

Galleon Care Homes Limited

Mulberry House

Inspection report

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

Tel: 01424728800
Website: www.mulberryhousecare.co.uk

Date of inspection visit:
18 May 2021
19 May 2021

Date of publication:
21 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mulberry House is a residential care home providing personal and nursing care to 59 people who are living with a range of health needs, for example, diabetes and heart disease. The home also supports people living with an acquired brain injury, this can be due to an accident or health related such as a stroke. There were people with a learning disability, some of whom were also living with other health related conditions or an acquired brain injury. The home can support up to 72 people.

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

Since the last inspection some improvements had been made but further time was needed to fully embed these changes into day to day practice.

There had been changes made to record keeping, this included a new computerised care planning system. However, further improvements were required to ensure that records fully reflected people's needs and contained all the information staff may need to support a person when they displayed behaviours that may challenge. Improvements were needed to ensure all incidents were appropriately recorded to ensure the provider had full oversight.

Quality assurance systems identified some areas for improvement and action plans were in place for these but further time was needed for these areas to be fully addressed. Other areas had not been identified and this is an area that needs to be improved. Improvements were needed to ensure appropriate infection control measures were in place.

People their relatives and health and social care professionals were not routinely asked for their feedback about the service. We made a recommendation about this.

We found improvements were needed to aspects of care to ensure that it was always person-centred. Staff knew people well and understood their needs. People were supported to take part in a range of activities throughout the day. There was a complaint policy and we saw this was followed appropriately.

Visitors were welcomed at the home. People were able to receive visits from their named visitors. Some people received visits from relatives who were essential care givers. Essential care givers are relatives or friends who are able to spend more time with the person to help meet their physical and emotional needs. Visiting usually took place in a lounge which had been converted to a visiting room. Dependant on people's needs, some visits took place in the person's room. Garden visits were also available. Throughout the pandemic, where people were considered to be end of life, they were able to receive regular visits from family in their bedrooms. Visiting was on an appointment system to allow time for appropriate cleaning between visits and keep the home safe from the risk of infection. Most visits took place during weekdays but where people were unable to visit during the week, then weekend appointments were supported. All visitors were required to have a rapid Covid-19 test before the visit. During the visit they wore the appropriate

personal protective equipment (PPE).

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working, who had been safely recruited to provide the support people needed.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

There was one person with a learning disability living at Mulberry House. This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- To provide continuity the person received support from the same staff, as far as possible. Staff supporting the person were knowledgeable about the person and the support they needed.

Right care:

- The care was person-centred and promoted the person's dignity, privacy and human rights. Staff had worked with the person to increase their independence and confidence to try new things. The person was supported to go out every day to help maintain their functional skills.

Right culture:

- The management team and staff had worked with external professionals, including the community learning disability team to help ensure the person received the appropriate support. Staff spoke about this person with enthusiasm and affection and were proud of how far the person had come.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 December 2019). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve. The service remains requires improvement.

Enforcement

We have identified a breach of regulation in relation to Quality assurance systems and aspects of record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. This enabled us to review the previous ratings.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our responsive findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mulberry House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by four inspectors. The inspection was also supported by 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Throughout the inspection we spoke with 18 people who used the service. We spent time talking with and observing people's interactions with staff. We spoke with 23 members of staff including the registered manager and provider. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We spoke with 15 relatives by telephone to gather their feedback about the service. We contacted and received feedback from four staff by telephone and email. We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas and quality assurance records. We received feedback from five professionals who are involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We found areas of the home that were not clean and tidy. Some people had bed rails and these were protected by bed bumpers (cushioning for side rails). We found some of these bumpers were torn and one bumper was stained. Some people required foam inserts at the end of their bed, to add length to their mattress. We found one of these did not have any protective cover and a second one the protective cover was very worn and had worn away in places. This meant the foam inserts could not be cleaned effectively. We identified this to the registered manager and immediate action was taken.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a daily cleaning schedule and one staff member told us, "During the covid (outbreak) we increased cleaning of high touch point areas such as handrails. We are still doing this at least four times a day, but during the outbreak it was constant and ongoing." Although staff assured us, and we observed regular cleaning of high touch areas throughout the inspection this had only been recorded once a day and did not reflect the increased cleaning that staff told us was taking place.

We discussed these issues with the provider and identified them as areas that need to be improved. The registered manager told us the lack of recording of high touch point cleaning had been identified at a recent audit and this was currently being implemented.

- We were somewhat assured that the provider was accessing testing for people using the service and staff. People were tested monthly, or more often if people were unwell. At the time of the inspection government guidance was for staff to have weekly tests (PCR) and twice weekly rapid tests (LFD). Care staff, including regular agency staff had weekly tests. Agency staff were required to have a rapid test each time they worked at the home. However, staff were not regularly tested with twice weekly rapid tests. The provider had purchased an alternative type of rapid test that would be used to test people or staff if they had a temperature or unwell. The provider had developed a detailed risk assessment to support this decision. We were also told this decision was constantly reviewed and changes would be made if appropriate to do so, for example, in response to variants of concern.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. Before being admitted to the home people were required to have a negative Covid-19 test. Where possible, on admission, people were supported to isolate in their bedroom. However, due to the nature of some people's disabilities they were not always able to do this. Therefore, they were supported to remain in a care home bubble to help protect

people from the risk of infection.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection we found risks associated with medicines, pressure area management and some aspects of supporting people's health needs had not been addressed. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been and the provider is no longer in breach of this regulation. However, improvements are required in an aspect of medicine management.

- Some people had been prescribed anticipatory medicines that may be needed to manage symptoms at the end of their life. Staff knew people well and were able to tell us when these medicines would be used. However, there were no protocols to guide staff about when or why they may be needed.

This is an area that needs to be improved.

- Despite the concerns related to anticipatory medicines other aspects of medicines were well managed. Where people had been prescribed 'as required' (PRN) medicines, such as pain relief there were protocols. Some people had been prescribed PRN medicines for anxiety. These protocols included information about what steps staff should take before giving the medicine.
- Systems ensured the safe ordering, storage and disposal of medicines. Only staff who had received medicine training and had their competency assessed were able to give medicines. Medicine administration records (MAR) contained information about how people liked to take their medicines, for example, one person preferred to take theirs with yogurt and another liked to take each medicine individually.
- People who were at risk of pressure damage were provided with appropriate support. For some people this included the use of pressure relieving air mattresses. Staff told us these were usually set in accordance with the person's weight. There was information in people's care plans about the type of mattress and how these should be set. We found these were set appropriately. Information within care plans and on staff's hand-held computer devices informed them when people's positions needed to be altered. One person told us, "They (staff) check the mattress all the time, I feel very safe they check it regularly."
- Some people were living with diabetes. Care plans included information about what the normal blood sugar levels should be and what actions to take if they were outside of these ranges. Staff understood the support people needed. Other people were living with health needs such as seizures, care plans included guidance about how to support people safely and staff told us what actions they would take.
- Some people received, food, drink and medicines via a percutaneous endoscopic gastrostomy (PEG) tube. This is a tube that is passed into a person's stomach by a medical procedure to provide a means of feeding or receiving medicines when people are unable to eat or drink. Care plans included clear guidance for staff and records showed the appropriate care had been provided.
- Risk assessments included information about the identified risk and measures to reduce this risk, for example, nutrition and mobility. Staff had a good understanding of the risks associated with supporting people. They told us how they kept people safe. For example, using the correct mobility aids and regularly changing people's position to prevent pressure damage.

- Environmental risks were identified and managed. Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place. A recent fire drill had taken place to help ensure staff knew what to do if an emergency evacuation was required. There were servicing contracts, these included electrical equipment, gas safety, and moving and handling equipment.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff told us how they recorded and reported any concerns they identified. However, we identified information in the daily notes for one person which stated they had been physically aggressive to staff on two occasions. These occurrences had not been reported as incidents. This meant the provider did not have a complete overview of the incidents that were occurring.

We identified this with the registered manager as an area that needs to be improved.

- Information was shared with staff at handover to ensure they were aware of any changes to people's care and support.

Staffing and recruitment

At the last inspection we asked the provider to make improvements to ensure all aspects of recruitment were safe. At this inspection we found improvements had been made and recruitment was safe.

- Checks were completed on new staff before they started work. This included employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Application forms and interview notes identified and explained any gaps in employment. Checks ensured staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse.
- There were enough staff to support people safely. Staff told us there was generally enough of them working each shift. One staff member said, "We have enough staff, it's rare to have less than we need, maybe once a month if someone is off sick."
- The registered manager told us there was a core staff team and a reliance on agency staff. This was because a number of people living at the home were there as part of a respite package. Therefore, numbers of people living there changed frequently. As far as possible regular agency staff worked at the home. This helped to ensure people received support from staff who knew them. One agency staff member told us about the person they were supporting and the care they needed.
- Throughout the inspection we identified that call bells were frequently ringing. The registered manager told us they were able to analyse the call bells to determine the average time it took to answer call bells. They were also able to identify how long it took for each individual call bell to be answered if needed, for example if any concerns with response times were raised. One person told us that if they rang their bell staff came, "almost immediately."
- There was a housekeeping team, a cook and kitchen staff working each day. There was a maintenance team during weekdays. This enabled nurses and care staff to spend their time supporting people.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I think I'm safe here." A relative said, "[We] have no concerns about safety." Some people were not able to tell us if they felt safe at the home. However, from our observations we saw people were comfortable with staff. They approached them for reassurance and chatted and joked with them freely.
- Staff received regular safeguarding training and updates. They were aware of what actions to take if they

were concerned someone was at risk of harm from abuse or discrimination. They told us they would report to a senior person on shift. If appropriate action was not taken, then they would escalate their concerns. One staff member told us, "If nothing was done then we have the number of who to report it to outside of the home." Another staff member said, "Anything to do with abuse, you can't leave it, it's our duty of care to report it."

- Safeguarding concerns were appropriately reported to the local authority safeguarding team and the registered manager worked with them to help investigate and address issues.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found there was a lack of information about why people stayed in bed all day. At this inspection we found there were some changes, some people were awaiting suitable equipment to be provided, others were able to make their own choices. However, for others care plans did not always include information about why they stayed in bed or how this decision had been made.
- Some people did not have call bells and there was no information about why this was. We saw one person who was calling for staff. We were told this person should have had a call bell. We informed staff and this was addressed immediately.

These are areas that need to be improved.

- Despite these concerns we found people received care and support that was specific to their needs. Relatives told us their loved ones received the care and support they needed. A relative told us, "I'm happy with the care, it's far better than the previous home [name] was in. His mood is much better now."
- Staff knew about the care and support people needed. The hand-held computer devices and care plans contained guidance for staff and this was provided, and although some care plans needed further detail (see well-led section of this report). Staff knew people well and provided the care people needed.
- Some people required support with their mobility which included the use of a hoist to transfer from the bed to the chair. Care plans provided the guidance staff needed and people were supported in a way they chose. One relative told us, "Sometimes [name] doesn't like being hoisted so we are allowed to visit in their room."
- Staff had identified some people had specific needs and responded to these appropriately. For example, one person was sensitive to noise especially the call bells. Therefore, the volume of the call bell outside of their room had been turned down.
- Some people liked to have objects of comfort, such as soft toys with them. Care plans included information about these and we saw staff ensured people had these objects with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. Staff were able to tell us how people communicated. Where people were less able to communicate verbally staff told us how they used their knowledge of people to help determine their needs. One staff member spoke about a person who had limited verbal communication. They said, "We know [name], we have grown with them and therefore understand what they are saying."
- People's care plans contained information about their communication needs. The care plan for one person who was unable to tell staff how they felt, included information about how the person may verbally express that they were tired or distressed. Another person had a white board which could be used to communicate with others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities that were important to them. The activities also helped people to remain engaged and motivated and to maintain and improve their mobility and functional skills. One person told us, "I do love it here. The staff treat me like family, and they put me to work as well." (This person helped with tasks around the home). A relative told us, "[Name] seems to be kept occupied all the time. He likes painting and other crafts. The staff have got to know him well."
- There were group activities taking place throughout the day and people were able to take part if they wished. One person told us they particularly enjoyed afternoon tea parties. The group activities included a variety of board and active games, cooking and table-top gardening. Some people liked to help with tasks around the home such as cleaning and gardening.
- Photographs showed people taking part and enjoying activities. They also demonstrated thought had been given to what people could achieve, for example improving mobility or limb strength through ball games.
- People were supported to receive visits from family and friends in line with government guidance. Some people received visits from relatives who were essential care givers. Essential care givers are relatives or friends who are able to spend more time with the person to help meet their physical and emotional needs. Visiting usually took place in a lounge which had been converted to a visiting room. Dependant on people's needs, some visits took place in the person's room. Garden visits were also available. Throughout the pandemic, where people were considered to be end of life, they were able to receive regular visits from family in their bedrooms. Visiting was on an appointment system to allow time for appropriate cleaning between visits and keep the home safe from the risk of infection. Most visits took place during weekdays but where people were unable to visit during the week, then weekend appointments were supported.
- People were supported to go out. The registered manager told us people had been supported to go out throughout the pandemic, following government guidelines that were in place at the time. This included walks in the park and visits to the supermarket to help people maintain their skills.
- Some people stayed in their rooms and were supported with individual activities, for example one person liked to watch particular films and records showed that staff ensured one of these was playing. One person said, "Sometimes I get upset because my family are far away, but you're never alone here really. I get to read my books all the time." Staff told us about people's individual activities and how they supported them to engage. Other people did not always want to take part in activities. Records for one person showed whilst they did not always participate in activities, they liked to observe what was going on.
- There was a purpose-built kitchen where people were supported to improve their functional skills to try and get used to the home environment and associated tasks. The cooker hob and counter tops were height-adjustable to enable people who may be in a wheelchair to use this. There was also a washing machine to encourage people to do own laundry where able to. People were using the kitchen area to make their own drinks and took part in cookery groups and activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy and records reflected that complaints received were recorded, investigated and responded to. These were analysed to identify any themes or trends and were mainly related to concerns about communication and visiting family throughout the pandemic. The registered manager acknowledged in the provider information return (PIR) and through discussion, that at times it had been difficult to find the right balance of communication with families throughout the pandemic.
- Some relatives told us they did not feel listened to when they complained and other relatives told us they did not like to make complaints in case of a comeback from staff. This is discussed in the Well-led key question.
- People, who lived at Mulberry House told us they felt listened to and gave us instances of when they had complained and what actions had been taken. One person said, "I feel I can tell the nurse and they will listen." Another person told us, "I tell the carer and they get me an answer."

End of life care and support

- People had end of life care plans. The amount of information varied depending on the person's health condition and wishes to discuss. Some people had Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. These show discussions people, and their relatives have had with health professionals about their end of life wishes. For example, do they wish to be resuscitated.
- Staff received end of life training, they knew people well and understood the care they may need in their last days. Care plans contained general information about the care that people may need, for example to ensure anticipatory medicines had been prescribed, and to remind staff about regular mouth care and attention to people's skin integrity.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found quality monitoring processes did not identify the shortfalls we found and records held about people did not include all the information staff may need. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, further improvements were needed to ensure these improvements continue and are fully implemented and embedded into everyday practice. This was a continued breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since the last inspection changes had been made to the computerised care planning system. Staff each had a hand-held device which informed them about the care and support each person needed. For example, when they needed their position changed. Staff were then able to record the care they had provided.
- Care plans were generally improved and contained clear guidance. However, we identified some areas where further improvements were needed. For one person who displayed behaviours that may challenge, there was a lack of detailed guidance about what the triggers may be, how staff should manage specific behaviours, how each incident was resolved, and if debriefs for staff were carried out.
- Some charts had not been fully completed. It appeared that one person had not had their hair washed for 15 days. Although people took part in a range of activities the records did not reflect the quality of the activity, the level of people's engagement and what they had individually achieved, especially for people who remained in bed.
- There was a quality assurance and audit system. There was a bed rail audit, however this had not identified that one person did not have bed rail bumpers in place. Infection control and environmental audits had not identified the infection control issues, identified in the safe key question.
- There was ongoing redecoration and development at the home. This included re-flooring and redecoration of the corridor areas and a new galley kitchen, which when restrictions are lifted, visitors would be able to use to make themselves refreshments. However, there were areas of the home, including some people's bedrooms, that required some repair and refurbishment. It was not clear if these areas had been identified through the audit system.

- Although the provider and registered manager were aware further repairs and refurbishment was required, there was no action plan or timetable to identify and prioritise exactly what was needed and when this would be completed. After the inspection the registered manager told us that an action plan had been developed.
- The computerised care planning system enabled the provider to analyse and monitor any trends or patterns which may show further actions were needed to prevent any reoccurrences. However, this was reliant on staff ensuring all incidents were correctly recorded, as discussed in safe key question.
- At the last inspection we found that people and their relatives had not been given an opportunity to provide feedback about the service through meetings, questionnaires or surveys. Following the inspection, a survey was sent out in November 2019. Due to the pandemic there had not been an opportunity for resident and relative meetings. However, there had not been any further questionnaires or surveys sent to people, their relatives or external professionals involved with the service to gather their views about Mulberry House.
- There were a number of people at Mulberry House who were living there for a period of respite or rehabilitation. They were not invited to provide any formal feedback about their time at the home when they left.
- Some relatives told us they did not like to make complaints in case of a comeback from staff, some other relatives told us they did not always feel listened to when they raised issues. Feedback from health and social care professionals was not positive. They told us management at the home was not visible and staff needed a lot of advice and guidance to support people, however, this guidance was not always followed.

These issues above are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns above some relatives were happy with the way they were kept updated about their loved ones through emails, phone calls and letters. The registered manager had set up a social media group which was regularly updated to help families see their loved ones and what they were doing each day. One relative said, "We see plenty of photos on Facebook. They've let us know if there's been any changes to health and the changes to visiting."
- Some health and social care professionals told us the nurses and care staff were caring and knew people well. A staff survey had been completed by staff in November 2020. This showed that staff were happy working at the home and felt well supported.
- Records showed, and staff told us about ongoing engagement with external health and social care professionals to ensure people were supported to receive the appropriate care and treatment. The registered manager told us that since the start of the pandemic the GP held regular virtual calls to discuss people's health needs. However, if people needed support from a GP in between calls then they would be contacted.
- In response to feedback from visitors before the pandemic, work had been completed to develop a 'nurses station' on the first floor. This was an open area where staff were able to complete their documentation and make phone calls. The open area meant they were visible to people and their colleagues. Plans were in place to build a further station on the ground floor.
- There had been a recent audit by an external consultant. This audit had identified some of the concerns we found. For example, some check charts were not fully completed and cleaning of high touch points were not recorded. From both the internal and external audits there were action plans in place. We saw that work had started to address these areas. This included the introduction of Covid-19 care plans to include current guidance and the use of foot operated bins in communal areas of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC. These were very well completed and contained all the necessary information. The provider and registered manager responded promptly and in detail to any issues raised with them by CQC.

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

- There was a positive culture at the home. The registered manager had good oversight of the home, people, their needs and preferences. Staff spoke highly of the registered manager and management team. They told us they were well supported. One staff member said, "[Registered manager and deputy manager] are very supportive, they take on board everything you say." Another staff member told us, "We are well supported, especially by [Registered Manager]. She talks with all staff, there is no gossip and she has also supported me personally."

- People often moved into Mulberry House for a period of respite, rehabilitation and reassessment. The registered manager told us this meant there was a high turnover of people as they moved on to care homes without nursing or back to their community. This meant staff had to continually adapt to meet the changing needs of different people. One staff member told us they enjoyed working in this way. They said, "It can be challenging, it can be intimidating, but every day is different."

- The registered manager was clear in the PIR that there was a zero-tolerance approach to racism and any form of discrimination. They told us how this would be challenged. Staff told us about measures that were taken when staff did not work as part of a team or in people's best interests. Staff also told us how changes at the home had supported them in their culture.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(b)(c)(e)