and drinking.
- For those people who were at risk of skin pressure damage, measures were put in place to reduce the risk. For example, air flow mattresses were used and systems to check their safety were in place. This included regular maintenance and daily checks on the correct setting.
- Staff supported people in a safe way. Some people suffered with anxiety and heightened emotions. These had been assessed and written guidelines were in place to support people and respond safely to an emerging situation. For example, staff explained how they would use techniques to de-escalate emotions and be able to move away from people safely if needed.
- Relatives commented on staff response to risks. One described the measures staff had put in place to keep their relative safe, and said, "I fail to see what more could have been done to prevent him falling."
- Accidents and incidents were recorded with details of what may have contributed to the incident. These details were also recorded on a central incident tracker, which enabled managers to review individual incidents and to identify any emerging themes.
- There was evidence that learning took place when incidents/accidents occurred. For example, an incident regarding the suitability of a wheelchair for care transportation resulted in new wheelchairs being sourced to ensure safe transport.
- Concerns and safeguarding referrals were discussed at meetings as to how to make improvements and reflect on practices. Learning was documented within lessons learnt forms that were shared with the staff.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal



authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by the services systems and processes. Staff were aware of their responsibilities to safeguard people from abuse and any discrimination.
- Staff had been trained and understood what actions to take immediately if any concerns were raised or identified. A staff member said, "We are always listening and mindful of what could be abusive."
- Any safeguarding concerns were appropriately reported to the local authority safeguarding team and the registered manager worked with them to help investigate and address issues raised.
- People who reflected on their safety told us they felt safe, relatives were confident with the safe care. One said, "Yes I feel it is safe here." People were not to always able to tell us about their safety. Observations confirmed a comfortable pleasant relationship between staff and people. Staff were seen to be patient, kind and showed an understanding of people's different presentations.

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were assessed based on people's care needs and changed accordingly. For example, a number of people were being supported with 1 to 1 support.
- Duty records confirmed a well-established system to ensure the appropriate staffing levels and skill mix were maintained. Agency staff were used to support the established staff when needed.
- Staff said there was enough staff to provide appropriate care and support. One told us, "There are plenty of staff, we can spend individual time with people, and there is always someone to help you if needed."
- Appropriate checks were completed on new staff before they started work. This included employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Application forms and interview notes identified and explained any gaps in employment and further records were used to confirm people's right to work. Information was held on agency staff to confirm their identity and suitability to work with vulnerable people.
- For staff employed as a registered nurse, systems were in place to ensure they had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

- At the last inspection we found care plans did not always include information about why they stayed in bed or how this decision had been made. Some people did not have call bells. At this inspection we found practice had improved. For people who were in bed records reflected why and people had access to bells if they could use them.
- People received care that was tailored around their individual needs, preferences and routines. People's needs were assessed and plans of care were developed to guide staff.
- Staff knew people well and understood the care and support people needed. A staff member told us, "I look after a lady who has specific routines around her food she is always offered and shown a hot meal first but never has it and then requests sandwiches. She may want the hot meal one day." Hand-held computer devices were used to record care plans and recorded when care was completed.
- People and their relatives told us care was individual and person-centred. They told us, "Everyone knows her well and what she wants," and "Staff know how to give him assurances and help him feel settled." People's choices were respected. For example, we were told by a person and their family that they had made the choice to stay in bed. The risks were explained by staff, but their wish was respected.
- Staff took an interest in people and how they wanted to live their life and how they could support them to have the best outcomes. For example, staff worked closely with a Speech and Language Specialist (SALT) to support people's health needs. This had included promoting A person's specific oral health needs, which enabled improved eating and weight gain.

Meeting people's communication needs

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

- People's communication needs were routinely assessed and individual care plans on communication were written. Staff were able to tell us how people communicated and what support they needed. For example, when people had hearing problems the need to adapt ways of talking and ensuring suitable equipment was used.
- When people had challenges with communication these were reviewed in conjunction with a SALT. This professional described how staff had developed specific skills to enable communication with a person who lacked verbal communication. Staff knew how to recognise and respond to different vocalisations and

expressions used.

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

- There was dedicated activity staff to support people with attending and being involved with a variety of personalised activity and entertainment. There was a budget available to support these activities and we were told by staff, "if extra money was needed it, wasn't a problem."
- The activity staff were committed to ensuring every person had contact and social interaction and spent time with people in their own rooms. Staff told us, "I tap into anything of interest for people. A person never goes out of their room and did not want anything in the room. They are interested in art, and we have managed to get them producing some art work."
- Other people's individual interests and social needs were recognised and responded to. For example, A person enjoyed going out with a staff member on an individual basis for a coffee and a search around the charity shops. This activity was completed on the day of our site visit. Another person was enjoying a game of draughts with a staff member.
- Group activities and entertainment were scheduled, and people chose what they attended. They were varied and included cooking, art therapy, flower arranging and trips out in small groups. For example, a rented beach hut was used for cups of tea by the sea.
- People were supported to receive visits from family and friends which were recognised as an important part of people's lives. Visitors told us they were welcomed by staff and able to see people where they wanted.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and systems to record and investigate any complaint received. Some relatives were not clear on the procedure to follow. This was raised with the registered manager who ensured a copy of the complaints process was re-issued to ensure availability and clarity on the procedure to follow.
- Systems ensured official complaints were clearly recorded and logged along with evidence of effective responses. These records were used to identify themes or trends for improvement and any lessons learnt.
- People told us they could raise any concern and would normally raise with the senior care staff or registered nurse in the first instance.
- The registered manager wanted to address any concerns quickly and has taken some steps to encourage further conversations with people, their relatives and staff. For example, there is a regular allocated hour which is advertised on their office door for private time with them.

End of life care and support

- Care documentation included end of life care plans that included relevant information depending on people's health. These gave people the opportunity to discuss personal choices and preferences around death and dying.
- Some people had Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. These show discussions people, and their relatives have had with health professionals about their end of life wishes. For example, do they wish to be resuscitated.
- When people needed end of life care, staff supported them to have a dignified and comfortable death. Staff ensured anticipatory medicines (these were used to ease people's symptoms including pain) had been prescribed and worked closely with the local hospice who were able to provide advice and practical support when needed.
- Staff received end of life training, and recognised the additional care needs people would need. For example, the close monitoring of any pain.



# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found quality monitoring processes needed further improvement and were fully implemented and embedded into everyday practice. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider is no longer in breach of this regulation.

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

- The registered manager had been in post for a number of years, staff respected her and worked closely with her. There was a clear management structure that staff understood. This included a deputy manager, a team of registered nurses and assistant practitioners and a head of each department. A representative of each attended a daily management meeting that was used for effective communication. For example, staffing recruitment and skill mix was discussed, along with individual personal care.
- Quality systems had been further developed and were now used as part of daily routines. For example, accidents and incidents were monitored, audited with clear actions with regard to any trends or themes. Care documentation was reviewed and ensured appropriate guidelines and records were in place.
- The registered manager was also a registered nurse and provided a clinical overview and provided advice and guidance to staff. Staff had contact details for a senior manager for support whenever needed.
- Internal and external quality assurance tools were used, to ensure an oversight, support quality and compliance with any legal requirements. A quality assurance manager along with a quality assistant worked with the service to support quality systems and audits. Tools included a monthly audit by the quality manager to review key areas for quality improvement.
- Environmental improvements had been progressed and audits ensured regular ongoing maintenance and cleanliness.
- People their relatives and visiting professionals were positive about the management arrangements. People told us they could always talk to a senior member of staff. A visiting professional told us, "The team is very well led. X is an excellent manager. X and X are two of the best nurses I have come across. They genuinely care for each individual patient and want the best for them." A relative said, "What I can say is that it appears to be well led. I have spoken to the manager on a few occasions and have always found her very helpful and understanding of Mum's situation and her needs. Her staff always appear cheerful and well-motivated and always willing to help."

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

- There was a positive team spirit and culture in the service. The registered manager, and the management team had a positive relationship with staff, fostering a supportive environment for good practice. Staff told us they 'loved' working at the service. This resulted in good outcomes for people.
- A feeling of team and belonging was a strong with the managers listening to staff. Staff told us they felt valued and treated with respect. Personal situations were taken into account and responded. For example, a staff member had transport difficulties these were accommodated within the duty rotas.
- Staff felt supported, new staff were provided with a robust induction and completed a probationary period that was extended if needed to ensure appropriate skills were established and staff felt confident. Staff received regular supervision and were provided with a tailored training programme.

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 registered manager was aware of their responsibilities including those under duty of candour. Relevant statutory notifications had been submitted promptly to the CQC and the previous rating of the service had been suitably displayed. Notifications were well completed and contained all the necessary information. The registered manager responded promptly and in detail to any issues raised with them by CQC.
- The registered manager and management team demonstrated an honest and transparent approach. A visiting professional told us, "I have also been impressed with how they action significant events. Errors and mistakes will happen, but these are discussed freely, and plans put in place to try to prevent them happening again."
- The registered manager and management team engaged with the inspection process. They responded positively to feedback and took immediate action to improve areas during the inspection process. For example, improved systems for hot water safety checks were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and management team used a variety of ways to communicate and engage with people and their representative. Surveys had been used with a facility to reply on mobile smart phones. Updates were also shared through routine generic emails.
- Individual updates and communication with relatives were maintained and feedback included, "At all times the staff at Mulberry House kept me informed of events and incidents, especially the frequent falls." Other relatives said communication could be improved. The registered manager told us they were readily available, and we saw a sign on her office door (located next to front door) advertising designated time specific for open conversations.
- There were a number of ways of gaining staff feedback. This included staff meetings, staff surveys and various contact routes with managers and the wider management team. Staff told us they felt involved and listened to. The last staff survey completed indicated high staff satisfaction a comment included, "Would not want to work anywhere else, get treated well by management."
- Staff worked closely with health and social care professionals, to promote the health and well-being of people. Visiting professionals were positive about the contact and joint working completed. They complimented the service on its proactive approach, for seeking alternative and individual approaches for people's specific needs. A professional told us, "They encourage and allow us to tailor training so that their team don't just get standard training. They don't take a tick box approach." Another professional said, "The management understand the need for individual care, they really want to hear about alternative approaches that can be used."