Barchester Healthcare Homes Limited

Mulberry Court

Inspection report

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Date of inspection visit:
03 October 2018
08 October 2018

Date of publication:
12 November 2018

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

Mulberry Court is a care home providing nursing care for up to 64 older people. The service is purpose built and has accommodation and communal areas over three floors, all of which are accessible via a lift.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 3 and 8 October 2018 and was unannounced. 54 people were using the service at the start of our inspection.

There was a registered manager in post. People, staff and relatives spoke positively about the leadership of the home and told us the registered manager was approachable.

There were systems and processes in place to protect people from the risk of harm. There was a safeguarding policy and staff were aware how to report any concerns. The premises were clean and well maintained. Medicines were stored, administered and recorded safely.

The provider assessed risks to people's safety and well-being and we found that action was taken to reduce risks to people. We observed one incident where staff did not follow guidelines in a risk assessment on the first day of our inspection. The registered manager took swift and appropriate action to address this. This, along with other systems and records we viewed, showed the provider learned from any accidents or incidents that occurred in order to prevent recurrence and drive continual improvement of the service.

Appropriate recruitment checks had been undertaken before staff started work at the home. There were systems in place to ensure there were enough staff to meet people's needs. In the couple of months prior to our inspection there had been an issue with staff sickness at short notice, particularly on weekends, and we found action was being taken to address this and maintain safe staffing levels.

Staff received an induction, training, supervision and appraisal to give them the skills and knowledge they needed to meet people's needs. There were regular staff meetings.

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

People received a nutritious diet and were encouraged to have enough to drink. Staff sought advice from specialists and healthcare professionals when they had any concerns about people's health.

People and relatives told us staff were kind and caring. Staff treated people with dignity and respect and

people received compassionate end of life care.

Detailed care plans were in place to give staff the information they needed to support people in line with their needs and preferences. These were regularly reviewed. There was a programme of activities available at the home, and staff encouraged people to be involved in deciding on the activities, trips and entertainment on offer.

The provider had a procedure in place for responding to complaints. There was a quality assurance system and checks to monitor the quality of the service. People were asked for their feedback in meetings and surveys. The provider worked in partnership with other organisations to enhance the service and increase the opportunities available to people.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 comprehensive inspection took place on 3 and 8 October 2018. The first day was unannounced. We told the provider we would be returning for the second day of the inspection.

The first day of the inspection was carried out by two inspectors 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. Day two was conducted by one inspector.

Before our inspection, we looked at information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team, safeguarding team and clinical commissioning group prior to our visit. We planned the inspection using this information.

During the inspection we spoke with nine people who used the service, four relatives and three visiting health and social care professionals. We spoke with the registered manager, deputy manager, regional manager, four nurses, four care staff, an administrator, a chef and an activities coordinator.

We looked at a range of documents and records related to people's care and the management of the service. We viewed five people's care records, medication records, four care staff recruitment files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported.

Good

Is the service safe?

Our findings

People told us they felt safe living at Mulberry Court. Their comments included, "I'm very happy and comfortable here." Relatives also confirmed they felt their loved ones were safe.

Risks to people's safety were assessed and we found that appropriate responsive action was taken to minimise risk. This included risks in relation to skin integrity, falls and mobility. Pressure relieving and moving and handling equipment was available and used safely. On the first day of our inspection we observed a staff member failed to follow guidelines in relation to one person's choking risk. The registered manager took swift and appropriate action to prevent this occurring again.

The provider analysed accidents and incidents and used this information to monitor patterns and identify where further action or improvement may be required. For instance, the first time one person became lost and confused outside the home, the provider put additional measures in place to help keep the person safe without placing unnecessary restrictions on them.

Checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. These included checks on the fire alarm, gas safety and electrical wiring. Arrangements were in place to prevent and control the risk of infections, including cleaning schedules and training for staff. The home was clean and well maintained.

Medicines were appropriately managed, stored, recorded and administered. Staff received training and their competency to support people with medicines was assessed.

There were safeguarding policies and procedures in place. Records showed the provider had appropriately reported any concerns to the local safeguarding team so they could be investigated. Staff received safeguarding training and were knowledgeable about what action to take if they had any concerns.

Staff were appropriately vetted prior to their employment, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check to establish if they had any prior criminal convictions. The provider also conducted additional checks for nurses, to ensure the validity of their registration to practice.

The provider had a system to ensure there were sufficient staff to meet people's needs and used a tool to assess the amount of staff required. Staff told us there were always sufficient staff planned on the rota, but some said there had been difficulties recently with staff sickness, particularly at weekends, leading to more pressure at these times. The registered manager explained the action they were taking to address this. Additional staff were also being recruited. We observed staff responded promptly to people during our inspection. Most people and relatives we spoke with confirmed they felt there were enough staff.

Good

Is the service effective?

Our findings

People and relatives we spoke with felt staff had the right skills to care for people effectively. A relative told us, "I trust them (staff) and have confidence in them."

Staff received an induction and regular training, including moving and handling, health and safety, infection control and equality and diversity. Staff we spoke with were positive about the training they received and told us they felt well supported. Staff received supervision and annual appraisals. There were also regular staff meetings, including monthly clinical governance meetings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider conducted mental capacity assessments in relation to specific decisions and we found that DoLS authorisations were in place, or had been applied for, for people who required them.

Systems were in place to assess people's needs and choices in line with legislation and best practice. The provider conducted an assessment prior to people moving to the home, to ensure the service could meet their needs. The registered manager demonstrated knowledge of legislation and we received feedback from a healthcare professional that the registered manager contributed well to provider engagement meetings about best practice. The environment was planned with consideration of people's needs; it was spacious and accessible.

Care files contained information about any medical conditions and healthcare needs the person had. People were supported to access a range of services and professionals where required, such as occupational therapists and a specialist diabetes nurse. A GP conducted a routine visit to the service on a weekly basis.

People received a nutritious diet and were encouraged to have sufficient to drink. There was a choice of food and drinks, with a menu on display. People's feedback was generally positive about the food at the home. Detailed information was available about people's nutritional needs in their care files, although we did note some anomalies in the information about nutritional needs held elsewhere, such as daily handover records. The registered manager ensured these anomalies were corrected and took action to ensure all staff were reminded about the use of thickeners in fluids for those who required it. Staff completed food and fluid intake charts where required and people's weight was monitored.

Good

Is the service caring?

Our findings

People spoke positively about the staff who cared for them. One person told us staff were, "Extremely kind and caring, absolutely wonderful. I didn't expect them to be so nice." Others said, "(Staff) are caring, they help if you need it" and "The head carer is super. She is like superwoman. Yes, they are all kind and caring." A relative told us, "I love the fact that they are really good with me too" and "There are regular staff, that's why we have such good relationships." They also told us they trusted "Implicitly" the nurse who primarily cared for their relative.

We observed staff treating people with respect and kindness during our inspection. People were offered choices and involved in decisions about their care. This included smaller day to day decisions, such as where people wanted to sit, what to wear and whether they wished to join in any of the activities going on. Some people also gave examples of more significant decisions they were involved in relating to aspects of their care plan and treatment, although not everyone we spoke with could recall discussing their care plan with staff.

Nobody who used the service at the time of our inspection had an advocate for independent support with expressing their wishes and decision making, but two people had a Relevant Person's Representative (RPR) as part of their DoLS authorisation. Many other people also had the support of friends and family to assist them with expressing their views.

Staff encouraged people to do things for themselves where they were able to; this helped maintain people's independence. This included giving verbal encouragement with particular care tasks and providing mobility aids to enable people to move around the home independently.

People confirmed staff respected their privacy and dignity. One commented that staff, "Always shut doors and curtains" before providing them with personal care. Staff demonstrated understanding of the importance of maintaining people's dignity. Compassion was reiterated in staff meetings, through discussion about the '6Cs of compassionate care' (care, compassion, courage, communication, commitment and competence). The 6Cs are the values which underpin Compassion in Practice, the national strategy for nurses, midwives and care staff.

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files. People's faiths were respected, and staff told us that religion was very important to quite a number people who used the service. A Quaker group held meetings at the home on an occasional basis. A lay preacher also visited the home on a fortnightly basis to deliver a communion service, and visit people who were cared for in bed and unable to join others for the service. Information about LGBT (lesbian, gay, bisexual, transgender) support groups was on display in the home.

Good

Is the service responsive?

Our findings

The provider developed a care plan for each person, so that staff had the guidance they needed to support people in line with their needs and preferences. We found care plans were detailed, up to date and regularly reviewed. They contained clear information about people's likes and dislikes, such as one person's toothpaste brand preference. We saw the person had this toothpaste in their bathroom, which showed us that staff paid attention to these details. Another file we viewed contained comprehensive information about the person's preferred evening routine. It included detail about scenarios where the person sometimes liked to change from this routine, so staff were aware to still offer choice. This helped staff provide personalised care.

The provider assessed people's communication needs and recorded these in care plans, including any sensory loss. We were given examples of how people had been supported with communication aids, such as a white board to write on, to assist with communication. These measures helped the provider meet the requirements of the Accessible Information Standard (AIS). All providers who receive any NHS or social care funding must adhere to the AIS.

We found examples which showed that the care provided had been responsive to people's needs. A relative told us how they had been involved in discussions about changes to their loved one's diet. They emphasised how well staff had supported the person to maintain their health and well-being.

People received compassionate end of life care. The registered manager described how they worked with the 'fast track' team at the local hospital to ensure people received timely and responsive care. We viewed compliments and thank you cards received by the service which included appreciation from relatives about the support their loved ones had received at the end of their lives. One said, 'All the staff who looked after [Name] for the last twelve days were superb showing them great love in end of life care. My wife and myself were shown great compassion by everyone which greatly helped us.'

The provider employed dedicated activity staff and there was a programme of activities each week. This included exercise classes, crafts, quizzes, chess and visiting animal shows. The service had access to a minibus, shared jointly with another local home, for trips out. A monthly meeting was held with people who used the service, to gather people's views on what activities and trips they would like to include on the programme. Most people were satisfied with the range of activities on offer but one person told us they would like more 'male oriented' activities. The provider responded promptly to this feedback and arranged a Friday pub themed afternoon, with beer tasting and table top games like bar football and dominoes. They told us they would continue to trial different activities to respond to people's interests.

The provider had a complaints policy and procedure. Records showed us that complaints were appropriately investigated and responded to. People and relatives confirmed they would feel confident raising any concerns.

Good

Is the service well-led?

Our findings

There was a manager in post who had been registered with CQC since March 2016. There was also a deputy manager and staff with responsibility for different departments of the service, including nursing, maintenance, catering and domestic staff. Staff spoke positively about the leadership of the service and told us they were well supported. Staff comments included, "[Registered manager] is supportive" and "[Registered manager] is lovely. He's really easy to go to with anything. He has an open-door policy. If I had any concerns I could definitely go to him. He would address any issues."

People we spoke with knew who the registered manager was and told us "[Name of registered manager] is lovely as always. Got time for you, very nice" and "I like his management style. He knows all staff names and residents." Another told us the registered manager was, "Helpful, very nice."

The registered manager demonstrated a good understanding of their role and responsibilities. They had submitted statutory notifications, as required by law, for incidents that occurred at the service. They showed a commitment to continuously improving the service, by supporting staff and working in partnership with other organisations. This included work with healthcare services and professionals, other providers and local schools. For example, there were children from a local school taking part in activities with people on one day of our inspection. There were also plans for a representative from the Parkinson's Society to visit and provide additional guidance and training for staff.

Feedback from staff indicated there was a positive culture at the service. Comments included, "We work as a team. I know the carers strengths and weaknesses and allocate things accordingly" and "There is a focus on quality care." Another told us how welcoming all the team had been when they started working at the service.

The provider had a quality assurance system in place and the registered manager and deputy manager completed regular audits to monitor the quality of the service provided. We found these had been used to identify issues and take improvement action. There was also a 'resident of the day' system, whereby two people each day were considered, and all aspects of their care and service experience were reviewed. We noted some gaps in the 'resident of the day' documentation. The deputy manager agreed to improve consistency with this process to help maximise opportunity to ensure that any issues, such as the anomalies we found in some records about nutritional needs, could be identified.

People and relatives were encouraged to give feedback on the service and there was information about surveys on display in the reception. Results of feedback surveys were analysed and published. People had opportunity to share their views in a monthly 'Audience with the General Manager' meeting. In the year prior to our inspection a 'resident ambassador' had also supported the registered manager with gathering people's views and ideas. At the time of our inspection the registered manager was in the process of trying to identity a new volunteer (someone who used the service) who wished to take on this role.