Minster Care Management Limited

Mulberry Manor

Inspection report

Wortley Avenue
Swinton
Mexborough
South Yorkshire
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Tel: 02084227365

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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

The inspection was unannounced, and took place on 8 January 2019. The home was last inspected in May 2018 where breaches of regulation were identified in relation to; governance; consent; dignity; safety; meeting nutritional needs; and the standard of care provided. The overall rating following that inspection was "Inadequate." We commenced enforcement action against the provider, and also placed the service into Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

The home is located in the centre of Swinton South Yorkshire. It is in its own grounds in a quiet, residential area, but close to many amenities and public transport links. The home accommodates up to 49 older people with support needs associated with ageing including dementia. At the time of the inspection 28 people were using the service.

The home comprises two discrete units, with one unit being predominantly used by people living with dementia. There are lounges and dining rooms within each unit, and additionally the home has other lounges, a tea room area and outdoor seating.

The service had registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.
People received care which was tailored to their needs, and staff were warm and friendly in their approach to people.

We found that, since the last inspection, the provider had recruited a new management team who had made considerable improvements to the home, addressing the findings of the last inspection and improving the way the service was managed.

The provider acted appropriately when incidents of suspected abuse or harm occurred, and staff had received training in relation to this.

People's medicines were safely managed, and the risk of infection was controlled within the home.

People's rights were upheld in relation to consent, and the provider was complying with the Mental Capacity

Act. People's nutrition and hydration needs were met and people gave us positive feedback about the meals at the home.
Staff received appraisal but the supervision system required embedding.

People's needs and preference had been taken into account to ensure that care was tailored to each person.

Complaints were well managed at the home, and people told us they would be comfortable making complaints if they needed to.

There was a comprehensive audit programme which had improved the service considerably, however, we need to see that this programme is embedded into the service.

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.

The provider acted appropriately when incidents of suspected abuse or harm occurred, and staff had received training in relation to this.

People's medicines were safely managed, and the risk of infection was controlled within the home.

Is the service effective?

Good

The service was not always effective.

People's rights were upheld in relation to consent, and the provider was complying with the Mental Capacity Act. People's nutrition and hydration needs were met and people gave us positive feedback about the meals at the home.

Staff received appraisal but the supervision system required embedding.

Is the service caring?

Good

The service was caring.

People received care which was tailored to their needs, and staff were warm and friendly in their approach to people.

Is the service responsive?

Good

The service was responsive

People's needs and preference had been taken into account to ensure that care was tailored to each person.

Complaints were well managed at the home, and people told us they would be comfortable making complaints if they needed to.

Is the service well-led?

Good

The service was not always well led.

There was a comprehensive audit programme which had improved the service considerably, however, we need to see that this programme is embedded into the service.

There was a registered manager who had a good oversight of the service and staff gave us very positive feedback about them.

Mulberry Manor

Detailed findings

Background to this 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 8th January 2019. The inspection was carried out by two adult social care inspectors. An adult social care inspection manager also attended, as part of CQC's ongoing quality monitoring.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers. We spoke with four people using the service, seven staff members and the management team.
We observed care taking place in the home, and observed staff undertaking various activities, including supporting people to make decisions and engage in activities, dealing with medication and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We also spoke with the local authority and gained their feedback about the home. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely manner prior to the inspection.

Good

Is the service safe?

Our findings

When we inspected the home in May 2018 we identified concerns in relation to how risks were assessed and managed within the home, and also in relation to how the provider managed people's medication. We rated the home "inadequate" for this domain.

At the inspection of January 2019, we found the provider had made considerable improvements in this area and had addressed the areas of concern we had previously identified.

We looked at how risk was managed, to ensure people received care in a safe way. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. Staff could describe people's risk assessments and understood the reasons they were in place. The provider had previously reported to CQC about specific behaviours which some people using the service were exhibiting, which was putting both themselves and others at risk of harm. Staff showed a good understanding of these issues, and we observed that they were providing care in the way that the provider had assessed as being optimum to keep people safe. Risk assessments in relation to these issues were in depth and frequently reviewed to ensure they continued to meet people's needs.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Personnel records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were appropriate. Medication was securely stored, and records were kept of the temperature medication was stored at. There were clear records of medicines administered and information setting out the reasons when medication had not been administered. Where people required medication on an "as and when" basis, sometimes referred to as PRN, there were clear protocols in place setting out when such medication should be administered, what the outcome should be and what action should be taken if the desired outcome is not achieved.
There were systems in place for stock checking medication, and for keeping records of medication which had been returned to the pharmacy. These systems were well managed.

We looked at how the risk of infection was managed at the home. We saw that staff had received appropriate training in infection prevention and control. We observed that staff were using personal protective equipment (PPE) when required, and found the home was cleaned to a high standard throughout. We spoke with the housekeeper who was extremely knowledgeable about infection control and was able to describe the measures they took to reduce the risks of infection. They told us that there had been considerable improvements within the home in this area since the last inspection and exhibited a pride in their achievements. We saw there were regular infection control audits, as well as audits of other

safety-related systems such as the fire system, lifting equipment and staff call bells.

During the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff we spoke with told us that they felt the staffing ratio was appropriate, although a small number of staff told us they did not think there were sufficient staff on duty during night shifts. We raised this with the registered manager who told us that staffing numbers were under constant review and assured us they would look at this.

We found that staff received training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse. Staff we spoke with confirmed that they had received training in relation to safeguarding and understood their responsibilities in this area. CQC records showed that the provider had acted appropriately when dealing with incidents that may constitute abuse, making referrals to external bodies as required.

The registered manager had a system in place for monitoring and learning from untoward incidents. Each such incident was analysed and, where possible, improvements to the service were implemented to reduce the risk of future incidents. There were clear records of this so that improvements could be tracked and reviewed.

Good

Is the service effective?

Our findings

When we inspected the home in May 2018 we identified concerns in relation to how people's nutritional needs were met, and also in relation to how consent was obtained and acted upon. We rated the home "inadequate" for this domain.

At the inspection of January 2019 we found that the provider had addressed all these concerns and made considerable improvements.

We asked people about their experience of food within the home. They all praised the food and told us there was plenty of choice and said they enjoyed it. We spoke with the cook who told us there was a system in place where one person using the service was met with each day to give feedback about the food and offer suggestions for future meals; these suggestions were then added to the menu. The cook had a good knowledge of legislation and guidance in relation to catering and people requiring special diets, and understood people's personal food preferences and tastes.

We observed a mealtime taking place within the home. Dining rooms were well set out and quiet music was playing. People were offered choices of meals, and the atmosphere was unrushed, enabling people to take their time over their food. Where people required assistance this was offered discreetly and respectfully. Equipment, such as plate guards or aprons, were provided where needed. Some people expressed a preference to eat in the lounge or in their rooms, and staff enabled this to ensure people's choices were respected.

There was a programme in place called "marvellous mealtimes," which was a frequent audit of people's mealtime experience. This audit considered all aspects of what people experienced at mealtimes, including the presentation of the food, the atmosphere within the dining areas and whether choice was promoted. This meant staff and managers were regularly checking that mealtimes within the home were a positive experience for people.

We checked seven people's care plans to look at how their nutrition and hydration needs were monitored. Each person had an assessment of their needs in this area, and where their assessment identified they were at risk of malnutrition or dehydration monitoring records were implemented. These were kept meticulously, and assessed regularly to ensure such risks were managed. Appropriate referrals had been made to external healthcare professionals, such as speech and language therapists and dieticians, and their advice had been incorporated into each person's care plan. We found no evidence of anyone losing weight, meaning that the risks associated with increased frailty were being managed.

The care plans we checked included best practice information from external bodies, and this had been incorporated into people's care planning so that they received care in a way which reflected nationally or internationally recognised good practice.

We looked at staff training. Staff told us they received a good amount of training and told us this assisted

them in undertaking their roles. Two staff we spoke with described training they had received recently and gave us examples of how this had enhanced their knowledge and skills, and how this had a beneficial impact on people using the service. Staff training records evidenced this, and showed that staff had received training in a wide range of areas relevant to their roles.

We asked staff about supervision and appraisal. They all told us they received an annual appraisal, but some said they did not receive regular supervision. Staff records we checked supported this, with one staff member's file showing that they had only received one, issue specific, supervision in five months. Staff records showed that the registered manager acted swiftly when performance issues were identified, and discussions were held with staff to identify where improvements were required.

We spoke with staff about communication within the home. They told us they had seen considerable improvements in this area. They described a system of "flash meetings" which took place daily and to which everyone on duty was invited. These short meetings were designed to update staff about any issues within the home, any activities and appointments, staff deployment and any changes to people's needs. One staff member said: "We work much better as a team now. Before, you didn't really know what other people were doing but now we know who's doing what, and that's better for everyone."

We looked at how the premises was designed to meet people's needs. We saw aids and adaptations around the home, including handrails and other equipment. Some new furniture had been purchased since the last inspection, and other equipment was due to be installed, including an outdoor smoking shelter for people using the service who wished to smoke, and dementia-friendly signage. We noted that some areas of the home required redecoration as they were looking tired. The registered manager and nominated individual confirmed they had also identified this and a programme was planned to address these areas.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) We checked records in the home and saw that the provider had taken appropriate steps in relation to DoLS, and the registered manager had a good understanding of the process. All staff at the home had received training in relation to the MCA.

Care records we checked contained details of mental capacity assessments and, where appropriate, records of best interest decisions. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest. People who had the capacity to do so had given consent to their care and treatment. We noted that where people had a relative who was involved in their care, the provider recorded that this meant no advocate was required. An external advocate would enhance decision making to ensure that people's best interests were reflected. Staff we spoke with displayed a good knowledge of the processes of reaching best interest decisions, and the reasoning behind it.

Good

Is the service caring?

Our findings

When we inspected the home in May 2018 we identified concerns in relation to how people's dignity was upheld, and also identified that people were not receiving care in accordance with their assessed needs. We rated the home "requires improvement" for this domain.

At the inspection of January 2019 we found the home had made considerable improvements in this domain. We asked people about their experience of receiving care at the home. Everyone we spoke with gave us a positive picture. One person described the staff as "very good" and another said: "They're very kind."

We undertook a Short Observation Framework for Inspection (SOFI.) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that people experienced care from staff who were focussed on the person and their needs. Care tasks were carried out in a patient and kindly manner by staff who appeared to exhibit a genuine warmth towards the people they were supporting. Staff we spoke with demonstrated a deep understanding of people's needs, preferences and wishes and the interaction between staff and people using the service showed that people knew that staff would understand them. Whenever people asked for assistance it was provided quickly.

We observed people being assisted to eat at lunchtime. We found that staff were again extremely patient when assisting people, and ensured that the assistance they were providing was given at each person's preferred pace and in a discreet manner.

People's rooms had been personalised to reflect their tastes, and contained personal items such as photographs and small pieces of furniture. A system of meetings was in place to encourage people using the service to contribute their views in relation to issues within the home such as décor and activities, and a programme was under way to improve the environment, including adding dementia-friendly signage.

We looked at how the provider ensured people's rights were upheld. The law requires providers to make sure that people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, providers are also required to ensure people's individual needs are met. Staff had received training in equality and diversity, and care records showed that people's rights were considered when their care was being planned.

We looked at seven people's care plans to check whether care was delivered in a person centred way. The care plans we checked set out how people should be cared for in accordance with their own personal preferences and needs. Each person whose file we checked had a dignity care plan, setting out what staff should do to maintain people's dignity and privacy when delivering care. Again, these were highly personalised, describing people's idiosyncratic preferences and behaviours. They reflected each person's individual choices. Daily notes, where staff recorded the care that they provided, showed that care was given in accordance with each person's stated preferences.

There was a system in place called "resident of the day." This programme meant that each day various

departments within the home focussed on one person; this included the maintenance team carrying out a check of the condition of their room, the activities coordinator gaining their feedback about activities and the cook discussing meals with them. This was documented so that the registered manager could have oversight of it and identify if any improvements were required. The "resident of the day" programme ensured that people contributed their views to day to day management of the home as well as their own care.

We looked at the arrangements in place for supporting people in relation to their end of life needs. Each person's care plan contained information about their wishes and views, and where appropriate people's relatives had also contributed to this information. Staff told us they had received training which enhanced their understanding of end of life care, and people's end of life care plans were regularly reviewed to ensure they continued to reflect people's wishes.

Good

Is the service responsive?

Our findings

When we inspected the home in May 2018 we identified concerns in that people were not receiving care which was responsive to their needs. We rated the home "requires improvement" for this domain.

At the inspection of January 2019, we found the provider had addressed these concerns.

We looked at how people, or those with authority to act on their behalf, contributed to planning their care and support. We found that people were encouraged to be involved in their care planning, and care records showed people's personal histories, social interests and views had been taken into account when planning their care. People's relatives were invited to be involved where appropriate, so that people's care plans reflected as thorough as possible picture of the person and their needs.

The home had an activities coordinator, although they were on annual leave at the time of the inspection. Records within the home showed that recent activities included visits from external entertainers, a Christmas party, a visit to the theatre and visits from a local school. We looked at the activity calendar for the day of the inspection and saw the morning's activity was a visit from the hairdresser. This seemed quite limited as it did not involve many people and there appeared to be no other activities taking place beyond watching TV or listening to music. Nevertheless, staff took every opportunity to engage with people, ensuring they took time to chat with people as they went about their duties. We asked the deputy manager about the arrangements for ensuring activities took place when the activities coordinator was not at work. They told us care staff took over these duties but we did not see any evidence of this.

We looked at how complaints were managed within the home. The complaints procedure was on display within the home, and was also within the service user guide. People we spoke with told us they would feel confident to complain if they needed to. Records of complaints showed that each complaint received was thoroughly investigated, and complainants received a response to their complaint. The registered manager kept a detailed record of complaints and also of any changes to service provision arising from complaints. "Informal" or verbal complaints were also recorded in the same manner, so that such information was also seen by the registered manager and any themes or trends could be identified.

Good

Is the service well-led?

Our findings

When we inspected the home in May 2018 we identified concerns in relation to governance and leadership within the home. We rated the home "inadequate" for this domain.

At the inspection of January 2019, we found the provider had made considerable improvements in this area.

A new management team had been recruited since the last inspection, consisting of new registered manager, new deputy manager and new area manager. The registered manager had a thorough oversight of the home, and a good understanding of previous breaches of regulation and the inspection history. They described a programme of improvement they had undertaken which had addressed all previous breaches, and our inspection findings supported this. The registered manager had a clear vision for the direction of the home, describing the programme they had in place to raise standards across the home to improve the experience of people using the service.

Staff told us they felt supported by the management team, and described them all as approachable. One said: "You can ask for help, raise issues, whatever, and they are always there for you." One staff member told us about times when the registered manager and deputy manager were extremely "hands on," assisting with domestic tasks. This approach ensured that the management team had insight into the day to day operations of the home, as well as enhancing team work.

At the last inspection, we found that the systems in place for auditing the quality of service provided were not fit for purpose, and that the then registered manager did not have an adequate oversight of the service. At this inspection we found the new registered manager, alongside other members of the management team, had devised and implemented a comprehensive programme with which to monitor, assess and drive forward the quality of the service people experienced when receiving care at Mulberry Manor.

Every aspect of the service was subject to regular, detailed audits. Each audit document contained details of actions required to raise standards, and also information setting out when the required actions had been completed. The registered manager had oversight of each of these audits and could describe ongoing actions. In addition to this, there was an overarching quality audit, undertaken by a senior manager, which assessed how the service as a whole was performing

The registered manager and deputy manager carried out frequent spot checks at night times and weekends, as well as over the recent Christmas holidays. Each of these spot checks was documented and, where shortfalls were identified, action was taken to address them to raise the standard of service. Such action had included reminders to staff about standards, or addressing maintenance issues or staff training needs. Staff confirmed to us that when shortfalls were raised with managers they were promptly addressed.

Staff told us that the new system of "flash meetings" which had been introduced by the registered manager were an effective way of giving them insight into the service, and the management team told us they were also useful from a management perspective, with the registered manager saying: "They mean I always know

what's happening." Flash meetings take the form of a daily meeting attended by as many staff as possible, where attendees are updated on any day to day issues within the service, such as the day's menu, any appointments, maintenance matters, care issues and team allocation. These meetings meant that each day within the home had a clear direction, with the team working together with a shared purpose.