Mulberry Care Limited

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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

The inspection took place on 30 and 31 January 2018 and was unannounced on the first day. This was a comprehensive inspection, carried out by one inspector.

Mulberry Care Limited is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides personal care support for up to 35 people living with dementia within an adapted building consisting of two 'wings'. There were 32 people receiving support at the time of this inspection.

At the last inspection on 29 and 30 November 2016 the service was rated as good. (The domain of well-led was rated as requires improvement. Improvements have been made and all domains are now rated as 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.

The service was now well led and the manager had effective systems to monitor its performance and effectiveness. The service worked effectively and positively with external agencies in meeting people's needs. Staff felt involved, consulted and well supported by management.

People and relatives were happy with the care and support people received from the service and its staff. People felt safe and well cared for. They were safeguarded because the service had a robust recruitment procedure to help ensure staff employed had appropriate skills and staff were provided with the necessary training and support. Risks were assessed and action was taken to reduce them. People's medicines were safely managed on their behalf. Safety checks and regular servicing helped ensure the environment and equipment were safe. Additional staffing had been provided to help ensure people's needs were met in a timely way. Staff understood the signs of potential abuse and knew their responsibility to report any concerns about people's wellbeing.

People continued to be 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 had positive relationships with staff and staff were alert to their needs and any changes in wellbeing.

People received good healthcare support through effective consultation with external healthcare specialists and were provided with an appropriate diet and sufficient fluids. The service positively promoted dietary and fluid intake.

Some work had been done to make the environment suitable for people living with dementia, there remained potential for further development.

People's diverse needs and individual preferences were well catered for and where necessary, external support had been sought to meet them. eople felt staff were caring and treated them with kindness. They said staff respected their dignity and privacy. People were encouraged to do what they could for themselves and involved in day-to-day decisions making. Staff were familiar with how people communicated their needs and showed patience when responding to them.

People and relatives were happy the service was responsive to people's changing needs. They felt a good range of activities and entertainment were provided. People and relatives knew how to complain if they had any concerns. Any issues raised had been resolved. The service complied with the accessible information standard and provided various documents in accessible formats.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service was now rated Good.

The registered manager had improved the effectiveness of systems to monitor the performance and effectiveness of the service.

The registered manager had taken a more proactive approach to addressing issues within the service.

Management had made good use of the support available from external agencies which had resulted in some new initiatives.

Staff felt involved, consulted and well supported by management.

Mulberry Care Limited

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 was a comprehensive inspection which took place on 30 and 31 January 2018. It was carried out by one inspector and was unannounced on the first day.

Inspection site visit activity started on 30 January 2018 and ended on 31 January 2018.

Prior to the inspection the provider completed a Provider Information Return (PIR) which was submitted on 7 December 2017. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who provided funding for people supported by the service, for their feedback. No concerns were raised about this service.

During the inspection we spoke with the registered manager, registered provider, operations manager and quality manager. We spoke with four people using the service, three relatives and four staff.

We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including three recent recruitment records, staff training, supervision records and medicines recording. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The service continued to provide safe care.

People told us they felt safe and well cared for. One person said simply, "I feel safe." Other people told us, "Yes, I feel safe here," and, "I feel safe, it's OK."

Staff described how they would report any concerns about people's safety and had confidence management would respond appropriately. All staff had completed a local authority training course on safeguarding adults. The service had appointed specific staff as safeguarding 'champions' to provide guidance and suggestions on a day-to-day basis to keep people safe. No safeguarding issues had arisen in the 12 months prior to this inspection.

Risks to people were assessed and acted upon. For example, people's risk of falls was assessed. Where people were identified as at significant risk of unobserved falls, additional monitoring via movement sensing devices was agreed with people, family and relevant others, to try to keep them safe. People had also been provided with falls mats or used raised bed-sides where this was risk assessed as appropriate and agreed. Within the staff team eight staff had been trained as 'falls champions' so that each shift had at least one falls champion on duty. Their role was to identify and monitor falls risks on a daily basis and ensure staff remained alert to any risks.

Risks from the environment and equipment were also assessed and monitored. For example, people were safeguarded from the risk of scalding because baths and showers were fitted with thermostatic safety valves which were serviced annually. The hot water temperature was also checked and recorded in the care records before each bath or shower. Servicing and maintenance checks took place within the required timescales to help ensure equipment was safe and functioned correctly to keep people and staff safe.

People were protected because the service had a robust recruitment process for staff and carried out the required pre-employment checks. Staff had provided full employment histories and evidence to confirm identity. A criminal records check was completed and references obtained to help ensure the suitability of prospective staff.

To help ensure people's needs were met in a timely way the registered manager had increased the daytime staffing. Two additional care staff were rostered from 10am to 6pm daily. There were no staff vacancies at the time of this inspection. The registered manager said it was their policy not to use agency staff, and wherever possible, roster shortfalls were covered within the staff team. This helped to ensure consistency and continuity of care for people.

People's medicines were managed safely on their behalf by staff trained to do this, using a monitored dosage system. This is where medicine doses are pre-packaged by the pharmacy in individual pots labelled with the person's name, medicines details and time of day to be given. Staff competence to administer medicines was reassessed annually. One medicines recording error had been made in the last 12 months,

however, the person received their medicines as prescribed. Retraining and re-assessment of competency was completed. People's individual preferences about how they liked to take their medicines were recorded in care plans. The medicines lead staff member gave a clear account of the system and the reason for the various steps. A pain assessment scale was used for people who were unable to communicate about their pain level to assess the need for painkillers. The latest pharmacy audit in October 2017 noted significant improvement in medicines management.

People were safeguarded because the environment was kept clean. Cleaning was carried out based on written schedules and their completion was monitored to help ensure appropriate standards of hygiene within the service. However, the arrangements for sterilizing commode pots were not consistent with best practice and could have presented a risk of cross infection. The provider notified us following the inspection they were seeking to lease an appropriate machine to provide safe sterilization of commode pots.

Good

Is the service effective?

Our findings

People and relatives were happy people were provided with effective care and support. A relative said they were, "kept informed very well." Another relative told us, "I am very pleased," and said their family member, "Likes the staff."

One healthcare professional told us, "This place has been very good for [name]. It has been the turning point in [their] life. They are settled and happy here." They went on to explain, amongst other things, how the service had achieved the healing of the person's chronic pressure sores and enabled them to be able to mobilise again. They were also now much more accepting of personal care support than in previous services.

Staff had completed the nationally recognised Care Certificate, which contributed to people receiving effective care. They completed a range of core training to equip them with the necessary skills and knowledge and their competence in each area was assessed. An ongoing cycle of training updates was also provided. Ongoing support was provided to staff through a programme of alternating monthly supervision meetings and' job chats' together with annual performance appraisals.

People's legal and human rights were supported by staff who understood the requirements of the Mental Capacity Act 2005.(MCA) The 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.

For example a best interest decision had been made for one person who used raised bed sides at night to prevent them falling. Two other best interest decisions had been made appropriately. Not all best interest decisions were effectively cross referenced in the care plans, although records of the decisions were on file separately. This was addressed immediately following the inspection. We saw that people's consent was sought by staff for day-to-day care support and staff described how they did this. Where possible, people had signed to agree their care plan.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people had local authority advocates who visited recently as part of DoLS applications. A total of 24 people had DoLS either in place or applied for.

People were supported by staff to maintain an appropriate dietary and fluid intake with support from dietitians and the speech and language therapy team around any swallowing issues. Meals were provided by an external catering company, who provided details of their nutritional content to facilitate effective monitoring. Fortified diets were offered where weight loss was of concern. Food and fluid intake and weight

were well monitored to enable issues to be picked up promptly. Specific staff were assigned to support individual people with food and fluids to help ensure effective recording and monitoring. Specialist dietary needs such as a diabetic diet were provided for and a healthcare professional praised the service for supporting one person to gain control over their diabetes. Another service user with diabetes had been enabled to regain their mobility with physiotherapy support such that they were able to regain sufficient independence to move out to sheltered housing.

Drinks and snacks 'stations' have been set up in each lounge to enable people to help themselves and to encourage and remind people to maintain their intake. During our observations of care we saw staff offering snacks and cold drinks from here as well as providing hot drinks and a biscuit mid-morning. As a result, people's weights have more effectively been kept within a healthy range and been more stable. Fruit tasters have been offered to people to help establish their likes and dislikes. A relative confirmed, "Drinks are offered regularly," and said that people were asked what they wanted to eat and always had a choice of meals. One person said, "The food is not bad at all." Others commented, "The food is alright," and, "The food is OK, tasty."

People received effective coordinated healthcare because the service liaised well with key external healthcare specialists such as GP's, community nurses, learning disabilities nurse, Parkinson's nurses, and the Rapid Response and Treatment team.(RRAT). The RRAT team works with care homes to reduce unnecessary hospital admissions by promoting timely health interventions while the person remains in their home. Advice was also sought from other specialists such as the 'Care home support team' to develop the skills of the staff team and provide additional training in key areas. A relative confirmed staff were quick to call the GP where necessary. Another said, "Health is looked after well." They praised the positivity of staff in encouraging and supporting mobility.

People have been supported by staff to personalise their walking frames to assist with identifying them and act as a reminder for their use. Monitoring had since suggested this has been successful in reducing the number of falls in tandem with the additional falls awareness of staff, due to the appointment of falls 'champions'. The role of falls champions included monitoring changes in people's needs, observing staff risk awareness, recording and monitoring and communication with family. The service planned to train and appoint dementia champions to help further promote the needs of those people living with dementia.

Adaptations to assist mobility and access included level entry to the building, handrails, raised toilet seats and shower seats. One bathroom was equipped with a bath hoist to assist people into and out of the bath. A range of standing aids and hoists were also available when required. Some adaptations had been made to support people living with dementia. These included some dementia-friendly signage, contrast coloured painted door frames and seats in communal toilets and frames to develop individual memory boxes to help people recognise their own room. However there remained room for further development in dementia adaptations. Following the inspection, the registered manager told us additional dementia-friendly pictures had been purchased and they were reviewing other improvements to the dementia environment.

Good

Is the service caring?

Our findings

People and relatives were happy staff treated people with kindness and respected their dignity. People had positive relationships with staff. One person said, "I get on well with the staff, very well." Another said, "The staff are very nice, [name] needs a halo." One person told us staff treated her gently and added, "Oh, yes, they look after dignity. Cover me up while washing me." Others said, "Staff are gentle," and, "Staff are kind, gentle and respectful." One relative said, "Staff are very patient and treat [name] with dignity."

Staff completed training relating to dignity and privacy and group discussions in handover meetings also addressed these aspects of care. The registered manager used a dignity exercise with staff as a refresher on a quarterly basis. Reminders about respect for people's dignity were posted within the building. Staff clearly described various ways they respected people's dignity. These included keeping people covered as much as possible during personal care, respecting their choices whilst ensuring their care needs were met and respecting any gender preferences regarding staff supporting their personal care.

As part of encouraging people's independence, staff identified what people were able to do for themselves and this was recorded within care plans. Staff described working in ways which respected and encouraged independence. They offered enough encouragement and support to get the task completed without taking over. Staff worked at the person's pace and did not rush them. This allowed time for people to process what was being said to them. Such things as people's preferences with regard to where they sat were respected.

People's individual and diverse needs were provided for. For example, two people went out to visit their preferred place of worship with family. People were visited by family who supported them in their prayers in their bedroom. Others had links with a church group who visited them at the service or were visited by clergy at the service to pursue their faith. Culturally appropriate meals were made available where necessary, as well as other preferred or specialist diets.

People were treated with patience and dignity, encouraging them to make decisions and choices and offering them alternatives, in areas such as activities. Staff spoke respectfully to people, allowed them time to respond to questions and offered positive feedback and encouragement. It was evident people felt relaxed with staff and responded to them with smiles and recognition.

People's preferred communication methods were described in care plans along with guidance for staff on supporting people with communication, where necessary. For example, one person's communication plan noted, "Use simple sentences and give time." Care plans also identified people's wishes and preferences with regard to their care support. They described how to support the individual to make choices for themselves, such as what clothes to wear.

Pictorial menus were provided and used to enable some people to make more meaningful food choices ahead of mealtimes. Similarly, pictorial versions of the activities programme helped people to recognise upcoming activities.

Good

Is the service responsive?

Our findings

People and relatives were happy the service was responsive to people's needs and provided sufficient entertainment and activities for those who wished to take part. A relative said the service had, "Really good staff at the moment. [Name} and manager very helpful and will sort things out and carers spend time with people." One person said, "I like to do puzzles, I don't do much else," and added, "I go out with staff sometimes." Another person told us, "I don't really take part too much. I read a lot and like my own company." One person told us they would like to go out to town. One relative said, "You are made to feel welcome. You can raise any concerns and they are listened to."

Relatives felt involved in care planning where appropriate. One relative told us their family member had asked to go out and this had been organised. They also said they had been told their relative could move to a different room once one was available as they were unable to receive a signal for their preferred radio station in their current room.

People or their representatives were involved in planning people's care. This helped ensure care plans were individualised and contained details about people's wishes and preferences. Care plans were discussed and reviewed with people and their representatives to identify necessary changes. The provision of additional staff had improved people's opportunities to participate in activities and their other needs were met in a more timely way. Activities coordinators had been employed to ensure a better range of group and individual activities were available.

An external healthcare professional commented on how well the service had responded to one person's need to exercise, in order to maintain mobility. They had engaged well with the staff and now exercised daily. The senior carer had already made arrangements to enable them to go on a trip with staff support once the funding was agreed. The healthcare professional also commented positively about the range of activities available and the ready availability of snacks and drinks in response to people nutritional and hydration needs.

People had opportunities to take part in a good range of activities because the programme of activities had improved. Two activities staff now took the lead on providing these with support from care staff. Activities were publicised with a planner on the lounge wall. They included some external providers such as a small animal zoo and a few outings such as a periodic trip to a garden centre. A few people had individual trips out with staff to local shops, the park or a local pub. However, there was room for further development in terms of outings. Where people had family contact they sometimes went out with their family but this option was not available to all. Where people opted out of group activities staff spent one-to-one time with them to help combat the risk of isolation. Senior staff had carried out observations focused on the activities provision. These had identified some non-age appropriate equipment, which had since been replaced with appropriate items. One resident enjoyed playing the keyboard and had been provided with one of their own. They played in one of the lounges during the inspection and this was clearly enjoyed by other people who were either singing or moving in time to the music. Other activities took place, including gentle seated exercise and a singalong. Two people were watching TV and chatting. Equipment was obtained to enable

people to pursue individual hobbies. People's files contained photographs of them engaged in various activities and activities participation was recorded and monitored.

In response to people's needs, adaptations to improve the environment had continued. Further signage improvements had been made along with other changes to benefit people living with dementia. To assist people to mobilise within the building a pair of doors had been removed so that there was less restriction of their movement between the dining and lounge areas. Some other areas of the building presented similar issues but could not easily be adapted. However, staff were on hand to support people to access relevant areas when they wished.

People and relatives knew how to complain. Only one of those we spoke with had had any cause to do so but all were confident the service would address any concerns. The complaints procedure was provided to families on admission and a copy was in bedrooms for people who would be able to read it. People and relative's concerns or complaints were responded to positively and used to make improvements to the service. Records of both formal and informal complaints were kept, together with details of the action taken and outcome. The service had also received compliments, both directly and via an external review website. Improvements made in response to feedback or complaints included improved activities and more proactive health monitoring.

People benefitted from a service which worked effectively with external health and care services and sought advice and support where necessary to meet peoples changing needs. Creative use had been made of monitoring equipment such as movement sensors to help keep people safe, with appropriate consultation.

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. For example, pictorial menus, activities planner and a large print complaints procedure were available.

Where end of life care had been provided this had been done with sensitivity and respect for people's diverse needs and individual wishes. Where people or their representatives had been prepared to discuss it, their wishes around end of life care had been recorded. People's 'advance' care plans included any relevant information relating to culture or religion. The families of people receiving end of life care were offered a vacant bedroom if they wished to stay on site to be available to their family member at short notice.

Good

Is the service well-led?

Our findings

At the last inspection the in November 2016 the provider required improvement in this domain. This was in relation to how the provider and registered manager monitored the service and tended to be reactive rather than proactive when issues emerged. The service was now well led and the registered manager more proactive. The registered manager had more effective systems to monitor the performance and effectiveness of the service. The service worked effectively and positively with external agencies in meeting people's needs.

People, relatives and external professionals felt the service was well managed. One relative commented. "Any problems, we talk to the team leader." They also said the registered manager checked with them that all was well.

A registered manager was in post. 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. The registered manager was due to leave soon after the inspection. Appropriate interim management plans had been made while a new registered manager was sought.

People received a more effective service overall, because staff felt better consulted about aspects of the service and felt their views were listed to. Surveys of the views of staff and external professionals had also been carried out in 2017. Team spirit and teamwork was reported to be good and staff said that out of hours support was available when needed. Regular staff meetings, supervisions and 'job chats' provided opportunities to raise any concerns. The handover file contained records of shift handovers and guidance on various aspects of care and contact numbers for emergencies. The file included guidance on nutrition and hydration, the falls protocol, cleaning task lists, incident and accident reporting and guidance on effective communication. Team leaders had delegated responsibilities and recorded key monitoring information as well as when one-to-one additional training was provided.

The provider undertook periodic audits to oversee service delivery and quality based on a rolling programme of subjects. These included areas such as falls, training, recruitment, meals and nutrition, complaints and safeguarding. A series of audit processes were in place to help ensure the quality and continuity of the service and demonstrate effective governance. Records relating to safety checks and monitoring of safety related incidents had all been improved and were now more thoroughly audited by management. The registered manager carried out daily walkarounds and periodic observations of aspects of care. These identified examples of good practice and had also led to some changes in routines to better meet people's needs.

Changes included improving the layout of chairs in the lounge, providing separate staff to deal with laundry and washing up to free up care staff time and assigning staff to oversee specific people's food and fluid needs throughout shifts. One of the senior carers was the 'medicines lead' for the service. He was

responsible for ordering checking and auditing of medicines to ensure appropriate practice and storage. Regular meetings had taken place with staff, management and designated 'champions' to discuss issues and share information. The registered manager also attended the three monthly manager's association meetings held by the local authority to keep them up to date with new guidance and legislation.

Surveys of the views of people and relatives had been carried out in 2017 regarding their experience of care and views on the food provided. The results were positive. Where issues had been identified, action was taken to address them.

Care records included some identical care plan entries which detracted from the required individualisation. Some related records lacked cross referencing to care plans and one or two examples of inappropriate language were seen. Following the inspection, management reported they had reviewed the files and addressed these points.

Where required, management fulfilled their legal responsibility under 'duty of candour' to notify people or their representatives where any errors or omissions had occurred. Records of the contact made were kept on individual files. Following inspection the registered manager set up a single location for these records to simplify monitoring and provide ready access to the records.

The management team were seeking to develop the service further. Although their goals were not recorded in the form of an overall development plan. This was produced following the inspection to identify the priority areas for action. Goals included training more staff to enable them to deliver training to the team in moving and handling and needs assessment and to train a care certificate assessor to carry out more comprehensive assessments of staff competence.

People benefited from a service which worked effectively with other agencies for support, advice, guidance and training in order to improve the support provided. The service sought ongoing training and development for its staff.