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

This inspection was completed on 22 and 23 January 2019 and was unannounced.

Housing and Care 21-Mulberry Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone living at Mulberry Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 45 people receiving the regulated activity of 'personal care' from Mulberry Court at the time of the inspection.

Mulberry court consists of 60 self-contained flats with one or two-person occupancies. People had access to shared communal lounges and, shared laundry facilities. There was also an on-site café, dining room and hairdressing salon.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in March 2016 and the service was rated 'Good' overall. At this inspection the service was again rated 'Good'.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of people's medicines was safe. There were sufficient numbers of staff working at the service to support people with their required care. There was a robust recruitment process to ensure suitable staff were recruited.

The risk posed to individual people had been assessed and suitable action had been taken to minimise their personal risk. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in a personalised way that encouraged them to be as independent as possible.

Choice was promoted at all times and the service was working within the principles of the Mental Capacity Act (MCA). People were given information about the service in ways they wanted to and could understand.

There was a positive culture throughout the service which focused on providing person centred care and maximising people's independence. Staff were compassionate and kind, and were highly motivated to offer person centred care. People and relatives, we spoke with told us staff were caring. The principles of respect, dignity, compassion and, equality and diversity were embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve 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? The service remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

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 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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 22 and 23 January 2019 and was unannounced. We spoke with the registered manager of the service and five members of care staff. We spoke with 14 people who used the service. We also spoke with four relatives of people using the service and three health and social care professionals who have regular contact with the provider. The inspection also included looking at people's care records. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using services.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel very safe here". Another person said "Yes, I am safe. The carers look after me." The relatives we spoke with told us they felt their family member was safe and staff supported them well.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed. All the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures.

People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide independent support and represent people if required.

There were sufficient numbers of staff working at Mulberry Court to provide people with personal care when they needed it. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Staff told us the registered manager and team leaders were always willing to support the care staff and were always on call.

We looked at the recruitment records of a sample of staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

People were supported to take risks to retain their independence which protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed, kept up to date and contained good levels of information for staff to follow. For example, one person was at risk of developing pressure ulcers. Their risk assessment contained clear guidelines for staff on how to support this person during each care call to minimise this risk. The staff we spoke with had a good understanding of people's individual risks and were able to give a good overview of how they would support people.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate. The service had identified areas for improvement and lessons were learnt from each

investigation.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment, before being able to administer people's medicines independently.
People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.

Good

Is the service effective?

Our findings

People said their needs were met. The relatives we spoke with commented that they felt staff were well trained and met the needs of the people using the service.

Staff had been trained to meet people's care and support needs. Staff received a mixture of online e-learning and face to face training. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence that where staff training was due, they had been booked to attend the next available course. The registered manager told us all new staff were required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One person said, "The training is very good and prepared me well for the role." Staff told us they were constantly encouraged to develop through further training. For example, where staff had progressed into management roles, they were supported to access further training relevant to their role.

The provider told us staff received an induction when they first started working for the service. The registered manager told us staff would be required to read the relevant policies and procedures before they worked any shifts. The registered manager told us new staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The registered manager told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

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. 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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to

make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence meetings had taken place with their representatives to determine a care plan that was in the person's best interests. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with told us that they were consulted in relation to the care planning of people using the service.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person had complex mobility needs. Their moving and handling care plan had been developed in partnership with an Occupational Therapist to ensure all risks were safely managed. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

Good

Is the service caring?

Our findings

People received a service which was caring. The people we spoke with provided positive feedback about the caring nature of the staff. One person said, "The carers are very kind." Another person said, "They take very good care of me and are very friendly." Relatives we spoke with also provided positive feedback about the staff. One relative said "They are very kind and going over and above what is expected of them."

Reviews of people's care were carried out through consultation with them and their relatives. Review forms recorded people's comments and responses. The service had access to information about advocacy services and would sign post people to this if required. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCA's).

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care. For example, they would close curtains and doors when providing care. This approach was reflected in people's care plans which also included actions to provide emotional support.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people and wanted to support people to remain living at home for as long as possible. People's care files identified any areas of independence and encouraged staff to promote this. All the staff we spoke with could tell us how they would support people to help maintain their independence as much as possible. The people we spoke with confirmed that care staff promoted their independence. One person said, "They respect my independence and step back if I indicate I want to do something myself."

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved one's care. Relatives of people using the service told us staff would always keep them up to date about their loved one's care.

Equality and diversity was promoted at all levels throughout the service. Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Good

Is the service responsive?

Our findings

Each person had a care plan to record and review information about their care needs. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, people's personal care plans contained information around which areas people needed support with and which areas of their personal care they could manage independently.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care. One health professional told us staff were proactive in seeking support when people's health needs changed.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care plans also contained emergency packs which could be given to paramedics. These contained key information relating to the person's care needs so that they could continue receiving personalised care whilst at Hospital.

People were supported to access activities and social events in the communal lounge. This included, weekly arts and crafts sessions, weekly coffee mornings and live entertainment such as musical performances and pantomimes at Christmas. The people we spoke with told us these activities were welcomed by the people living at Mulberry Court and there was normally a 'good turnout'.

There was nobody receiving end of life care at the time of the inspection. The registered manager told us they endeavoured to support people to remain at Mulberry Court if their needs deteriorated. However, this was not always possible. We saw that care staff had received training around end of life care. The registered manager told us that if people needs deteriorated and they required end of life care, the service would liaise with the person, their family and other health professionals involved in their care to ensure their needs and wishes were recorded.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

There were many compliments evidenced in a large file with letters, emails and cards. One person had written, "Just to say thank you to you all for the dedicated care you gave to our mum. We will always be grateful to you and for the support you gave to the family." Another person had complimented the staff for their performance during the Christmas pantomime. They had written, "To all the staff of Mulberry Court.

Thank you so much for all your hard work and for putting on such brilliant entertainment for all of us. It is very much appreciated." Staff told us the positive feedback was appreciated by the staff team as it recognised the good work they were doing.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. Staff had a good understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided and care staff were well supported and managed.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Mulberry Court was based around providing people with high quality personalised care in their own homes. The people using the service and relatives told us they felt these values were upheld at all levels throughout the service.

People and relatives spoke positively about the leadership and management of the service. Comments included; "The manager is fantastic. I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. Two members of staff we spoke with told us this was their first role in care and the registered manager had been integral in supporting them to adapt to the role and manage their anxieties.

Staff told us they had regular meetings with management. Staff told us how these enabled management to keep staff up to date with everything that was happening in the organisation. Staff also told us these meeting provided them with opportunities to make suggestions to improve the service.

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. The registered manager and other members of the management team would carry out monthly audits of items such as care plans and medicine records. In addition to audits carried out by the registered manager, the provider also completed an audit of the service. We saw that these audits were carried out as scheduled and corrective action had been taken when identified.

Surveys had been sent out to seek the views and opinions of people using the service. The registered manager told us where required, people would be supported by staff to complete surveys if people indicated a preference for this. The registered manager told us the feedback would be incorporated into the annual action plan.

The registered manager had a clear contingency plan to manage the service in emergency situations. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service could learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.