

Complete Care Services Limited

Mulberry House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Mulberry House is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to a maximum of 8 people.

People's experience of using this service and what we found

Right Support:

People did not always receive safe care and support, and the environment was not always safe or clean. People's needs and preferences were not always met.

Risk assessments were not always in place to assess known risks.

People were not always supported to pursue their hobbies and interests. We did not see evidence that people were engaged with regular in activities of their choice

Staffing levels within the service were safe, and medicines were managed safely

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

Staff supported people to access health and social care services.

Right Care:

People did not always receive care that was person-centred, and people's goals and activities were not always well documented. Staff were not always proactive in engaging with people in activity.

Staff understood safeguarding procedures. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care plans reflected their needs and wishes and promoted their wellbeing.

Right Culture:

The ethos and values within the service did not always promote good standards for people.

Systems and processes were not effective in picking up and responding to any problems within the service.

There was a poor morale within the staff team who told us that issues were not addressed, and communication was not good.

People and those important to them, including social care professionals, were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 27 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mulberry House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person centred care, and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our well-led findings below

Inadequate ●

Mulberry House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Mulberry House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mulberry House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 people who lived at the service. We also spoke on the phone with 3 relatives of people who use the service. We spoke with 2 care staff, a team leader, and the deputy manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Sufficient risk assessment and care planning had not always been carried out. One person had been living in the service for several months, and no current care planning or risk assessments had been completed by management.
- One person had been involved in incidents where distressed behaviours had been displayed, and risks towards staff members and other people were made present. There were no risk assessments to document how staff should manage these incidents should they re-occur. This placed people and staff at the risk of harm.
- One person's shower unit had been faulty, and fully removed by a plumber. The person was left using a bathroom with exposed pipe work, and mouldy and damaged walls. No risk assessments were in place to address this.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. The service was not always clean. One person's room had a strong odour of urine. Their bed sheets and mattress were heavily stained and odorous from urine. Managers told us the person was incontinent, however, previous measures they had taken had not been effective in making sure the bed and room were clean and odour free. There was no plan in place to address this further, including the possible use of a specialist mattress or increased cleaning.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Several areas within the home were not clean. A bin outside the kitchen area was heavily soiled and the lid was open. Unit tops in the living area were marked and stained. Floors were often sticky underfoot.

These failures to effectively assess risk, and to maintain a safe and clean environment, was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

At our last inspection, sufficient checks and processes were not in place for employment of new staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We checked staff recruitment files and found that sufficient pre employment checks had taken place, including references, ID checks and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, staff and relatives all told us they felt that staffing levels were safe within the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "Yes I feel safe here, I like it." Relatives we spoke with also felt their family members received safe care from staff.
- Staff understood the signs of abuse and how to report it. They were trained in safeguarding and felt confident in reporting any concerns.

Using medicines safely

- People received their medicines as prescribed, on time and in the way they preferred them by competent staff. Medicines were stored securely, and documentation we looked at was accurately completed.

Visiting in care homes

The service was open to visitors and followed government guidelines.

Learning lessons when things go wrong

- An accident and incident reporting system was in place. We saw that incidents were recorded in detail, with follow up actions as required. Staff we spoke with were knowledgeable about how and when to report and record incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, The competency of new staff was not up to standard, and training and supervision was not up to date. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of regulation 18, however, further improvement was still required in some areas.

- Improvements were still required to ensure that staff were well supervised. Targets for one to one supervision sessions with staff had not been met. Staff we spoke with told us that formal support sessions with management were infrequent, and records we looked at confirmed this. This meant that management were not fully identifying any concerns within the staff team and dealing with them in a timely manner.
- Most staff had completed basic training courses to equip them for their role. Staff we spoke with all felt that whilst training was basic, they were confident in their roles and knew how to support people safely and effectively.
- Observations on the day of inspection were that the staff team and management knew how to support people and understood their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed food stocks in the kitchen to be minimal, and largely consisted of value brands. Management staff told us a shopping trip was due, and funds for food were not limited. Management told us that staff who were cooking were often wasteful with food, so the cheaper products were being bought to reduce the cost of the waste. We pointed out that the impact of these actions was lower quality food for people, which was not a fair outcome for the people using the service. Management staff agreed to address this situation with staff and review the food purchased.
- People told us they were given choice with food. One person told us, "My favourite food is pizza, and I get to eat this as I like." We saw people had snacks readily available to them as they wanted.
- Care plans documented what people's likes and dislikes were with their diet, and staff were aware of people's preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always fully assessed. One person did not have a care plan or risk assessments to

identify what their current needs were. Staff told us they were using an old care plan from the persons previous care placement with another provider.

- Other people's care plans were in place. We saw that their needs had been assessed and guidance provided to staff in how to best support them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received the healthcare support they required. Care plans documented people's healthcare needs, and people and relatives we spoke with all felt they got the support they needed.

- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

Adapting service, design, decoration to meet people's needs

- One person's shower had been faulty and removed by a plumber. Timely action was not taken to ensure this was replaced, and to provide the person with a fully functioning en-suite facility.

- People's rooms were personalised to their own taste, and contained furniture and possessions which belonged to them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the MCA and its principles, and assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.

- There was evidence of DoLS applications and mental capacity assessments, when needed, and their outcomes. Staff were acting in people's best interests whilst awaiting any authorisations to be made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were caring, but the overall culture within the service did not always promote respect towards people. Lack of prompt action to ensure the physical environment was always clean and well maintained, was not reflective of a caring culture for people to live in.
- People and their relatives did tell us that staff were kind towards them and understood them. One person said, "There are enough staff, and I am happy with them. They are kind." One relative told us, "[Name] loves it there, they love the staff. They would tell me if they weren't happy. I can't look after [Name] anymore, and the staff do a good job for me. I'm very proud of them."
- Staff understood people's wishes in relation to their protected characteristics and had a good knowledge of how people wanted to be supported.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt involved in planning and reviewing their care when possible. One relative told us, "We have a review booked in soon to go over all the care plans."
- People's views regarding their care were sought and they were empowered by staff to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. One person told us, "Staff do knock on my door." During our inspection we saw that staff interactions with people were respectful of their independence.
- Staff understood data protection requirements, and knew what information was private and confidential. Records were stored securely in an office, and on a secure computer system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, people's goals and interests were not being fully explored, and documentation in this area was not always completed. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made, and the provider was still in breach of regulation 9.

- Care plans were personalised, but we could not always be sure that people were encouraged to be as independent as they could be, and follow their interests. People had staff assigned to them as keyworkers, and monthly records of activity, goals and aspirations were supposed to be documented. We found that most people had not had this information documented with their keyworkers.
- Some activity took place, but it was inconsistent. Records of daily activity often documented 'listening to music', 'watching TV', or 'chilling out' for many days in a row.
- One staff member said, "We don't do enough activity with people. Staffing levels don't allow it." Another staff member said, "The cupboards are full of games and other resources, but staff don't even bother trying to suggest things with people."
- During our inspection, we saw several people sitting in their bedrooms or communal areas not being engaged with. Staff told us people were not interested in activity.

These failures to promote and document activity, aspiration, and goals with people, were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New care plans for some people had been formulated, and they contained person centred information about people, their likes, dislikes and routines.
- Staff including management, knew the people they were supporting well, and understood how best to communicate with them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available to people in a range of formats. This included pictorial information.

Improving care quality in response to complaints or concerns

- Policy and procedure was in place to manage complaints effectively. We saw that when complaints were made, they were documented and responded to appropriately.

End of life care and support

- There was no end of life support being delivered at the service. People had the opportunity to discuss and document their end of life wishes if they wanted to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, there were multiple breaches of regulation, there was a lack of support for the staff team, audits and oversight were not effective, and the culture within the service did not promote independence and improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made, and the provider was still in breach of regulation 17.

- There were widespread failures by the provider to maintain a safe, responsive and person centred service for the people using the service, and repeated breaches of regulation had occurred.
- Serious incidents had occurred, and there was no evidence that management had assessed risks, changed practice, or supported or trained staff to reduce the risks of recurrence.
- Systems and processes were either not in place or not effective to monitor quality, and ensure the building, environment, and facilities were clean and safe for people to use. Audits and checks that were in place were not effective. Timely and appropriate action was not taken to provide or replace equipment that was not of use, or unsuitable for use. The general cleanliness of the service was not sufficient and not being addressed effectively.
- Systems and processes were not in place to ensure that documentation around person centred care was being completed, and individual actions and personal goals were not being set.
- The provider had not maintained a culture within the service that was proactive in meeting the needs of people with a learning disability and autism.
- Staff we spoke with told us they were not well supported, and that management did not listen or act on concerns they raised. Morale within the staff team was low, and staff felt that communication was poor. Some comments included "There is a big divide between staff and management. Staff say that things will be done, but they are not." "Staff and management are not bothering. Nobody challenges anything."

These failures to assess, monitor and mitigate risks within the service, and failure to maintain a positive culture and ensure appropriate standards were met, was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some positive feedback was received from relatives of people using the service. One relative said, "The newer managers are good, they try hard. Things are slowly getting better."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held to enable staff to discuss any issues and update any areas of the service. Staff felt able to speak up about any concerns, and generally had input into the meetings.
- People and relatives felt engaged and involved in the service and were able to feedback to staff and managers.

Working in partnership with others

- The service had worked in partnership with various outside agencies and health and social care professionals. This included the local authority, working together on quality improvement within the service.
- During our inspection, the staff and management team were open and honest, and receptive to any feedback given.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Failure to document person centred activity, goals, and aspirations
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to appropriately assess risk. Failure to maintain a clean and suitable environment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Widespread failure to take prompt action on known issues including risks and the environment. Repeat breaches of regulation.

The enforcement action we took:

Warning Notice