

Buckland Care Limited

# Mulberry House

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Mulberry House is a care home without nursing and is registered to provide accommodation and support for up to 42 people. People living at the service were mainly older people, some of whom were living with dementia or poor health. At the time of the inspection there were 26 people living at the service.

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about risk management, medicines management, staff competency including the Mental Capacity Act, care planning and overall governance. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement. The service was in a whole home safeguarding process relating to the above concerns almost continuously until July 2020, since the last inspection in September 2019.

Since the last inspection in September 2019 the service has gone through a period of management changes resulting in no registered manager for some months. This meant a new deputy manager had been in charge with some support from a new area manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During this time the local authority and the quality and improvement team (QAIT) supported the service through the whole home safeguarding process.

We found no evidence during this inspection that people were at risk of harm as concerns had been addressed and new systems recently put in place. The new manager and deputy had made a lot of progress making improvements, identifying and recognising where these were needed and putting more robust processes in place.

The area manager was now applying to register with us as manager for Mulberry House and was based at the service full time. Priority had been given to ensuring staff had comprehensive training, improving inductions for new staff and management, manager level audits and care planning. A new Head of Care role had been created and they were very knowledgeable about people's needs. However, it is noted that although the service had identified and recognised the improvements that needed to be made, the process was at an early stage and systems had not yet embedded, so we could not comment on sustainability. The provider overall governance still required improvements to ensure it was robust to support and oversee the new management at Mulberry House.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

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

People had person centred care plans that were now being reviewed meaningfully to ensure all the information the staff needed to meet people's needs was included.

Risk assessments had previously not ensured people were safe but there were now risk assessments in place and ongoing audits to monitor their effectiveness. For example, in relation to falls, pressure care, behaviours which could be challenging and timely access to health care when people's needs changed. Where risks had been identified there were care plans relating to these risks showing staff how to manage them.

Medicines were managed safely at this service as improvements had been made.

People were receiving care in a timely way by staff who were caring and knew people's needs well. People said they were happy at the home. Staff spoke about how they felt that improvements were being made and they felt better supported by management. Staff comments included: "The new manager, deputy manager and Head of Care are approachable. I feel proud because we have good relationships with residents, we know the little things and they remember you" and "Systems have improved and seem to be working, we all work well now as a team".

Enforcement

We did not look at all the previously identified breaches of regulations as this is a Targeted inspection. Therefore, these breaches must remain in place until we carry out another inspection. These breaches were regulations 9 (Person Centred care) and Regulation 11 (Need for Consent). We looked at Regulation 17 (Good Governance) and found this remained in breach as the very new systems were not yet embedded within the service to show sustainability and provider oversight was not robust.

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

The last rating for this service was Requires Improvement (published 17 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mulberry House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will continue to work alongside the provider and the local authority to monitor progress. 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.

**Inspected but not rated**

### **Is the service well-led?**

The service was not always well led at provider level.

Details are in our well led findings below.

**Inspected but not rated**

# Mulberry House

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check specific concerns we had about risk management, medicines management, staff competency including the Mental Capacity Act, care planning and overall governance.

#### Inspection team

Two inspectors and a pharmacy inspector completed this inspection.

#### 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.

The service did not have a manager registered with the CQC. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An area manager had recently taken the role of manager at Mulberry House and was applying to register with CQC.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to plan the inspection safely bearing in mind Covid-19 pandemic arrangements.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority, safeguarding team and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the manager, deputy manager, Head of Care and the chef. We reviewed a range of records. This included four people's care records and nine medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at training data, accidents and incidents and quality assurance records. We spoke to six care/activity staff over the telephone following the inspection.

# 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 Requires Improvement. We have not changed the rating of this key question, as we have only looked at the parts of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about care planning, risk assessment, medicines management and staff knowledge. We will assess all of the key questions at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People told us they felt well cared for. They said, "I am happy living here, the food is good and the care staff know how to meet my needs" and "I love the carers. There's not one walks through that door and I think 'oh no', they're all genuine."
- Staff said, "I wouldn't work here if people weren't well cared for. Always enough information now, the information I need I'm aware of and I'll always ask if there's something I'm not sure about", "I personally do, I think a lot of people do (think the care plans have enough information). A care plan can change, but I think they've got enough information. Sometimes things change and they're quick to put a new assessment in" and "People are well cared for, detailed recording protects you as staff. The care plans are really useful and are on our hand held devices."
- Care plans were person centred with details about how each person liked to be supported. They were being regularly reviewed in a more meaningful way rather than previously often documenting only 'no change'. Apart from some small details needing updating at times, most care plans reflected current care and staff were very knowledgeable and felt proud they had done a good job. For example, one plan gave good details about one person living with dementia: 'If there is a job I can do, for example handing out the biscuits when the tea trolley goes around, this can make me feel like I have a purpose. It stated, '[Person's name] will only have female carers' and there was good detail about what they were able to do themselves and what they needed assistance with and why, 'I like to look well presented each day'. This plan was being followed.
- Changes in people's needs were noted promptly and referred to external health professionals where necessary. Care plans showed how to recognise non-verbal cues such as, '[Person's name] may shout if they have a urine infection'. Staff were able to tell us how they were monitoring one person who had 'night terrors' by looking at their sleep pattern and addressing skin discomfort. Clear instructions were evident for another person with a health risk that could present with an event requiring first aid. One person had a 'just in case' pack to treat a chronic urine infection. They now no longer needed a catheter through good continence management.
- Risks were managed holistically, with staff ensuring good pain management, for example, monitoring behaviours and trying different pain relief methods. Falls had reduced significantly with regular auditing and inventive ways to promote independent continence management. For example, some rooms had been re-configured to enable people to see the bathroom from their bed. Another person had been identified as having a regular routine, so staff ensured they were visible and engaged the person. Foods which caused

health issues were identified and known by the kitchen staff. Maintaining an adequate diet and weight was well managed, for example referring to the dietician and speech and language team (SALT) appropriately.

- Behaviours which could be challenging were being well managed. One person had enjoyed a musical bubble bath to reduce agitation. Another person had confused their room for next door, so staff had made their room a mirror of the one next door with clear signage for independent recognition. More signage suitable for people living with dementia was being placed in the corridors as they all looked similar. A caring and understanding approach was seen for two people living with dementia who had formed a friendship. Relevant referrals to the older person's mental health team were made and recommendations followed.
- Maintaining good skin integrity was well managed. People had suitable mobility equipment and pressure area relieving equipment. For example, foam was put on a commode to protect vulnerable shins. Re-positioning records were good and was monitored on the hand-held devices.

### Staffing and recruitment

- We checked the recruitment records for three new staff members, which contained references, interview notes, training qualifications and identification information. The manager said they had ensured they were paired with experienced day and night staff as part of their induction. Staff said they had learnt a lot from shadowing experienced staff. Rotas confirmed this arrangement.
- However, two staff did not have enough information in their one reference to be able to make an informed judgement on their suitability. The manager told us there was now a recruitment tracker to audit records.
- Staff had induction documentation. The manager had already identified that a more robust induction was needed as the induction form was lengthy and mainly a tick box exercise of topics. The deputy manager had been completing inductions for the eight recently new staff but had not had any training or management induction about how to do this, although staff said they had found it useful. The manager was now supporting the deputy manager through a more comprehensive induction.
- The service had identified that not all staff had had training in the new computer care planning system (PCS), which could put people at risk of information not being known or properly recorded. Staff said this had meant tasks took longer as they had to navigate the system. There were now workshops in place and staff were working through the training. Training overall had not been completed for some months, but the deputy manager had both been in contact with an online provider and improved the training completion from 43% to over 80% and work continues. This included training in the Mental Capacity Act and staff we spoke to were clear how to ensure people's rights were maintained and the correct processes followed. Staff said the training was good now although some staff preferred face to face training which would happen more depending on Covid-19 restrictions. Staff confirmed they had had face to face manual handling training which they found good. The manager told us, "This is an area we know needs improving, we are presently advertising for a trainer role across the three Devon homes to make sure there is a rolling training programme over two weeks for newly recruited staff and this will make sure staff receive refresher training within the recommended timescales."
- There were enough staff to meet people's needs safely. Call bells were audited monthly now and staffing levels reflected the dependency tool. However, all staff we spoke to said that regularly activity staff (trained in care) were removed from activities to deliver care, usually to cover sickness and absence. This meant activities were not then offered. The manager said they would look at the rotas to see how often this was happening and how to resolve it as well as an audit of activities for individuals. It was noted during the Covid-19 pandemic the policy was to try not to use agency staff. The service was recruiting additional activity staff.

### Using medicines safely

- The medicines records appeared well completed and doses signed as administered in accordance with the prescription.



- Information about changes to medicines within the medication administration charts were also clearly recorded within the care records for each person.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed, and we saw that issues were identified, and actions for improvement recorded. For example. An adverse reaction to an antibiotic was noticed early. The medicines and topical creams champion had ensured staff knew when to use topical creams including sun screen.
- Some of the information within the 'as required' (PRN) plans and the individual care plans did not always give clarity on how to make the decision about which dose to administer, although staff could tell us how they made the decision. The manager ensured that this was done before the end of our inspection.
- Overall the management of medicines was safe and it was clear from the audits reviewed that where shortfalls had been identified that action and learning points had been recorded and shared with the staff administering medicines.

#### Learning lessons when things go wrong

- With the introduction of more robust audits, actions were being recorded and completed. For example, an oral care audit showed there were some gaps in recording, but this was about lack of computer system training which was being addressed.

# 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 Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about overall governance. We will assess all of the key questions at the next comprehensive inspection of the service.

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

- At the last inspection the registered provider had not maintained effective and consistent oversight which had led to a deterioration in systems in use. Regular checks had not been in place or not been effective in identifying concerns. This had continued whilst a new manager had been employed and left after a few months leaving the new deputy manager in charge until June 2020. The deputy manager had not had a clear handover or induction to ensure they knew what to do as detailed in the last inspection report September 2020. They said it had been a steep learning curve having had to engage with the whole home safeguarding process which completed in July 2020. However, despite the lack of provider oversight and being unaware of quality assurance systems, they had worked hard to address what they could. For example, a new falls audit had identified the need for a lounge assistant at mealtimes (an additional care worker role focussing on support with mealtimes), together with falls management arrangements for another high-risk person which had resulted in a decrease in falls overall.
- The provider had not overseen induction processes for new staff. There had been eight new care staff over the last six months, all inductions carried out by the deputy manager using a tick list. Staff told us they mainly learnt from other staff, whilst training had only recently risen to 83% completion meaning the quality of the inductions was variable.
- The new manager, previously a new area manager, was applying to register with us and was now based at Mulberry House. They were now supporting the deputy manager through an induction and had ensured quality assurance systems were known and being done regularly. They were able to detail quality assurance processes and show how they were being used at manager level.
- They said the area manager completed six monthly audits covering a range of topics such as care planning, Deprivation of Liberty (DoLs) documents and best interest decision making and accidents. However, they were not able to show us a recently completed form and although the area manager visited the home there were no records of their input.
- There was also a manager's monthly audit including sampling of documents. Medication audits, controlled medication management, stock control, administration, errors and near miss audits and actions audit. Health and Safety audit, including fire safety and accident and incident audit. We saw completed infection management audits, laundry audit, cleaning schedules and mattress audit. For example, one couple used two beds so pressure relieving mattresses were monitored on both beds to maintain skin integrity.

- The kitchen and catering audit ensured staff knew what people's special diets were, such as softer foods, to keep them safe. A mealtime experience audit had improved mealtimes and staff said, "We can sit with people now, so I always have a chat and make sure they eat enough."
- However, we only saw the last monthly audit which was dated April 2020. This had not been followed up by the area manager or provider. This meant the provider could not be sure that systems were consistently effective.

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

- Since the last inspection the provider had not ensured sufficient oversight to ensure concerns raised in the last inspection report and the whole home safeguarding process were identified and timely actions taken. For example, the managers had not been well supported, inducted or informed of their roles or what auditing systems and forms were used. There was some support from an area manager who also supported some other provider services. This meant the managers felt they had to devise new systems such as the falls audit and staff rotas and had not had time to complete the monthly audit tool. The provider could not formally show us how they knew the managers were doing a good job or why concerns were not picked up previously or how the home's monthly manager's report was used to monitor effectiveness.
- The provider said they had not physically visited the home since March 2020 due to the Covid-19 pandemic. They had regularly phoned the home but there was no evidence of formal checks to ensure care was being delivered and that issues would be identified at provider level in the future. Although the issues had been addressed during this inspection, we could not be satisfied that systems were pro-active rather than re-active or embedded within practice to ensure sustainability.

At our last inspection the provider had failed in their governance of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection at provider level, for example to ensure robust oversight in a period of management changes. Areas of concern identified through the whole home safeguarding process had not been monitored and recognised by the provider and there were no robust systems at provider level for the future. The provider was still in breach of regulation 17.

- With the area manager, the new manager had created a service improvement plan which they reviewed regularly and updated, which they shared with CQC, safeguarding and commissioning teams to provide reassurance about the improvements being made. They had also recruited the new Head of Care role, which included protected time for administration.

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

- Staff felt that the lack of management consistency had been difficult, but all said they now saw real improvements with the new manager and deputy manager. They said, "I think [manager and deputy manager's name] are doing a fantastic job, they're on it. I feel I can go to them", "I'm proud to work for Mulberry House, it's a lovely home, they (manager and deputy manager) make me feel appreciated" and "Everybody is so respectful, I feel so valued by them (manager and deputy manager). I've never felt like that before in a job." One staff member told us, "The manager is so knowledgeable, she will put it right. It's lovely working here, I would recommend the home to my family."
- Staff did not always know who the providers were or feel valued by them. However, it is noted that there had been restrictions due to Covid-19 on the providers physically visiting the service since March 2020. One staff member said it would be better if they tried to find out why some staff had left so they could learn from it, especially after the recent lack of consistent leadership. Staff had also not known about the concerns

raised in the recent whole home safeguarding process and that communication had been poor when there had been no manager. The provider said they hoped to visit the service from September 2020.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People generally looked relaxed and at ease with staff. People who were able to comment on their experiences on living at the home described all the staff as kind and caring. Other people responded positively to the staff group, through their actions, body language or singing to them, although they were not able to comment directly on their care. They were able to spend the day as they wanted and there was a range of activities on offer in the large, bright conservatory, library, tea-room and garden. The activities co-ordinator knew people well and told us how they offered one to one sessions. They said how this particularly benefitted a couple so they could enjoy time apart, giving them topics to discuss later. The manager told us how they were recruiting additional activity staff. At times during the pandemic activity staff had been diverted to care tasks to cover sickness/absence rather than use agency to reduce Covid-19 infection risk.
- Staff told us they had confidence in the new manager and deputy manager to continue to address issues of poor practice and to make changes to improve the quality of care people received. They said they now felt listened to and that the deputy manager was not so busy.

Continuous learning and improving care; Working in partnership with others

- The new manager and deputy manager were working together to ensure there were robust systems in place so that concerns would not be missed again. For example, there were new quality assurance tools and audits in place now at manager level. Training was being addressed and would be managed by a company trainer for Devon in the future. More comprehensive inductions were in place including management roles and a new recruitment capacity tracker. Resident, relative and staff surveys were being done to gain experiences and views from people to further inform improvements. A new complaints procedure audit was being done to capture trends and identify ways to improve.