

Mulberry Home Care Services Limited

# Mulberry Home Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Mulberry Home Care Services Limited is a domiciliary care agency that was supporting 14 people at the time of the inspection, nine of whom were receiving personal care. Most of the people using the service were older people although some were younger adults who needed support due to healthcare conditions.

People's experience of using this service:

People received safe, consistent and well-planned care. People's care was provided by a small team of staff, each of whom understood their needs and preferences well. This meant that people always received their care from staff who were familiar to them, which they said was important to them.

People told us the care workers who visited them were kind, caring and compassionate. People had developed positive relationships with their care workers and enjoyed their company. Relatives said staff took the time to talk to their family members and expressed an interest in their lives.

Staff treated people with respect and maintained their dignity. People told us staff always respected their privacy when providing their care. The registered manager ensured there was a focus on supporting people to maintain their independence.

Care plans were personalised and reflected people's individual needs and preferences. People told us they were involved in planning their care. They said they had developed their care plans in partnership with the registered manager. Care plans were reviewed regularly to take account of any changes in people's needs.

The registered manager had a good oversight of the agency and spoke regularly with people who used the service and their relatives. This regular communication meant that any issues about people's care were resolved before they became concerns. The agency had a complaints procedure which was given to people when they began to use the service.

Staff received all the training they needed to provide people's care. This included a comprehensive induction when they joined the agency during which they got to know the people they would be caring for. The registered manager provided good support to staff through regular individual and team meetings. Staff spoke highly of the support they received from the registered manager to carry out their roles. They told us the registered manager was always available for advice and support when they needed it.

The agency employed enough staff to meet all scheduled care commitments. Checks were carried out on prospective staff to ensure they were of good character and suitable to work in health and social care. Staff received safeguarding training and understood their responsibilities to report any concerns they had about people's safety or well-being. Staff were confident that any concerns they raised would be managed appropriately by the registered manager.

People's needs were assessed to ensure the agency could provide the care they needed. Risks to people

and staff were assessed and managed well. Medicines were managed safely. Staff helped people keep their homes clean and maintained appropriate standards of infection control.

The registered manager and staff worked effectively with other professionals to ensure people received the care they needed. Staff had liaised with GPs, district nurses, pharmacists about people's health and medicines.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

This was the first inspection of the agency since its registration with CQC on 22 January 2018.

Why we inspected:

This was a scheduled inspection based on the date the service was first registered with CQC.

Follow up:

We will continue to monitor the service through notifications and communication with partner agencies such as local authorities and other commissioners. We will inspect the service again according to the rating achieved at this inspection unless we receive information of concern, in which case we may bring the next inspection forward.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Mulberry Home Care Services Limited

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

Mulberry Home Care Services Limited is a domiciliary care agency registered to provide personal care to older people, including people living with dementia, and younger adults.

The service had a manager registered with the Care Quality Commission. This 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.

We gave the service 48 hours notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection. The inspection was carried out by one inspector.

Inspection site visit activity started and ended on 15 February 2019. We visited the office location on 15 February 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) submitted by the provider on 12 December 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited the agency's office and spoke with the registered manager. We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of staff training and supervision. We also checked records including satisfaction surveys, complaints, accident and incident records, quality monitoring checks and audits.

After the inspection, we spoke with four people who used the service and three relatives to hear their views about the care and support provided. We received feedback from eight staff about the training and support they received from the agency to carry out their roles.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

- Assessing risk, safety monitoring and management

- ☐ The registered manager had carried out assessments to identify any risks to people receiving care and staff. Risk assessments considered the environment in which care was to be provided and any equipment involved in people's care. Measures had been put in place to minimise any risks identified through the assessment process.

- ☐ The provider had an effective system in place to monitor call times and to help ensure no care calls were missed. There had been no missed calls since the agency began providing a service. People and their relatives told us they could rely on their allocated care workers. One person said, "I always know exactly who is coming and at what time. I can rely on them completely." A relative told us they were reassured by the knowledge that they could rely on staff to arrive on time and take good care of their family member. The relative said, "I can go out and not worry."

- ☐ The agency had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. This prioritised the delivery of care to people who would be most at risk if their visits were cancelled, such as those living alone without family support.

- Systems and processes to safeguard people from the risk of abuse

- ☐ Staff attended safeguarding training in their induction and knew how to recognise and report potential abuse. Staff told us the registered manager had encouraged them to speak up if they had concerns. They said the registered manager had also informed them how to raise concerns with other agencies, such as the local authority, if necessary. One member of staff told us, "The company have provided us with all the relevant contact numbers we need if we have concerns as well as help and support from the office." Another member of staff said, "I have never reported concerns about safeguarding or abuse, but I would not hesitate to do so if I was a witness to any."

- Staffing and recruitment

- ☐ There were enough staff employed to meet all the agency's care commitments. The registered manager told us they would not agree to begin a package of care unless they were confident the agency could provide the care they needed. The registered manager said, "We don't take on clients if we don't have the capacity to take them."

- ☐ The agency's recruitment procedures helped ensure only suitable staff were employed. Applicants for employment were required to submit an application form with details of qualifications and employment history and to attend a face-to-face interview. The agency made appropriate checks on staff before they started work, including obtaining proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

- Using medicines safely

- ☐ People who received support with their medicines told us staff helped them manage this aspect of their care safely. Relatives confirmed that staff ensured their family members received their medicines as prescribed. One relative said, "They check all [family member's] medication and make sure she takes them." The relative told us that the checks carried out by staff had recently identified an error in the medicines supplied by the pharmacy to their family member. The relative said the pharmacy had delivered another person's medicines to their family member instead of their own. The relative told us that staff had contacted the pharmacy and arranged for the correct delivery of medicines to be made to their family member.

- ☐ Staff received training in medicines management and their practice was assessed by the registered manager before they were signed off as competent. Staff told us the training they received had given them the knowledge and skills to feel confident in the safe management of medicines. One member of staff said, "I was supported and trained to make me confident in the administration of medicines." Another member of staff told us, "I was shown how to prepare medicines, then supervised when I prepared medicines. I feel confident to prepare medicines safely."

- ☐ Staff maintained medicines administration records (MARS) in people's homes to record the medicines people took. MARs were checked and audited regularly to ensure people were receiving their medicines as prescribed.

- Preventing and controlling infection

- ☐ Staff maintained appropriate standards of infection control. People told us staff helped their homes clean and hygienic. They said staff wore gloves and aprons when necessary and maintained good hand-hygiene. Staff attended infection control training in their induction and had access to refresher training in this area. Staff practice in infection control was observed during spot checks carried out by the registered manager.

- Learning lessons when things go wrong

- ☐ Staff were instructed to record any accidents or incidents in detail to ensure the factors contributing to the event could be reviewed and actions taken to keep people safe. No adverse incidents had occurred during the provision of care but we heard examples of actions the agency had taken to improve people's safety following accidents.



# 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

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
  - The registered manager had assessed people's needs before they began to use the service to ensure the agency could provide all aspects of their care. People told us their care needs and preferences had been discussed with them before they used the agency. They said the assessment focused on their views about the care they wanted to receive. Relatives told us they had been encouraged to be present when their family member's assessment was carried out and to contribute to the process.
  - The assessments we checked were comprehensive and addressed all areas of people's lives. They formed the basis of people's care plans and recorded people's wishes and preferences about their care.
- Staff support: induction, training, skills and experience
  - The registered manager ensured that staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they joined the agency, which included shadowing an experienced colleague. One member of staff told us, "We did have an induction before we started; we were shown the equipment and how to use it by professionals." Another member of staff said, "I had an induction with [registered manager], who explained the role as a carer for the clients." A third member of staff told us, "I received extensive e-learning and face to face training. Also shadowing period was a good way to meet staff and service users." A fourth member of staff said, "[Registered manager] was fantastic and very helpful....I was very supported through my first few months to settle."
  - Staff attended all aspects of mandatory training during their induction and had access to regular refresher training thereafter. Following the successful completion of their induction, staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work. Staff who returned feedback confirmed they had received all the training they needed to meet people's needs.
  - Staff confirmed that they met with the registered manager for one-to-one supervision. They said this enabled them to discuss their practice and their training and development needs. They told us the registered manager had encouraged them to work towards qualifications in health and social care. One member of staff said, "I was offered training to gain qualifications in care." Another member of staff told us, "I am sitting my NVQ [national vocational qualification] and have always been supported to aim higher."
- Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed as part of their initial assessment and any dietary requirements recorded in their care plans. People who received support with meal preparation told us they were happy with this aspect of their care. They said staff prepared their choice of meals from stocks held at their homes. None of the people using the agency at the time of our inspection needed texture-modified (soft) diets or thickeners in their drinks. Staff supported one person to manage their percutaneous endoscopic gastrostomy (PEG) feeding system.

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

- The agency worked effectively with other professionals to ensure people's healthcare needs were met. For example, the agency liaised with healthcare professionals involved in people's care, such as GPs, district nurses and pharmacists. Staff monitored people's health and welfare and responded promptly if they identified concerns. For example, we heard examples of staff notifying district nurses when they noticed redness on people's skin which presented a risk of developing into an ulcer.

- 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. We checked whether the service was working within the principles of the MCA.

- We found that the registered manager had taken steps to ensure people's care was provided in line with the MCA. People were asked to record their consent to their care before their care plans were agreed. Staff had received training on the principles of the MCA and understood how these principles applied in their work. People told us that staff asked for their consent on a day-to-day basis before providing their care. One person said, "They always check with me first before they do anything."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

- Ensuring people are well treated and supported; equality and diversity
- ☐ People were supported by caring and compassionate staff. People told us staff were kind and gentle when providing their care. One person said, "They are kind and patient." Another person told us, "They are very caring. They are reassuring and helpful in every way." A third person said, "I am very happy with them. They are very friendly and helpful. They do everything for me that I can't do."
- ☐ Relatives also spoke highly of the caring nature of staff. When asked what the best aspect of the agency was, one relative told us, "They really care. They treat people as individuals, not just a number." Another relative told us, "The staff are very good, they are very kind." A third relative said of staff, "We couldn't ask for better."
- ☐ Relatives said their family members had established positive relationships with their care workers and enjoyed their company. They told us staff spent time talking with their family members and expressed an interest in them and their lives. One relative said of their family member, "She really likes them, she gets on well with them. They make time to talk to her. They express an interest in her and ask about her family."
- ☐ People received consistent care from regular staff, which they told us was important to them. One person told us, "I have two carers that I see all the time. I am very fond of them both, they are lovely people." Another person said, "I always see the same lady." The registered manager told us they aimed to have a main care worker and two 'back up' care workers for each person to ensure people received consistent care. Relatives confirmed that this reflected the care their family members received. One relative told us, "[Family member] has a main carer and two others so it's always someone she knows. It's important for her because she gets confused."
- Respecting and promoting people's privacy, dignity and independence;
- Supporting people to express their views and be involved in making decisions about their care
- ☐ People told us staff treated them with respect. They said staff maintained their dignity when providing their care. People who received support with intimate care told us staff always closed doors and covered them to protect their privacy.
- ☐ The agency encouraged people to maintain their independence. The registered manager told us they emphasised the importance of promoting independence when they met people to assess their needs and plan their care. The registered manager said, "We tell them we are not going to take anything away from

them. That's what I encourage the carers to do as well as it's very easy to take over a person's life with the best of intentions."

- ☐ People confirmed that staff supported them to be independent where this was important to them. Relatives told us that staff encouraged their family members to manage aspects of their care where possible to maintain their independence. For example, one relative said their family member wanted to manage their medicines independently but found this difficult. The relative told us the registered manager had liaised with the person's GP and pharmacy in order to have medicines supplied in blister packs, which enabled the person to keep control of their medicines safely.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

- Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
  - End of life care and support
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- ☐ People's care was planned to meet their individual needs. People and their relatives confirmed they were encouraged to contribute to their care plans and that their views were listened to. One person told us, "I sat down with the manager and we established what the care plan should be together." A relative said, "The manager encouraged us to choose the care we wanted. There was a very thorough care plan in place before the care started."
  - ☐ Care plans were reviewed regularly to ensure they continued to accurately reflect people's needs. The registered manager told us, "We update the care plans and risk assessments every six months or more often if needed." We found evidence to support this statement in the care plans we checked.
  - ☐ Staff told us they were always given enough information about people's needs before they began to provide their care. They said they were introduced to people before they supported them and had access to detailed care plans. One member of staff told us, "I shadowed another carer to each and every client that I was to visit and I was introduced to them and shown where the care plan was kept which contains all necessary information. I was shown where things were kept at the clients' homes and informed about each individual's needs and their requirements." Another member of staff said, "We are always informed of their needs before we get the job. Mulberry are always very good and inform you of any change in the client's needs. We also follow a care plan set out by the company of the needs of the client." A third member of staff told us, "I always feel I have more than enough information about the needs of the people I care for."
  - ☐ People told us staff always stayed for the full length of their scheduled visits and were willing to do additional tasks if needed. One person said, "They are willing to help me with things that crop up that I can't do myself. They will do the washing up and change the bedsheets." Another person told us, "If I ask them to do something extra, they are happy to do it for me." Relatives said staff stayed for longer than the scheduled visit times if their family member needed them to. One relative told us, "If [family member] is tired or she's having a bad day, they'll stay an extra half an hour or as long as it takes." Another relative said, "They do more than they need to. If they've got time at the end of a visit they help tidy up and keep the house clean. It's never a case of, 'Time's up'."
  - ☐ The registered manager told us that they encouraged staff to provide support in a flexible way to ensure they responded to people's wishes. The registered manager said, "Care plans are a guide and people are allowed to change their minds, so if service user says [to a member of staff], 'It's a lovely day, can we go for a

walk?' as long as it's safe, we would encourage it. If [staff] are not sure, they will ring me."

- ☐ Relatives told us the agency had been proactive in helping people obtain the equipment they needed to maintain their mobility. One relative said their family member had found it difficult to use the equipment originally provided by an occupational therapist. Staff from the agency noticed this and contacted the occupational therapist, who reassessed the person and sourced a more suitable item of equipment.

- ☐ Relatives told us staff had responded well when unexpected events had occurred. One relative said their family member had thrown their medicines away while the rest of their family were on holiday. The relative told us, "We were so happy with the way they dealt with it. They sorted the medicines out and they kept us informed all along about what was going on." Another relative said their family member had become unwell whilst staff were at their home. The relative told us staff had called for medical help and remained with their family member for almost an hour until paramedics arrived.

- ☐ The agency was not providing any end-of-life care at the time of our inspection. The registered manager had experience in planning and providing end-of-life and explained how this would be provided to people if required.

- Improving care quality in response to complaints or concerns

- ☐ The agency had a written complaints procedure which set out how any complaints would be managed. This was given to people and their relatives when they began to use the service. The agency had not received any complaints since its registration.

- ☐ Regular communication with people who used the service and their relatives meant the registered manager became aware of any issues before they became concerns. One person told us that because they spoke regularly with the registered manager, "Any issues are resolved before they become a problem."

- ☐ None of the people or relatives we spoke with had made a complaint but all were confident that any concerns they had would be taken seriously by the registered manager. They said the registered manager had encouraged them to speak up if they were dissatisfied with any aspect of their care. One person told us, "If there was anything [I was dissatisfied with], I would just phone [registered manager] and we would sort it out together."

# 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

The service was consistently managed and well-led. 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
- ☐ People received consistent, reliable and well-planned care. When the agency began operating in January 2018, the registered manager was responsible for all aspects of the service. Shortly before our inspection, the registered manager had appointed a care co-ordinator and a field supervisor to strengthen the management team. The registered manager told us the care co-ordinator and field supervisor would have specific roles, including rota planning, spot checks on staff, auditing and quality monitoring, which would increase accountability for key aspects of the agency.
- ☐ The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required. We saw evidence that the registered manager carried out spot checks to ensure the care staff provided was safe and met people's individual needs. Records of spot checks showed the registered manager checked that staff arrived on time, provided care safely and treated people with respect. The registered manager had also carried out observations on staff practice in medicines management and moving and handling to ensure that staff were providing safe care.
- ☐ The registered manager told us they spoke with new staff about the agency's values before they started work to ensure they understood what was expected of them. The registered manager said the agency's values included, "Treating people as individuals and promoting and respecting their individuality." The registered manager said staff were also introduced to the '6 Cs' of caring, which are the qualities that all health and social care staff should strive towards when providing care. The 6 Cs comprise Care, Compassion, Competence, Communication, Courage and Commitment.
- Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- ☐ People and their relatives told us the management team communicated well with them and that they could always access any information they needed. One person said, "I have never had a problem contacting the office. I can always give them a ring if I need to." A relative told us, "I can contact [registered manager] when I need to. She is easily reached by phone – there are no problems there." Another relative said, "It's very well run. The communication is excellent. I speak to [registered manager] regularly." People told us they received information about which staff would be visiting them and were kept up-to-date about any changes. They said their care workers almost always arrived on time and that they received a telephone call to let

them know if their care workers were running late.

- □ Staff told us they could always access management support when they needed it, including out-of-hours. They said the registered manager provided good leadership and support. One member of staff told us, "I have found the management to be very helpful and supportive, they have always given me the right help to ensure I safeguard our clients and ourselves." Another member of staff said, "I personally have found the management to be professional and friendly, they view all their staff as family. They are easy to approach and always willing to help." A third member of staff told us, "I feel very well supported by my manager."

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

- Working in partnership with others

- □ There were effective systems in place to monitor the quality of the service, which included seeking feedback from people who used the service. The small size of the agency enabled the registered manager to maintain regular contact with people, their families and staff. People and their relatives told us they spoke with the registered manager regularly and were encouraged to give feedback about their care.

- □ The registered manager sought people's feedback about the care they received from the agency. The registered manager contacted people shortly after they began to use the agency to check they were happy with the service. Approximately two weeks later the registered manager carried out a quality monitoring visit or telephone call. The registered manager said they used this opportunity to ask people if they were satisfied with the care workers who visited them and whether or not their care plan was proving appropriate. The registered manager said they planned to distribute satisfaction surveys annually in the future, although this had not yet happened because the agency had only operated for a year at the time of our inspection.

- Continuous learning and improving care

- □ The registered manager organised team meetings to keep staff up-to-date with good practice and relevant developments in the care sector. The registered manager had also signed up for regular communication and updates from professional networks in the sector, such as the National Institute for Health and Care Excellence (NICE), the Skills for Care registered managers' network and the UK Home Care Association (UKHCA).

- □ Staff told us the registered manager encouraged them to speak up if they had concerns about people's care or suggestions for improvements. They said the registered manager followed up any concerns they raised and gave them feedback about the outcome. One member of staff told us, "We are always encouraged to speak up about suggestion/concerns. [Registered manager] is always available to hear our feedback and she listens very well. We feel our opinion matters and that [registered manager] will look into and act on our recommendations/concerns if needed." Another member of staff said, "We are encouraged to speak out if we have any concerns or suggestions and always feel that our feedback is welcome. When I have communicated concerns I have been thanked and have had feedback about the follow up."