Complete Care Services Limited

Mulberry House

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

Overall summary

This inspection took place on 15 December 2015 and was unannounced. When we last inspected the home in September 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Mulberry House provides accommodation and support for up to eight people who have a learning disability or physical disability. At the time of this inspection, there were seven people living at the home .

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and the provider had systems in place to protect them from harm. Medicines were stored safely and administered by staff who were trained and competent to do so. The service supported people to access healthcare services and worked closely with external professionals. People were encouraged to eat a nutritious and varied diet and were able to contribute to menus with their individual choice of food and drinks. People had a range of activities inside and outside of the

Summary of findings

home and were supported to pursue their interests and hobbies. People were asked to contribute towards reviews of their care and knew how to make a complaint if required. People were treated with dignity and respect and consented to their care and support with the service.

Staff received training which was relevant to their role. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were caring and knowledgeable about people being supported and contributed to the development of the service. Staff did not always receive appropriate levels of supervision.

The service had quality assurance systems in place which identified improvements that needed to be made. People were positive about the management of the service and felt supported. The service had worked with the local authority to improve upon areas identified as not fully meeting the required standards.

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.

Staff were trained in safeguarding procedures and understood the processes to enable them to keep people safe from harm.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Medicines were appropriately managed.

Good

Is the service effective?
The service was effective.

Staff received training which enabled them to meet people's needs.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and were positive about the meals provided.

Good

Is the service caring?
The service was very caring.

Staff's interaction with people was kind and compassionate

People had their privacy and dignity respected.

People were supported to maintain relationships with their families.

Good

Is the service responsive?
The service was responsive.

Care plans were detailed and reflective of people's needs.

People were supported to maintain their interests and hobbies.

The service had a system to respond to complaints.

Good

Is the service well-led?
The service was well-led.

The registered manager was supportive and approachable.

Staff knew the provider's visions and values.

There were quality assurance systems in place to identify improvements that needed to be made.

Good

Mulberry House

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.

The inspection took place on 15 December 2015 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit and details of provider meetings held to discuss concerns raised earlier in the year.

During this inspection, we spoke with four people and four relatives of people who lived at the home, four members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for all seven people who lived at the home. We checked medicines administration records (MAR) and looked at staff training, recruitment and supervision records for five staff. We looked at the service's policies and procedures and their system for handling complaints. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I've lived here for fifteen years and always felt safe." A relative told us, "[Relative] is safe there and I know they're looking after [them]. [They've] been there so long and they all care for [them] so much." We spoke to a member of staff who told us they kept people safe. They said, "We always make sure they're okay and their safety is important to us."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Training records confirmed that all staff had received training in safeguarding people, and they were able to tell us the ways that they would recognise and report any signs of harm to people. One member staff said, "My training was good, we know how to protect people and who to talk to." They told us they would report any safety concerns to the manager or the Care Quality Commission (CQC) if they felt people were at risk. The provider had reported all safeguarding concerns to the Commission as required.

People had individual risk assessments in place which were personalised and identified any possible risks. We saw that these were specific to each person's needs and were regularly reviewed and updated. For example one person who regularly went swimming had a risk assessment which detailed the potential risks of undertaking the activity and how these could be managed to allow the person to continue with this hobby. When people were identified as having behaviours which may have impacted negatively upon others, there were detailed risk assessments in place which explained how to identify potential triggers and support the person to keep them and others safe. Before the inspection, we reviewed records of incidents that had occurred between two people living in the home. We saw that risk assessments had been updated following these incidents to detail the steps that staff could take to de-escalate similar situations if they arose in future.

The service completed regular health and safety audits around the home to ensure that people were kept safe from any environmental risks. These included temperature checks, fire drills and testing of fire alarm equipment. We saw that the service had a list of maintenance tasks which detailed improvements which had been made to the service to help keep people safe.

The service had an emergency plan in place which detailed how people would be supported in case of an emergency to keep them safe. We saw an emergency box in the front hallway which contained this information and provided staff with anything they might need to manage any incidents quickly and safely. Although the plan was detailed and robust, it didn't include personal evacuation plans which would have had details of how each person would be individually supported in case of an emergency. The manager told us the staff would know what to do in this eventuality. However, this was not in line with current best practice.

We looked at rotas which confirmed that the home had enough staff to keep people safe and meet their needs. One person we spoke with told us, "Yeah, there's enough of them about." We spoke to a relative who told us, "Most times when I visit there's four staff on shift. If [Relative] needs something, somebody's always there for [them]." The manager told us that there were usually four staff deployed during the day, and a waking night and sleep-in staff supported people during the night. When one person required one to one support during the day, the service ensured that staff were provided to support the person as required..

The service had a robust recruitment policy in place which detailed the checks that all new staff had to undertake before they began working in the home. Staff recruitment records contained the relevant documents, including completed Disclosure and Barring Service (DBS) checks, references and healthcare questionnaires. Staff had not commenced work prior to these checks being completed. This meant that were recruited safely to work in the service.

Medicines were stored and administered safely. Staff undertook training in the administration of medicines and did not provide people with their medicines until they were assessed as being competent to do so. Medicines were stored appropriately in a locked cabinet in the staff office, and a lockable storage fridge was available for any medicines which were required to be stored at a specific temperature. We looked at the medicine administration records (MAR) for three people and saw that these were completed correctly with no gaps. People's medicine

Good

Is the service safe?

records included details of how the person preferred to have their medicines given to them. We saw that the service undertook regular audits to ensure that stock levels were correct and that medicines had been administered safely to people. There was a system in place to return spoiled or refused medicines to the pharmacy and these were kept securely in a separate cabinet in the staff office. The manager told us they had appointed a Senior Support Worker to oversee the management of medicines in the service. This meant that medicines were safely managed and administered to people as prescribed by their doctors.

Good

Is the service effective?

Our findings

People told us that staff were trained and able to meet their needs. One person told us, "Yes, they get training. I don't know exactly what it is but they seem to know their stuff." People's relatives felt that the staff had sufficient training and knew how to support people living in the home. One relative said, "The staff are well trained."

Staff were enthusiastic about the training that was provided. One member of staff said, "We get the basic training, but then we have specialised training which helps us understand people's conditions much better." They told us that training was provided by specialist trainers who visited the home and were knowledgeable about the subjects they delivered. We looked at training records and saw that staff had received training in epilepsy, autism, record keeping and person-centred care. One member of staff said, "After one of the sessions I felt like I knew how to support people better. It showed me how we can always put people first."

The manager provided us with a training matrix which detailed when staff's training was due and which members of staff had attended each session. We saw that staff had received all their mandatory training in manual handling, administration of medicines and safeguarding, and that these had been regularly refreshed and updated. Where a member of staff had not attended booked training, the manager told us that this had been identified and discussed with them. We saw correspondence from the manager in a member of staff's file which confirmed this, and they had subsequently attended the training as required. This enabled the provider to ensure that staff were trained and capable of delivering effective care to people.

Staff told us they received supervisions and performance reviews. One member of staff said, "Yes I have supervision. They're pretty useful when I need them but I usually don't have any problems to discuss." The staff were positive about the quality of supervision they received. However, we looked at the supervision records for five members of staff and found that these were not always taking place regularly. Only one member of staff had received more than two supervisions in 2015. The manager explained that bank staff were not always available for regular supervision, however the service's policy stated that bank staff should receive between two and four supervisions a year. We saw that the service audited how many supervisions staff had received and the manager told us they were aware of the issue and planning to implement a matrix which would flag up when supervisions were due.

People told us they made decisions about how they preferred to be supported. One person said, "I can make decisions, I can do what I like." A relative said they felt that people's independence was respected and encouraged and said, "[relative] needs support to make choices but they know [them] so well, they always try and ask [them] what they need.' Where people required increased support to make choices, this was detailed in their care plans along with ways in which staff could communicate with the person more effectively. Staff had received training in MAKATON, a form of sign language used to communicate with some people with learning disabilities, and also used a Pictorial Exchange system (PECS) to communicate more complex decisions to the person. For example we saw that where one person needed support to understand how their finances were being managed, the service had used this system to help communicate the details of the decision and what it meant for the person. This showed us that the service was effective in supporting people's rights and independence to make their own decisions where possible.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw detailed capacity assessments which had been completed in each area of people's lives. The service had also assessed whether people were being deprived of their liberty (DoLS) under Deprivation of Liberty Safeguards (DoLS) t and we saw details of meetings that had taken place and included the person and their relatives. We saw that a number of applications had been made to the relevant local authorities and some authorisations had been granted as people were not always safe to leave the home unless they were supervised by staff.

Good

Is the service effective?

People told us they consented to their care and had signed their care plans where they had the capacity to do so. Where people lacked capacity, staff were able to tell us how they gained consent from the person, either by using their preferred form of communication, creating a social story or, if necessary for more significant decisions, involving their next of kin.

People told us they had enough to eat and drink. One person said, "I like the food here, I can choose what I eat." We saw that the service had menus in place which provided a range of healthy and nutritious meals. A member of staff told us that while there were standard menus for each week, these could be adapted depending on people's personal likes and dislikes. During our inspection, we observed people eating lunch and noticed that staff asked each person what they wanted before serving. Where people were unable to express this, there were details in the person's care plan of what they liked and didn't like. We observed that staff knew people's preferences and checked that their food was right for them while they were eating. People were given a choice of whether to sit together in the dining room during lunchtime, but appeared to enjoy eating while in the lounge We observed that people were routinely offered snacks and drinks, and encouraged by staff to help make these. We saw that there were systems in place to manage the needs of people with specific dietary needs. For example, a care plan for a person who required food to be pureed listed foods that could be provided and how the person was to be supported to eat.

People's healthcare needs were identified and staff supported them to attend appointments with healthcare professionals. We saw records which showed us that people had routinely visited their GP, dentist, opticians and chiropodists, and that details of each visit were recorded. People's healthcare needs were clearly detailed and informed staff of how the person should be supported. For example, a person living with diabetes had a plan in place to assist them with healthy eating and blood sugar tests. Staff had an understanding of people's healthcare needs and were able to describe these to us during the inspection.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring. One person said, "I like it here. Staff care about me." Relatives we spoke with were enthusiastic about the care and support provided to their loved one. One relative told us, "[relative]'s been in there two years. I've never seen anyone flourish so much, they love [them], they bought [them] out of themselves, they take [them] out and do everything [person] needs." Another relative said, "I can't fault them. [relative] is always clean and well dressed, [their] room is always tidy and [they] are so fond of some of the staff. I'm lucky [person] is in such a wonderful place."

During our inspection we observed interactions between staff and people and found that they were compassionate, caring and supportive. Staff spoke to people respectfully using their preferred names and we saw lots of positive conversations and laughter. Staff listened to people and engaged with them in a way that was compassionate and encouraging. For example we observed that one person wasn't sure what they wanted to do in the afternoon and was sat alone in the living area having preferred to stay indoors. A member of staff offered them a range of activities including jigsaws, puzzles and books. The person was not interested in those activities, so a different member of staff arrived and asked them to help wrap some Christmas presents. The person agreed and was encouraged to participate to the best of their ability. This showed us that staff cared about spending time with people and interacting with them in a meaningful way.

There was a very homely atmosphere in the service, and the home was decorated with pictures of the people living there, artwork they had made and mementos that were personal to them on the windowsills and tables. A relative told us, "[relative] usually says it's like a five star hotel in there. I would have to agree. It doesn't feel like a care home, it's [relatives] home and they really go the extra mile to make it feel homely for them." People were happy to show us their rooms and we saw that they were very personal and specific to the person who lived there. The manager told us people had been able to choose their own colour schemes and decorations and that they were supported to keep their rooms clean and tidy.

People's care plans gave detailed background information about the person including their social history, any cultural needs and what they preferred to be called. These had clearly been written with good knowledge of the person and included information provided by relatives which helped staff to better understand the person's unique personality and needs. When we spoke to staff they were able to demonstrate extensive knowledge of the person being supported and spoke about them affectionately and kindly. One member of staff said, "We're like a family here. People come and want to stay. It's just a wonderful place to be and I know the people here so well after all these years."

Relatives told us that they were able to visit the service any time and always felt welcomed. One relative we spoke with said, "I can go in any time. The best thing is that even if they don't know I'm coming, nothing's different. [relative] always seems happy and the staff are always having a laugh with them." The manager confirmed that relatives were always welcome to visit and that they were an important part of the service.

Staff were able to tell us of ways they respected people's privacy and dignity. One member of staff said, "Privacy is very important to these guys, they all like their own time and space and we would never enter anybody's room without permission or treat them any differently to how we'd want to be treated ourselves." During our inspection we observed that people's dignity was observed at all times. For example when one person required personal care, this was communicated discretely and respectfully whilst being mindful of the other people present. Another person required an adjustment to their clothing to maintain their dignity and the member of staff supporting them encouraged them to do this in a gentle and jovial way. Staff told us they understood and observed confidentiality and would never discuss a person's information outside of the home. Files retained within the service that pertained to people's care were kept securely in a locked cabinet and were not accessible to anybody who wasn't authorised to view them.

Information about the service was available to people using their preferred communication systems if required.

Good

Is the service responsive?

Our findings

Relatives of people using the service told us that people's care was personalised and specific to their needs. One relative told us, "They always talk to us about what's in care plans. They know [relative] and what they need."

The support plans we saw were detailed and gave a comprehensive picture of the person and their individual needs. Staff told us that they were able to contribute to the information in each person's care plan and that this was regularly reviewed and updated. One member of staff said, "We have the chance to read them and give suggestions. We're all responsible for reviewing plans for the person we're key worker for." Each person had been assigned two key workers who reviewed care plans monthly and identified where changes or improvements needed to be made. We saw that each person had dedicated 'one-to-one' time with their key worker where they were given the opportunity to discuss any aspect of their care.

Care plans included details of the support that people needed for each individual activity. These were broken down into individual tasks which detailed how the person preferred to be supported. Clear outcomes and goals were identified for each person and updated by their key worker to record progress. For example we saw that one person had requested that their room was redecorated, and that they wanted to buy some new clothes. We saw that these goals had been achieved and that this was recorded in their plan. This showed that people were supported to achieve positive outcomes.

Each person had an activity schedule in place which detailed how they spent their week. A person we spoke with told us about the things they enjoyed doing outside of the home and how they were supported to maintain their hobbies and interests. People attended a range of activities, including day services, discos, days out and a range of complimentary therapies. People had been supported to go on holiday and a relative told us that people were always busy. They said, "They're always doing something, they never seem bored." During our inspection we observed that five of the people using the service were supported to go out, and staff encouraged them to take part in activities. For example when members of staff left to do the shopping, they asked if anybody wanted to go with them and help. This showed us that people were supported to have full and meaningful lives.

The service had a policy in place to handle any complaints. Relatives told us they would feel comfortable making a complaint if necessary. One relative said, "I've never had any reason to complain, but I'm sure they'd listen if I did." We saw that the service had received three complaints since our last inspection. These had been investigated and dealt with appropriately by the provider.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us that the registered manager was very approachable. One person we spoke with said, "[manager] is nice." One relative said, "She's ever so helpful, she always phones me if there's a problem and she really cares about [relative]." Another relative said, "She's really approachable, she's there if I need her."

The manager explained the visions and values of the service and we found that these were shared by staff. The manager said, "We're here to put people first. That's what we're all about." Staff were clear that the service was person-led and that their welfare and happiness was essential to the values established by the manager.

The service held regular meetings with people being supported which gave them the opportunity to discuss any issues around the home. We saw that people were encouraged to attend these where possible and give their views on the service. Where people had identified improvements that they wanted made, we saw that these were recorded and discussed at the following meeting. For example one person had asked to be supported to go to the cinema more often, and the staff had used this feedback to ensure that this activity was undertaken. Where people were unable to attend the meeting, staff had spoken to the person separately and recorded any contributions they had made. This showed us that the staff listened to people to help improve the quality of the service.

Staff meetings took place regularly and included discussions of issues affecting the home. This included discussions on staffing, rotas, safeguarding, people's activities and welfare and enabled staff to contribute ideas to support the development of the service. Staff we spoke with told us they had individual responsibilities within the home. One member of staff had been delegated responsibility for DoLs applications, and another was in charge of medicines. We spoke with a Senior Support Worker who told us how the service had helped them to develop. They said, "I've always been really well supported by the manager, I've developed a lot here and been given opportunities. It makes me want to come back each day."

The service had quality assurance systems in place to identity improvements that needed to made. The manager told us that they had implemented new systems recently in response to feedback from a local authority inspection. Records we saw demonstrated that the service had auditing systems for health and safety checks, care plans, risk assessments, supervisions and performance reviews, and medicines. The manager told us they had divided their audits into daily, weekly and monthly checks and showed us the forms they were using to perform these checks.

The service had inspected by the local authority earlier in the year and had been rated as 'requires improvement'. The manager was able to tell us the improvements they had made since this inspection and how they had used the feedback to implement changes so that they met the required standards. For example, a lack of robust quality assurance procedures had been identified as an area for improvement, and the manager was able to demonstrate how they had implemented new systems to address these concerns. This showed that the manager worked closely with other professionals and acted on their views to improve the quality of care.