

Housing & Care 21

Housing & Care 21 - Mulberry Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Housing & Care 21 – Mulberry Court on the 15 March 2016. Mulberry Court is a sheltered accommodation complex on the outskirts of Cirencester. The Mulberry Court has 60 self contained apartments. People can live at Mulberry Court without needing personal care from staff employed by the service, or by other care agencies. This was an unannounced inspection.

We last inspected in October 2013 and found the provider was meeting all of the requirements of the regulations at that time.

There was registered manager in post on the day of our inspection. 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 2008 and associated Regulations about how the service is run.

People and their relatives were positive about living at Mulberry Court. People were safe and looked after well at the service. Care staff managed the risks of people's care and ensured people had the medicine they needed to meet their needs. People's independence was promoted and care staff understood they were caring for people in their own homes.

People enjoyed living at Mulberry Court and were encouraged to arrange their own activities and events. Mulberry Court had a social committee which arranged external entertainers. People could use the communal lounges in the home for their social events.

Care staff were supported by a committed provider and had access to training, supervision and professional development. There were enough staff with appropriate skills, to meet the needs of people living at Mulberry Court. The registered manager was engaged with constant recruitment of care staff. Care staff could request training and development. Staff spoke positively about the service and the support they provided.

The provider ensured people, their relatives and external healthcare professionals views were listened to and acted upon. The service worked hard to engage the local community in the service. People and healthcare professionals spoke positively about the management and 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. People were safe because care staff knew their responsibility around protecting people from harm.

Care staff knew the risks associated with people's care and had guidance to manage them.

People received care when they expected it. If staff were running late, they ensured people were informed of this. People also received support where necessary to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective. People were supported by care staff who were skilled, trained and had access to professional development.

People were supported to make choices, and their legal rights to make decisions were respected.

Care staff followed the guidance of external healthcare professionals.

Is the service caring?

Good ●

The service was caring. People were at the centre of the care being provided. They were supported to spend their days as they choose. Care staff respected people and treated them as equals.

Care staff knew people well and understood what was important to them such as their likes and dislikes. People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed and were personalised to them and their needs.

People and their relatives were confident their comments and concerns were listened to and acted upon by the home's management.

People were encouraged to arrange their own events and activities.

Is the service well-led?

Good 

The service was well-led. The management had audits and systems in place which enabled them to identify concerns. Where concerns where identified, action was taken to improve the service.

The views of people and their relatives were regularly sought.

The service worked with other agencies to ensure people's needs were met and people could engage with the community.

Housing & Care 21 - Mulberry Court

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 was planned to check whether the provider was 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.

This inspection took place on the 15 March 2016 and was unannounced. The inspection was carried out by two inspectors.

At the time of the inspection there were 45 people who received personal care support from care staff employed by the provider. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals and local authority commissioners about the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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. We also analysed the results of questionnaires which were sent to people who use the service, their relatives, staff members and health care professionals who are linked to the service regarding the support being provided by Housing & Care 21 – Mulberry Court.

We spoke with 12 people who received personal care support and with two people's relatives. We also spoke with four care staff, a care team leader and the registered manager. We reviewed six people's care files, care staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Mulberry Court and when care staff assisted them. Comments included: "Definitely safe living here, and I feel safe with the staff"; "I'm safe, that's important" and "happy and safe". One relative told us, "The staff definitely give you peace of mind".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the registered manager. One care staff member said, "I'd report any concerns to the manager straight away". Another staff member added that if they were unhappy with the registered manager's or provider's response they would speak to their recruitment agency, safeguarding or CQC. They said, "I wouldn't let things go, and I could go to safeguarding as well to report a concern". Care staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

People told us care staff were punctual and always stayed for the required length of time. People also told us care staff took the time to support them properly, safely and with dignity. No one we spoke with had experienced missed visits. Comments we received from people included: "The staff come when I expect them to" and "They come when we expect them to, if they're ever running late, they let me know, sometimes emergencies happen". One person told us they liked that they could call staff for assistance if they needed, and that this made them safe. They said, "I can ring my bell and someone will come".

Care staff told us there were enough staff to ensure people had visits to meet their care needs. One staff member said, "Sometimes it can be busy. However we have a good team. Sometimes we run late due to emergencies or if someone's needs change, however we work together and are supported by management." Another member of staff said, "If we're running late, we do our best to let people know. If someone calls their bell, we acknowledge them, particularly if we can't help them at that moment".

Care staff told us they had raised concerns around staffing, particularly around weekends, when staff sickness had an impact. Staff told us they worked well together to reduce the impact on people and had raised their concerns to the registered manager. The registered manager had on-going recruitment initiatives in place to ensure there were enough staff to support people and enable them to meet people's changing needs at the service.

Records relating to the recruitment of new care staff showed most relevant checks had been completed before staff worked unsupervised at the home. These included disclosure and barring checks (criminal record checks) to ensure care staff were of good character. The service had ensured references were sought for staff member's to ensure they were of good character.

People's care plans contained assessments of all aspects of their support needs. Assessments included environment, moving and handling, nutrition and hydration and medicines. Where assessments identified risks, there were management plans in place. The management plans recognised people were living in their

own home and that people had a right to choose to take risks. For example, risk assessments detailed cooking equipment which may cause risks to people. One person's relative told us staff supported them to turned off cooking equipment in their relatives home, due to the risk to their relatives safety.

Moving and handling risk assessments were detailed and gave care staff the information they needed to support people to mobilise. One person required the support of a care staff to assist them with their mobility. Clear and detailed risk assessments around moving and handling and the risk of falling were in place. For example, one person had a condition which had a significant impact on their mobility and wellbeing. Care staff had clear instructions on how to assist this person with their mobility, including the equipment they needed to maintain their independence as much as possible.

People told us where necessary staff assisted them with their prescribed medicines. One person said, "They help me with my tablets". People had facilities in their apartments to store their medicine safely. Where care staff felt people were unable to manage their medicines, they worked with people, their relatives, GP's and social workers to make decisions in the person's best interest. For example, one person was struggling to remember to take their prescribed medicine which had an impact on their well being. Staff had identified this and arranged for the person to receive support with their medicines.

Care staff kept a record of the support they had provided people with their prescribed medicines. Records of people's prescribed medicines and when they had been administered was clearly recorded in their care plans. Care staff told us they had received training to ensure people received their prescribed medicines safely.

Is the service effective?

Our findings

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "Staff learn as they go along", "The team is brilliant. There seems to be a very good feel between them" and "I think the staff are all great, they know what I need help with".

People's needs were met by care staff who had access to the training they needed. Staff told us about the training they received. Comments included: "We have plenty of time and support to do training. You can always do more training, if you feel you need it"; "The training is good and it supports us to meet people's needs" and "I think we have the training and support we need". Care staff completed training which included safeguarding, fire safety and moving & handling.

Care staff told us they had been supported by the registered manager and provider to develop professionally. Two Care staff told us they were supported to complete a Qualifications Credit Framework (QCF) diploma in health and social care. One staff member told us how they were supported to complete this training whilst working for the provider. They said, "I've put in to do my next qualification, you can never have enough training, it benefits you and other people".

Care staff received a range of training before they cared for people. All new staff received induction training. This training included shadowing more experienced care staff until they felt comfortable and skilled to support people. One staff member told us, "You can have as many shadowing shifts as you need".

People were supported by care staff who had access to supervision (one to one meeting) with their line manager. Care staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One staff member told us, "We have meetings with our manager regularly". Staff told us they felt supported by the registered manager, care manager and other care staff citing great teamwork. Comments included: "The care manager is really supportive, they give good care advice".

Staff we spoke with had undertaken training on the Mental Capacity Act 2005 (MCA). 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. Staff showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "We help people to make decisions, if they need help. We always offer choice". Another staff member said, "We can never assume someone can't make a decision. Sometimes their mental capacity can change, they may have an infection".

Where people had made advanced decisions (where someone made a decision relating to their future health needs) these were clearly recorded on their care plans. One person had made a decision to refuse certain treatment and resuscitation due to a long term health condition. Information about the person's condition, and the support they needed was clearly recorded on their care plan.

People and their relatives told us care staff always asked for consent before they were supported with their personal care. Comments included: "They always ask and involve me, never just do things to me" and "They always ask me. I would tell them off if they didn't".

People spoke positively about the food and drink they received with support from care staff. One person told us, "They know the little things I like". Mulberry Court, had a bistro which people could access for lunch as well as tea and coffee facilities in the communal lounge. During our inspection we saw people living at Mulberry Court enjoying a coffee and chatting in the communal lounge during the afternoon.

Where necessary, people's dietary needs and preferences were documented and known by care staff. Care staff knew what food people liked and which foods people needed to meet their nutritional needs.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support around their mental health needs were supported by mental health teams and advocates. Where care staff had concerns about people's healthcare needs, they could accessed support from people's GPs. We received positive feedback from social workers. One healthcare professional stated, "They're supportive and act on our advice".

Is the service caring?

Our findings

People and their relatives were positive about the care they received from the care staff who supported them. Comments included: "The staff are very kind and helpful", "I think they're genuinely caring", "I get good care and I'm satisfied with it" and "I think they've been really helpful".

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I love the job. I enjoy spending time with people" and "We get to know people, how they like things and what's important to them."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "After a fall they handle you with dignity, which is nice", "The care staff are always accepting, they were very respectful" and "Anything I don't understand they (the staff) are ready to explain it all."

Care staff told us the importance of respecting people's dignity. One care worker told us, "We always make sure people are comfortable. During a bed bath we use towels as not everyone wants to be on show". Another care worker said, "We make sure people are supported privately, shutting doors and making sure they're comfortable".

There was a strong culture around promoting people's independence. One person was positive about how care staff supported them to maintain their independence. They said, "They didn't pressurise me in to help. I really wanted to keep my independence as much as I could". Another person told us, "There are things I can do myself, and staff always support me to do these things". Staff discussed the importance of supporting people to be as independent as possible in their own homes. One staff member told us, "We always focus on supporting people, doing things with them, not for them".

People and their relatives told us they were involved in planning their care, and were given the information they needed. Comments included: "They let me know what's going on, always feel I have the information I need. They listen to me as well", "They let me know what activities are going on" and "They always keep me informed of any changes, if my relatives needs have changed at all".

Care staff told us how they were given time to build relationships with people when starting their care. For example, one care staff told us they were given time to shadow other care staff providing one person's care. They said, "I got to know people before I assisted them. One person knows exactly how they want things do, so its important to know that before assisting them".

One relative spoke positively about the end of life care that their relative had received from staff at Mulberry Court. They said, "Mum was able to live here independently, right to the end of life. She had added value to life, being allowed to live and be at home was important. They didn't want to go to hospital". They told us how staff and the care manager informed them of any changes and sought support from local GP's. They said, "The staff always respect this is people's home. The staff did a fantastic job caring. They were all

great".

Is the service responsive?

Our findings

People and where necessary their relatives were involved in all decisions about their care. Thorough assessments were carried out with people when they started to receive a service at Mulberry Court. Assessments included; communication, mobility, social care needs and medicines. For example, one person was living with dementia and their assessment provided detailed guidance on how they should be supported and have their independence promoted. As their needs had changed, this was also clearly documented, detailing the support staff needed to provide regarding the person's prescribed medicines.

People's care plans were focused on people's needs and preferences. For example, each person's care plan contained detailed information on their life history, what they enjoyed and how the quality of their life and well-being could be improved. People told us they had access and review their care plans. Two people we spoke with told us they knew they could see their care plans if needed.

People were supported by care staff to have the equipment they needed to live independently. One person told us how they had been helped to get an electric wheelchair by care staff. They told us how this was important for their mobility and enabled them to access the community both inside and outside of Mulberry Court. They said, "I've got everything. They're good to me. Whatever I need, they get".

People told us care staff were responsive to their needs and took actions to ensure they were safe and comfortable. One person told us how they had pressed their personal pendant alarm by accident. They said, "The staff came racing along the corridor. They amaze me". Another person told us that staff supported them when they felt unwell. They said, "I think they're very good".

People and their relatives told us the registered manager, care manager and care staff were responsive to any changes in people's needs. One person's care plans showed care staff had identified changes in people's daily care needs. Care staff ensured the care manager was informed. The care manager acted on behalf of the person and made contact with other healthcare professionals, to arrange for a review of their care needs.

People and their relatives knew how to make complaints to the provider. Everyone spoke confidently about raising concerns, and felt they were listened to by the registered manager and provider. Comments included: "I've not had to complain. They sort it before I need to raise it", "I have no complaints at all. There's been an instant response if something has gone wrong" and "The staff are always responsive. They act on any concerns".

The registered manager kept a log of compliments, concerns and complaints. For example, one complaint led to their person's care being reviewed which helped to identify and clarify the care services they needed. The complaint was clearly recorded and the service carried out a full investigation. The registered manager identified changes which could be taken these changes were discussed with care staff.

The service sought people's views and ensured any concerns were acted upon. The service carried out

survey of people's views and also had monthly resident and court meetings. This enabled people to identify and discuss any changes they would make to the service. Mulberry Court also had a social committee which had a chair person who lived at Mulberry Court. This committee had discussed fundraising, activities and external entertainers. The focus of the committee was to place more control with people living at Mulberry Court. People told us they organised their own events. For example prior to our inspection they had arranged a wedding anniversary party in the court's communal lounge. They told us how they enjoyed the evening, and took responsibility to clean up. One person said, "It was a great party".

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the management of the service. People told us communication was good and they had positive relationships with the management and office staff. Comments included: "The managers are really good "and "They are very helpful."

The registered manager and care manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "They really are supportive, have a great knowledge of care and ensuring people are cared for personally" and "They are fantastic. You can go to them for anything."

Staff received the information they needed regarding people's needs and the management of the service through staff handovers and staff meetings. Staff meetings discussed topics such as safeguarding, care plans, training and respecting people's dignity. Staff told us they could always seek support and attend the Mulberry Court site office. The office contained a range of documents for staff to read which gave them guidance to carry out their role.

The registered manager and care staff ensured people and their relatives were informed of any changes about the service. The service provided information on noticeboards and through monthly newsletters. Changes in relation to the catering company who run the Mulberry Court bistro had been clearly conveyed to people.

Regular audits were completed to monitor the quality of the service. Audits identified issues and how they were addressed. For example, audits enabled the registered manager to identify any concerns around incidents and accidents within the home and identify any trends of concerns. Where concerns were identified through audits, these informed an action plan. The audits also included monitoring staff training and support. In addition the care manager also carried out spot checks on staff providing people with care, to ensure staff were competent to complete their role.

Where people had raised concerns or were not satisfied with the service through satisfaction surveys, the provider implemented an action plan, which was communicated with people who live at Mulberry Court. The service also compared the people's views between surveys to identify any concerns in the development of the service. The action plan for Mulberry Court considered people's views and actions which needed to be taken. Actions included communication and care staff visits. Members of staff were given responsibilities for these actions. One action the provider had taken was to increase the frequency of audits, to ensure continuous improvements were being made to the service.

The service worked with other agencies, including local authorities and care provider networks. A local care providers network used the community facilities at Mulberry Court to hold meetings and events such as the Gloucestershire Carers Forum. Mulberry Court had also been used by other organisations as a place to meet. For example a hard of hearing group operated from Mulberry Court and used their hearing loop equipment. The hard of hearing group had also opened up some of their meetings and events to people living at Mulberry Court.

Staff at Mulberry Court also work with different organisations to ensure people were not isolated and had access to the community. For example, the service used a "Good Neighbour Service" which involved volunteers coming and spending time with people who may not be able to leave their own accommodation. The service also used a dial a ride service and had strong links with local bus services. For example, the care manager told us about one person who used the bus to access Cirencester town centre. The bus driver was aware of the person, and ensured they contacted Mulberry Court if they were not on a bus back to their home if they had gone into the local town.

Mulberry Court offered services to local residents in the community. For example, Mulberry Court had a specialised bath which was suitable for people who had mobility issues. People from the local community could book to have a bath at the service. This has meant a number of people who can't or don't have a bath in their own home, were able to have a bath. People from Mulberry Court could also use this facility.

Healthcare professionals spoke positively about the management and staff at Mulberry Court. Comments included: "From our experience our patients seem happy with the service they receive there. The facilities always seem clean and tidy and the carers appear professional" and "The management and carers are very good, professional and caring".