

Mulberry Court Healthcare Limited

# Mulberry Court Care Home

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Mulberry Court is a care home that provides personal care for up to 43 people, some of whom are living with dementia. At the time of the inspection 39 people lived at the service. The accommodation was established over two floors. On the ground floor there were bedrooms a large dining area and a communal lounge, which was also used for delivering activities. On the second floor there were bedrooms a smaller dining area smaller lounge spaces. Access between the floors was via a lift or staircase which were secured to prevent risk of injury from fall.

People's experience of using this service:

People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs and that staff had received training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

People were protected from the risk of an acquired health infection, as the service employed dedicated cleaning staff to ensure the environment was clean and had appropriate policies and procedures to monitor and reduce the risk

Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

People were supported to eat and drink enough to maintain good health.

There were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's right to make their own decisions about their care where possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place, which provided information about the care people required.

People knew how to make a complaint and there was a clear complaints procedure in place. When people were at the end of their life the service had effective measures in place to support them and ensure their wishes and needs were met.

An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

There were robust quality monitoring procedures in place. The management structure of the service was clear.

People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

Information was provided in a range of formats to support understanding. People were able to access spiritual support to meet their religious beliefs.

There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Requires Improvement (Published May 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had improved to Good, and in one area improved to Outstanding.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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?

Outstanding ☆

The service was exceptionally 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 Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mulberry Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### Notice of inspection

This inspection was unannounced

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with 17 people who used the service and three relatives to ask about their experience of the care provided. In addition, we spoke with a visiting member of the Dementia Outreach Team and two external trainers during the inspection.

We spoke with eight members of staff including the deputy manager, nurse, administrator, two senior carer workers, two care workers and the handyperson.

We reviewed a range of records. This included six people's care records and multiple medication records. We also looked at three staff files in relation to supervision records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# 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.

### Systems and processes

- People and their relatives told us the service was safe. One person told us, "I feel quite safe, they know what they are doing". A relative added, "[My relative] is safe here, definitely. When they were at home they were often at risk by wandering at night. Here they have not even tried to go out, they feel safe here, at ease and generally good about themselves".
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

### Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- We noted that maintenance checks had not identified the need for window limiters on high opening first floor windows and that some exposed water pipes were very hot to the touch and could cause risk of harm. During the day of inspection and immediately following, we saw evidence that these issues were addressed and the risk of harm reduced.
- Fire risk assessments were in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support people using the service in the event of a fire.
  - Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, some people were at risk of falls or skin problems from reduced mobility. Staff were able to identify and describe what assistance people required and how to keep them safe.
  - People told us they felt safe when staff supported them using equipment, for example hoists for transfer. One person said, "I am treated gently and kindly. The staff are careful"

### Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Staff told us, "All my checks were undertaken before I started to work here. My Disclosure and Barring Service [DBS] check was done and my references got".
- There were enough staff on duty to support the needs of people and keep them safe. All the people using the service, their relatives and care staff told us they felt enough staff were deployed to meet their needs. Comments included, "You don't wait very long", "It is well staffed here" and "They come very quickly."
- Induction procedures were followed and appropriate checks were completed for all staff and also for when agency staff supported the service.

### Using medicines safely

- Staff completed medication training and competencies were completed by the registered manager or Nurse. We observed the nurse administering people's medicines and saw medicines were stored,

administered and recorded safely.

- Some people were assessed as requiring medicine to be given covertly, meaning the person was unaware they were receiving any medicines, due to their lack of capacity. We saw that detailed assessments were carried out in partnership with the persons relatives and their GP to ensure this was in their best interests. These assessments were very person centred and detailed.
- People told us they were happy with the support they received to take their medicines. One person said ""I have tablets and medicine, they (staff) look after that, I get it on time". A relative added, "[my relative is] on a lot of medication, they (staff) do all that, I've no worries about that".
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.

#### Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. During our initial tour of the service we identified some issues where infection control best practice was not followed. During the day of our inspection and immediately following we saw the provider had taken action to address this and people were protected from the risk and spread of infection.
- Staff were observed using good infection control and prevention practices, including hand washing and use of personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences. We saw that all staff welcomed this and also took ownership for their own learning and reflection from incidents. We saw numerous examples where staff had completed their own reflection reports unprompted by the service, regarding incidents they were aware of or training they had received.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence. For example, the deputy manager showed us a detailed care plan and risk assessment for a person who used a catheter to help with continence. The record showed the person was assessed as not requiring this intervention after two days so a new and equally detailed care plan and risk assessment was devised and implemented.



# 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

- Peoples received a comprehensive assessment of their needs prior to admission at Mulberry Court and these were regularly reviewed. Care plans contained information about people's choices, likes and dislikes and preferences for how their care was delivered. For example, preference for male or female care staff.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- For example, one person was admitted to the service for End of Life (EOL) Care. The person had multiple illnesses and firmly refused all personal care and social interaction. Though staff patience, understanding, skill and excellent partnership working with other health professionals, their medical condition had improved so much they were no longer under the care of the EOL team. We observed that the person was happy to socialise in communal areas and appeared well presented and well fed.
- A second person was admitted to Mulberry Court with a chronic condition that had required monthly hospital admissions. The person condition meant they were nursed in bed and they experienced mental and physical distress as a result of lack of interaction. The service worked with the local hospital and nursing team to help manage their condition at the service, as well as working with dieticians to improve the person nutrition. As a result, the persons condition improved meaning they required only a single hospital admission in six months, they put on weight and were able to socialise and join in activities with fellow residents.

Staff skills, knowledge and experience

- Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff. Staff told us, "If we want to do something additional (training) we can ask and they (management) always find something we can go on. They are very supportive." Visiting specialist trainers told us, "They (staff) seem to embed training in all of their daily activities."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Nurses received specific clinical training and supervision which they valued.

Supporting people to eat and drink enough with choice in a balanced diet

- Catering staff were knowledgeable about People's specific dietary requirements and these were communicated to the care staff on a regular basis.
- People told us they enjoyed the food served and they had enough to help maintain healthy diet and nutrition.
- We observed the lunchtime meal which was a very positive experience. People were offered a choice of meals, staff engaged people in conversation as well as offering support.
- People were asked if they required assistance or aprons and staff waited for their consent before

proceeding.

- Staff explained what the meal was and ensured people had cutlery and were seated comfortably before leaving to assist others.
- People who did not like the offered meal were provided with a range of alternatives. One person told us, "Sometimes we get told the day before, sometimes on the day. If you change your mind that's no problem. If you don't like what's on they'll get you something else, I didn't like it yesterday and they got me cheese sandwiches which I like". A relative added, "[relative] is eating really well and a variety of food, which they weren't previously".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies including, GP, district nurse, Dementia Outreach Team (DOT) and Optimum training, a specialist health and social care training organisation provided by the local authority. One visiting health professional told us, "I think staff try very hard, they are open to suggestion and very proactive. They provide a lot of independent specialist training as result of advice from ourselves and other agencies. They are the only care home in Nottingham City that have done this".

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

- People had a say in the decoration of their own rooms and communal spaces. Peoples' rooms were well presented and individualised with personal belongings and furniture. Clear signage was displayed throughout the home and people's rooms were clearly numbered to ensure they were easily identifiable.
- Each floor was level throughout, with a lift provided between the two for ease of access.
- People had access to substantial open space outside the home which was well maintained and utilised in warmer weather.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. The GP carried out weekly ward round visits for all people and attended in-between when requested.
- We saw records of regular visits by and appointments for, district nurse, optician, chiropodist and falls team.
- During our inspection a dentist was carrying out examinations at the service. We saw numerous people accessing this service.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. People told us, "They've always been pretty decent to me ... I can honestly say that I've always felt respected here".
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

# 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

- During our visit, we observed a warm, pleasant, family orientated and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. One person said, ""The staff are good. If you've got a problem you can go to them".
- People and their relatives spoke highly of staff comments included, "They are very caring and very patient. Some people are very demanding and they (staff) stay pleasant and kind, even if people use abusive language". "The carers are brilliant, just the way they are with them, they talk to them and spend time with them".
- Conversations with staff demonstrated they enjoyed their work and knew the people they supported well.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them. One person identified as another gender and. staff supported them in this, including addressing by their preferred name, supporting attendance social events and respecting and supporting their choices regarding clothing. A detailed, inclusive and supportive care plan was in place to ensure their needs were met.
- People had access to Advocates who represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Relatives were able to visit at any time, one person said, "My family come most days there are no times when they cannot."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person said, "I can honestly say that I've always felt respected here".
- Staff protected people's privacy and dignity at all times, particularly when delivering personal care and support. We observed staff using a hoist to help move one person, ensuring at all times the persons dignity was protected. The person told us, "I don't like the hoist but I do feel safe when they do it. They do help you maintain your dignity, say if you are wearing a skirt or something they'll put a blanket over your legs".
- A visiting health professional told us, "I find all the staff are very aware of people's needs, their likes and dislikes".
- People were supported to maintain their independence as much as possible. A relative said, "(my relative) still has their independence here. They go to the local shops on their own. I don't think staff would let them go if there was any risk."

- Peoples information was stored and managed securely which protected their confidentiality.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### Personalised care

- People received care that was exceptionally personalised and responsive to their needs. The provider and staff were committed to supporting people to live their lives in a way that promoted their feelings of, individuality, purpose and belonging.
- Staff displayed an excellent understanding of people's needs and wishes.
- The Provider and registered manager had developed a programme called 'Hopes and Dreams'. Staff sat with the person and identified things they would dearly wish to do and then worked to make this happen. We saw that many people had already taken part on the project and were very happy with the outcomes. For example, one person had always wished to be a police officer. The registered manager contacted the local police service and arranged for the person to go on patrol with local officers and had lunch with the police commissioner. A second person spent time with the fire service.
- Other dreams the service had helped fulfil included, visit Scarborough, a spa day, feel beautiful and meet a person's favourite band. Although a wish to meet Elvis is still pending.
- One person had a restricted diet due to risk of choking and expressed a wish to enjoy a meal with their family. The registered manager worked with the Speech and Language Therapy (SALT) team to develop a meal the person could safely enjoy. As a result of this the person was gradually able to change their diet and is now able to enjoy an unrestricted diet.
- The service had excellent community involvement and worked to ensure Mulberry Court was an open and important aspect of the community. Children from local primary schools visited on alternate weeks. During our inspection we observed a visit which involved children playing games and singing songs with the people at the service. There were lots of smiles, laughter and a very positive happy environment. The people using the service clearly gained great benefit from the visits and the service had received feedback from the school stating how much the children enjoyed it too.
- The service had a partnership with a local school for people with a learning disability. Pupils from the school undertook work placements at the service. We observed one pupil helping the maintenance man and a second helping with activities. In exchange, the service had access to the schools adapted swimming pool. This enabled people with reduced mobility to go swimming. For some people this was the first time in years.
- We were told by numerous staff and visiting health professionals about one person who had very limited mobility due to suffering a stroke. By use of the pools equipment they were able to join in the activity in the pool and said, "I'm walking again!"
- People very much valued having access to the pool. Comments included, "I go swimming, I like that, look forward to it". "I go swimming, (Activity Coordinator) and (Cook) take us". "I go swimming with them on Thursdays."

- A dedicated activities coordinator was employed at the service. People had access to a wide range of meaningful and interesting activities throughout their day. A visiting health professional told us, "They've got an amazing activities coordinator. They are always doing something meaningful."
- A relative told us, "The care staff are very nice, especially the Activity Coordinator, she organises so many activities, takes them out to pubs, shopping, takes them to the police station, school children come in, sing – a – longs, trips to the coast ... it's endless". A second said, "They always get you involved in the activities when you come in, get you playing with them".
- Three people who used the service had jobs at local charities with the support of the service. A visiting health professional told us, "I have never known a service that takes people out into the community as much as they do here. It's really very positive. If they (People) feel confident and its risk assessed, then they go out."
- The registered manager had set up a formal support and social group for the spouses of people living with dementia. This after identifying many did not have time for other social activities due to visiting their loved ones at Mulberry Court.
- The management team had an excellent understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.
- Information was available in large format and easy read versions and a DVD disc was provided that presented the information in written and spoken versions.
- Care Plans were extremely detailed, person centred and gave the reader an understanding of the persons needs both physically and spiritually. Information about the person's life history, important events and important people were included to ensure the reader understood the person and their needs fully.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and had confidence that the registered manager would respond appropriately. One person said, "I would tell the staff if I had a complaint. They would sort it. I have not got any though". A second person said, "I've never made any formal complaints, if I have any problems there is always a senior can talk to".
- The providers complaints policy was displayed prominently and staff were able to describe their role in supporting people to raise a concern.
- We saw that any complaints received were investigated quickly and honestly and followed the providers complaints policy. Any learning from the complaint was shared with the complainant and staff.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff supported people and relatives to develop care and treatment plans. Professionals were involved as appropriate.
- End of life (EOL) support was included amongst the mandatory training that all staff must complete. The provider was working towards achieving the Gold Standard Framework (GSF) for end of life care and had already begun implementing the associated principals and had begun conversations with people. GSF is a nationally recognised training programme aimed at ensuring care staff have the skills and knowledge to support people at the end of their life.
- One person, who communicates non verbally and did not yet require EOL care, worked with the registered manager using the materials for GSF to develop their own EOL care plan. The plan included funeral wishes, including songs and readings. We saw that the person was incredibly proud of the plan and chose to carry it with them at all times.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

- The providers 'Hopes and Dreams' project was adopted by a number of services across Nottinghamshire. One service for younger people provided feedback stating the project had helped them to have conversations with their younger people about End of Life care in a positive and accessible way.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service, management and staff were very compassionate and supported people's relatives and friends as well as staff, before and after a person passed away.
- One person was admitted to the service as they required EOL care. The care and attention received from staff was so effective that person's condition improved to the point that they no longer required End of Life care.

# 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's support was planned and reviewed regularly. Support plans contained very detailed information on how a person should be supported, including consideration to their needs and wishes.
- There were clear monitoring systems to ensure the service was run well. Staff were aware of their roles and responsibilities and the registered manager fulfilled their role. Staff had plans in place to ensure they were kept motivated.

To ensure that there was a consistency in staff team, who knew people and their needs well, staff were promoted within the service.

- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required lessons were learned if errors had occurred. Staff took joint and individual responsibility for reflective learning from incidents and near misses and shared their learning with others.
- There was a registered manager at the home and the rating was displayed at the home and on their website.
- Staff were highly motivated by the provider and registered manager and showed pride in the care they gave to people at all the stages of their care. Visiting professionals, we spoke with all felt the registered manager and provider were visible and had a focus on providing the best care. One said, "They (management) take our suggestions on board, they are always looking at better ways for doing things, for example adopting the local authority behaviour charts." Another added, "I think they do a really good job."

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

- The provider and registered manager had created an exceptionally open culture and developed extremely positive values within the service. Staff spoke positively about the management team and felt they were approachable and supportive. One staff member said, "Working here I've learnt so many new things. The manager and deputy are very supportive." Another said, "The manager and nurses are all approachable."
- Staff performance was monitored with regular meetings and individual supervisions. Staff told us they found these useful and informative.
- Effective systems were in place to ensure the environment and all equipment used was safe and well maintained. We noted the provider carried out regular safety monitoring including fire safety checks, legionella monitoring and gas and electrical safety checks.
- The provider and registered manager were passionate about providing responsive, effective person-centred care and this was reflected in every aspect of the service. We saw when accident or incident was



recorded they were reviewed.

Engaging and involving people using the service, the public and staff

- People and their relatives had the opportunity to give their feedback about their experiences of the service.
- Regular relative and resident meetings were held and a satisfaction survey carried out and feedback from these was overwhelmingly positive. One person said, "They have regular residents' meetings and relatives are invited. They do listen, my (family member) raises things and they do change, for example the food choice". A second person added, "They have meetings to see what we think about things. They do listen ... if anything crops up they always talk to us. Sometimes we have questionnaires to fill in too".
- Visiting professionals, commissioners and local authority all gave positive feedback regarding the management and quality of the service.

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and took personal ownership for sharing any learning or recommendations from these.
- Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding issues or concerns. Staff received a handover at the beginning of each shift so they were continuously updated on people's current needs.
- We reviewed numerous case examples provided by the registered manager which showed people had experienced positive outcomes since living at the home. For example, one person required significantly fewer hospital admissions since they moved to the service.

Working in partnership with others

- Other health professionals, commissioners and the local authority gave positive feedback regarding partnership working with the service. Feedback included, "They are very responsive to our suggestions and proactive to people's needs."