

# The Fremantle Trust







# Mulberry Court

## Inspection report

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Date of inspection visit: 9 April 2015  
Date of publication: 12/06/2015

### 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	

### Overall summary

This inspection took place on 9 April 2015 and was unannounced.

Mulberry Court is a care home providing accommodation for up to 28 people who require personal care. This may include people living with dementia, older people or adults under 65 years of age.

At the time of the inspection 24 people lived at Mulberry Court. This was the first inspection of Mulberry Court since it was registered with the Care Quality Commission (CQC) in December 2013.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 were positive about their safety and security. Potential risks to people's safety were identified within

# Summary of findings

their care plans. For example, from falls. Action was taken to address this, falls risk assessments identified the number of staff and equipment required to move the person safely.

The interaction between staff and people living in the home was polite, respectful and friendly. There was a very relaxed atmosphere throughout the home and staff had time to talk informally to people in lounges and dining areas. People said there were sufficient staff available. We checked staffing rotas and found in the majority of cases they agreed with the set staffing structure. People said they experienced a good level of staff consistency which was positive for them.

Staff confirmed they received regular training to enable them to meet people's care needs. Domestic support staff confirmed they had received infection control training and training about the safe use and storage of chemical products.

Staff confirmed there was a mixture of formal and informal supervision, together with an annual appraisal. There were staff meetings and staff told us they had the support they needed as they also had the opportunity to discuss any issues with their line manager or the registered manager at any time.

Staff had received safeguarding adults training and this was confirmed from training records. There was safeguarding information and contact details displayed prominently in the home for staff and others to refer to in the event they saw or suspected abuse had taken place.

Care plans included evidence of pre-admission assessments to identify individuals' care needs. This enabled, for example, any specific equipment required to be put in place before the person moved in and ensured their needs could be met from the outset. Staff followed any advice and recommendations given by healthcare professionals involved with the service, for example GPs and specialist nurses. They provided very positive views of their interaction with the service and the quality of care and support they observed.

Medicines were administered safely. Routine checks were carried out to monitor records and practice to make sure people received safe and effective support when they needed help with their medicines.

Relatives confirmed they had completed questionnaires and had also met informally with the registered manager to discuss their relative's care and provide feedback. People were positive about the leadership of the registered manager and told us they were; "Effective and approachable".

Staff had a good understanding of the implications for them and their practice of the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely.

# Summary of findings

## 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 safe.

People told us they felt safe and that there were sufficient numbers of staff available to meet their needs and keep them safe.

Recruitment of staff was robust and thorough and meant people were protected from the employment of people who were unsuitable to provide their care.

People received their medicines safely from staff who had been trained to do so.

Good



### Is the service effective?

The service was effective.

People had access to health and social care professionals to maintain their well-being.

People received support from staff who had the training and supervision they needed to do so safely and effectively.

People were able to exercise choice about what they ate and drank and where. Where necessary their food and fluid intakes were monitored in order to maintain their health.

Good



### Is the service caring?

The service was caring.

People told us they were well cared for. Visitors told us they observed kind and compassionate care being provided by staff.

People were treated with dignity and respect. Appropriate and effective care was provided by staff.

People received care and support from staff that had a good understanding about how they wanted it to be provided and took an interest in them as individuals.

Good



### Is the service responsive?

The service is responsive.

People's care needs were assessed and kept under review. People were involved in decisions about how their care was provided.

People's care plans were updated and reviewed. Staff were aware of their current needs and ensured they were met appropriately.

Healthcare professionals were positive about the standard of care they saw and the co-operation they received.

Good



### Is the service well-led?

The service is well-led.

People were positive about the way the service was managed. They said there was a very open and friendly culture within the home.

Good



# Summary of findings

The provider took steps to monitor quality and performance. People were asked to give their views about the service and how they felt it could be improved.

Staff were supported by the provider and registered manager to contribute to discussions about the home's operation. They were supported to develop their professional competencies and knowledge and were encouraged to look at new ways to provide people's care.

# 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 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.’

This unannounced inspection took place on the 9 April 2015.

The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case older people’s services.

Prior to our visit we reviewed all of the information we had about the home. This included any concerns raised with us on behalf of people who lived in Mulberry Court and any notifications received. Notifications are information about important events which the provider is required to tell us about by law.

We also contacted social care and healthcare professionals with knowledge of the service. This included one GP, people who commission care on behalf of the local authority and social care professionals responsible for people who lived in Mulberry Lodge.

During the visit we spoke with eight people living at the home, three relatives and eight members of staff including care staff, activity and catering staff. We spoke with the registered manager, assistant manager and a community nurse.

We observed care and support in lounges and dining areas and with their permission people’s rooms. We looked at six care plans, four medicines records, three recent staff recruitment files and summary records of staff training and supervision undertaken by all care and nursing staff. We also looked at quality monitoring processes and reports undertaken by the provider.

Following our inspection visit we received additional feedback from one healthcare professional and further information from the service in response to requests we made for clarification or to provide additional evidence where that was needed.

# Is the service safe?

## Our findings

People told us they felt safe and well-looked after; "If I can't be in my own home, this is the next best thing for me" and "We are all very lucky to be looked after so well" were two people's assessment of what it was like living in Mulberry Court.

Potential risks to people's safety were identified in their care plans. This might be, for example from falls or damage to their skin as a result of pressure. Control measures were put in place to eliminate or manage risks where that was possible. There were, for example, falls risk assessments which identified the number of staff and equipment required to move the person safely. Pressure relieving equipment was identified and put into place to protect vulnerable skin areas.

People and relatives told us they thought there were sufficient staff available to ensure people were safe. We looked at staffing handover sheets and compared these with the set staffing numbers we were provided with. Of 15 days we looked at, staffing levels during the day met the planned level on six days, exceeded it on three days and were one less than set on six days. In those instances we were told management staff monitored and assisted to ensure people's needs were met. The night staffing levels were always in line with those set over that period. We heard an additional member of staff being asked to come in during our visit. One member of staff told us that if there were a gap in the rota the relevant manager would "phone round" and fill it.

We confirmed temporary bank staff were used when regular staff were not available and that bank staff were usually familiar with the home and the people who lived there. This provided consistency of care for people. One

relative told us they; "Particularly like the continuity of care". During our visit we monitored call bells and found they were answered quickly. One relative confirmed in their experience this was "always the case".

People told us they felt safe with the staff and that the physical environment was safe and well-maintained. We saw regular maintenance schedules were in place for equipment to ensure it remained safe to use. There was a system in place for the reporting and recording of incidents and accidents. The provider had plans in place to maintain people's health, safety and welfare in the event of a major incident affecting the safe operation of the service.

People were protected from abuse. Staff told us they had received safeguarding adults training both during their induction and updated regularly thereafter. This was confirmed from training records. Staff were able to explain what might constitute abuse, how they might recognise it and what they would do if they saw or suspected it. There were safeguarding information and contact details readily available to staff and others to refer to.

There were effective staff recruitment processes in place to protect people from the employment of unsuitable people to provide their care and support.

Staff had received training in infection control and we saw they followed good infection control practice throughout our inspection. For example, by wearing appropriate protective clothing when providing care. This helped protect people from the risks associated with acquired infections.

People were enabled to maintain control over their own medicines wherever possible. Where care staff assisted them, this was done safely and medicines were accurately recorded and administered.

# Is the service effective?

## Our findings

People who lived in Mulberry Court and their relatives told us they thought their health and social care needs were being met effectively. A relative confirmed; "Mum's hair is done regularly, the chiropodist visits every six weeks and the home is always spotless and tidy". People said they had got to know staff and staff knew them and had a good understanding of their needs and how they liked them met.

Care plans included evidence of assessments carried out before admission. These identified individuals' care needs and any equipment required to help staff meet them. This meant, for example, any specific equipment could be put in place before they moved in so that people's care needs were met from the outset. One relative noted their relative's BMI had been low before they moved in and they also suffered from a sore foot. This had been identified during the pre-admission assessment and action was taken to address both issues which were now resolved.

People received care and support from staff who had the necessary support and training required for them to meet people's needs effectively and safely. We looked at training records and talked with staff about their training to confirm this. "Really good training" was one member of staff's assessment. New staff had received an appropriate induction which meant they knew what was expected of them and gave them the knowledge, skills and support required to carry out their role. For example, domestic staff received training in infection control and in the use and storage of chemical cleaning products which could be hazardous to people's health.

People received care from staff who felt well-supported. Staff told us there was a mixture of formal and informal

supervision, together with an annual appraisal. Those staff who undertook supervision confirmed they had received training to help them do so. One member of staff said the registered manager was always approachable and supportive to them.

People and relatives were very positive about the quality of the food. "The food looks fantastic" and "The food is amazing" were typical comments. People confirmed they had choices at each meal. One relative remarked how their relative's weight had improved since coming to Mulberry Court and how staff had encouraged them to drink more. Care plans highlighted any specific nutritional needs or concerns and staff were aware of these; "We sit and eat with the residents and encourage them to eat. Food and fluid charts are maintained and those who require clear fluids or special diets are given them".

The staff we spoke with had a good understanding of the implications for them and the service of the mental Capacity Act (2005)(MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a given time. When people are assessed as not having the capacity to make a decision themselves, a decision is taken by relevant professionals and people who know the person concerned. This decision must be in the 'best interest' of the person and must be recorded.

The Care Quality Commission (CQC) monitors the operation of the DoLS as they apply to care services. DoLS provides a process by which a person can be lawfully deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after them safely. At the time of our visit one person had a DoLS in place and there were 23 applications outstanding.

# Is the service caring?

## Our findings

People were very positive about the standard of care they received or observed. "They are all very caring, good communication and all round patient care"; "Staff are very caring, they encourage me rather than dominate" and "I really believe staff are amazing and genuinely very caring" were comments from three people who received care. One relative said their research had caused them to choose Mulberry Court for their relative and "This home ticked all my boxes-small and family orientated, I was delighted".

People who received care and support, together with people responsible for them were involved with care planning. Care plans included evidence of this. People and their relatives told us they felt as formally involved as they wanted or needed to be. They indicated they were far more likely to achieve what they wanted from their care through informal conversations rather than formal reviews, although they confirmed these did take place.

We received feedback from one community nurse. They provided very positive views of their interaction with the service and the quality of care and support they observed. "Good, responsive, approachable and good with dementia". They confirmed staff followed advice and recommendations. A member of care staff told us how they provided people's support in the way they wanted them to and as they would want their own relatives treated if they received care. They told us how they referred to care plans to find out things that were familiar and important to the person concerned. They said they always asked before providing care and treated them with respect.

Interactions we observed between staff and people living in the home were polite, respectful and friendly. There was a very relaxed atmosphere throughout the home and even though staff were busy, we saw they were able to 'chat' informally to people in lounges and dining areas. Staff used people's preferred name which helped create a relaxed and informal atmosphere within the home. We observed heard a member of the care staff assisting a person with their meal in their own room. They were talking to them and gently encouraging the person to eat without forcing them.

People's dignity was upheld. The home had various staff 'Champions' to raise awareness amongst staff across various areas and model good practice. One of these areas was "end of life" which enabled good practice and support to be provided for staff as they cared for people at the end stages of their life in an informed and appropriate way.

People's spiritual needs were addressed through contacts with caring and religious organisations within the community.

People told us they had found staff listened to what they said and the views they expressed. There were relatives' and residents' meetings from time to time where people could say what they thought about various areas of the home's operation. For example, we saw minutes of a relatives' meeting in February 2015. The registered manager confirmed that contact details for advocacy services were readily available for those people who might want support to express their views.



# Is the service responsive?

## Our findings

People told us they felt their care was focussed on their individual needs and were confident staff knew them as individuals. They confirmed they were able to vary their daily routine, for example what time they got up and had breakfast. We heard staff offering people choice, for example when we observed mealtimes. People were able to change their previous choices about food without any obvious trouble and could choose what they wanted to drink.

People were supportive of the activities staff. People said the programme was quite varied and told us about previous trips arranged to local attractions. There were details of the day's activities for people to see. Staff confirmed people were supported to maintain their religious observance if they chose to do so. People were encouraged and assisted, where required, to access the garden.

Staff told us people were supported to maintain their own "lifestyle", this included going to the pub, fetching their paper from the local newsagent or in one case going on a cruise with the assistance of a member of the care staff. We observed activities taking place, which appeared to be well-supported and appreciated.

Care plans included assessments of people's needs prior to them moving into the home. They included details of the support people required including with their mobility, medicines and any specific health conditions, for example dementia. There were details of their medical history

together with details of their preferences as to daily routines and care, including their end of life wishes. Care plans included background history of the person concerned where it had been possible to get the details from the person or their families. One relative commented; "The assessment process was handled very professionally and two of the team took the trouble to travel to Dorset to see them."

We received positive comments from healthcare professionals about the standard of care plans from what they saw of them. Care plans were reviewed monthly and we were told that was when any significant changes were recorded. Staff confirmed they had access to care records and demonstrated a good knowledge of individual people and their current needs.

Staff were able to give details about how people's care needs had changed over time. This confirmed people's changing needs were being met. One member of staff told us that when there was any change in a person's health or an incident, the next of kin were informed. They confirmed daily logs were kept up to date, and that any injury was recorded. Relatives confirmed they were contacted if anything to do with their relative changed and there was no restriction on their visits.

People said they knew how to make a complaint and had the information they needed if they wanted to. None of the people we spoke with had made a complaint and told us they did not think they would ever need to. They said they would raise any concerns they had with care staff or the manager and were confident it would be sorted out.

# Is the service well-led?

## Our findings

Relatives confirmed they had completed questionnaires and had also met informally with the registered manager to discuss their relative's care and provide feedback. People were positive about the leadership of the registered manager. One told us; "The manager runs a tight ship and they seem like a very good team, they have an open door policy". Another assessment came from a relative considering placing a person in the service; "We made three visits to Mulberry Court, looks to be excellent, clean, efficient, well-managed and with staff who look to be very good".

The staff who spoke with us during our inspection said they were well-supported. They had the opportunity to discuss any issues with their line manager or the registered manager formally or informally. One member of staff said the home had a culture of "Openness and fairness". We received one less positive assessment anonymously online, which said whilst some staff were very good, others were; "Bullying and unfair". This was not raised as a concern by those staff we spoke with and we did not see anything to support this assessment during our visit.

We saw minutes of staff meetings held to discuss issues and share information. Staff told us they were aware of the provider's whistle-blowing policy and would not hesitate to share any concerns they had with them as they were confident they would be addressed.

The staff team included champions who shared responsibility, with the management team, for promoting consistent good practice in specific areas of care provision. For example, end of life, dementia, activities, falls and medicines.

People's safety and well-being were protected because there were a series of regular audits carried out on specific areas of the home's operation. There were systems in place, for example, to monitor and record the administration of medicines and maintenance of equipment, including call bells and fire alarms. This helped ensure any safety or maintenance issues could be promptly identified and addressed.

People benefitted from the effective partnership working which existed between community health services and the home. One member of staff, in order to improve her understanding and knowledge, had been able to sit-in with a clinical psychiatric nurse. We also found the service was open to new ways of working. For example, activity staff told us they were taking account of recent research into; "Handbags and Dementia" which could improve the ability of women who lived with dementia to take part in meaningful activities.

There was a system in place for the reporting and recording of incidents and accidents. The CQC had been appropriately informed of any reportable incidents as required under the Health and Social Care Act 2008. This showed the provider was aware of and met their responsibility to report information in line with the requirements of their registration with CQC.