

Runwood Homes Limited

Mulberry Court

Inspection report







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Date of inspection visit:
03 July 2019

Date of publication:
30 August 2019

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Mulberry Court is a residential care home providing personal care to 47 people aged 65 and over at the time of the inspection. The service can support up to 84 people. Mulberry Court is a purpose-built building with three floors.

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

People who we could talk with said they were happy living at Mulberry Court. One person said, "The manager is very nice, I have seen them, and they care about us." People spoke positively about the food. "The food is good, look, today on a Wednesday it's a full roast. You don't get that in most homes. I've put weight on the food is that good." People's relatives also made positive comments about their experiences of the home, but some were cautious as they had seen the quality of the service deteriorate in the recent past.

From the last two inspections we at the Care Quality Commission (CQC) have been very concerned about people's care at this home. We took urgent action in response to this. However, we found at this inspection significant improvements had been made.

People were now safe. There were systems in place to support the staff and the management team to identify when a person was at risk of being an unhealthy weight. Although, we did find that systems to manage aspects of people's pressure care needed to be improved. We saw that staff had taken action when a person fell, to try and prevent this from happening again. Staff had a better understanding of what harm and abuse could look like. They knew what to do if they had concerns. People's medicines were now stored and managed in a safe way.

Staff were now more effective in their work. Staff had improved inductions and training. The management team were now monitoring staff competencies and knowledge to promote better staff practice. Staff said they felt supported and motivated to do well in their work. People's experiences of eating and drinking had improved.

People were supported to have more 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.

We have made a recommendation about the management team promoting a more dementia friendly environment. We also made a second recommendation for staff to communicate with people in a more effective way.

Staff practice in how they treated people had improved. We saw staff being kind to people and treating them as individuals. However, there were still other times when staff did not always respond to people in a

thoughtful and respectful way. Staff practice in this area still needed further work.

People's care assessments, and reviews also needed more work to make them more relevant to individuals. People's records lacked some details to assist staff in meeting and promoting people's wellbeing. There were now more activities and events happening at the home. We heard people laughing and saw people enjoying themselves. At previous inspections this had not happened.

There was now an improved culture in the leadership and staff team of the home. Improvements had been made by the management team, but we still found shortfalls in some areas of people's care. The provider and the registered manager had received a lot of support and direction in how to improve the service from the local authority. The provider's own quality assurances systems had previously failed in identifying the significant issues which we had found at the home. Although, improvements had been made we were still not fully confident the management team could effectively manage the service in the future. More time was needed to test this.

Rating at last inspection and update

The last rating for this service was Inadequate (published 28 February 2019) and there were multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. We had also requested they sent us a report each month showing the improvements they were making. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since July 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection and to confirm if we needed to take further legal action against the provider.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

See report for full details.

Requires Improvement ●

Is the service effective?

The service was effective.

See report for full details.

Good ●

Is the service caring?

The service was not always caring.

See report for full details.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

See report for full details.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

See report for full details.

Requires Improvement ●

Mulberry Court

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Mulberry Court is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from partner agencies such as the local authority. We used on-going monitoring such as information received from the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people's relatives and five people. Most people were unable to talk with us in ways we could understand, so we completed many observations throughout the inspection. We spoke with six

members of care staff. We also spoke with the chef, two deputy managers, the registered manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with a representative of a consultancy agency who had been supporting the provider and registered manager, and a visiting health professional.

We reviewed four people's care records and nine people's medicines records. We looked at two staff files in relation to recruitment, staff competency checks and supervision. We also reviewed a variety of records relating to the management of the service. These included daily audits, medication audits, fire safety checks and equipment safety records.

After the inspection

We requested on the inspection day various records in relation to the safety checks the provider completed about the building. We later reviewed these and spoke with another person's relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always as safe as they should be. Therefore, there was an increased risk that some people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to have robust systems in place to keep people safe in relation to the risk of falls, nutrition and medication management. There were also poor infection control practices. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Despite improvements we did find that the system to ensure people's pressure care mattresses were set on the correct setting was not effective. Therefore, there was a risk this could contribute to a person's skin breaking down.
- We spoke with the management team about this. They implemented a new system to direct staff about the correct settings of people's pressure care mattresses. This was put in place during our inspection.
- We found an opened infection control bin liner left in a public bathroom with used incontinence items in it. This was an unsafe way of disposing of these items.
- We told a senior member of staff who took action to secure the room and reduce the risk of infection. The registered manager later told us what action they had taken about this.
- Equipment, bedding and furniture was now clean.
- There were now safe systems in place which staff followed to ensure people's controlled medicines which required stricter monitoring were administered and stored securely.
- People's medicines were administered in a safe way. We completed a count of a sample of medicines and found these tallied with the records of medicines, indicating that staff were administering medicines as prescribed.
- There were now systems in place to manage people's safety. This included systems, risk assessments and care plans for those who were at risk of falling and those who were an unhealthy weight or at risk of dehydration. The deputy managers talked us through these systems and showed us what action staff and the deputy managers had taken to promote people's safety.
- The registered manager now had an effective system to monitor accident and incidents. We saw recorded

in these what had happened. We saw in people's records that timely action was taken to respond to these events.

- People said they felt safe, "If I press my [call bell] then they come quickly, I don't have to wait long."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from potential harm and abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- There were improved systems in place to protect people from potential harm.
- Staff had improved knowledge about what abuse could look like and what they must do about it. One member of staff said, "The biggest improvement is now we are very cautious with how we care for people. We make sure we report all accidents and bruises in time. We are reporting so that it can be attended to and the person kept safe." However, we spoke with one senior member of staff who struggled to answer our questions about what abuse could look like.
- We spoke with the registered manager and the nominated individual who told us they would review this.

Staffing and recruitment

- Systems were in place to ensure new staff were safely recruited.
- Staff had full employment histories, Disclosure and Barring Service checks (DBS), and references had been verified.

Learning lessons when things go wrong

- The provider and the registered manager had responded to the serious concerns we have had about the service following the last two inspections. However, some lessons had not been learnt. For example, in end of life care planning. Shortfalls in staff's knowledge in safeguarding practices and infection control. There was limited person centred reviews. All staff making sure people are comfortable and always treating people with respect and dignity.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were competent and skilled to complete their work. This was a breach of regulation 18 (Staffing) 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 18.

- Staff now received an induction which helped prepare them for their new role.
- Training was spread over a period of time giving them more time to digest the information.
- Checks were in place to test new staff's understanding of the training they had received. Staff told us how the training had been helpful. One member of staff said, "The dementia training told me how it develops and how it effects behaviour and speech."
- There were systems in place to test staff knowledge and to see if they were competent in their work and support their knowledge.
- Staff told us about people's needs and the key risks which individuals faced. We saw good staff practice in terms of moving and handling practices and to respond to people when they said they were in pain.
- Staff said the management team were supportive. One staff member said, "The support from managers is brilliant. I have my supervisions, I feel good. I think we are a team, it's team work and passing information to each other."

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

At our last inspection the provider had failed to ensure people's nutritional needs were always met and in a safe way. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People who were at risk of not eating and drinking enough were being supported to eat and drink. There

were now systems to monitor these people's needs. We saw staff were following these systems.

- We saw staff took quick action when people were identified at risk. For example, they made referrals to a NHS professional food team. Advice was sought from this team about what to do while a person awaited their input. We saw staff put this advice into practice.
- Staff supported people to eat at their own pace. Staff took action to support these people to sit at a more comfortable and safe position while they ate their food.
- The chef had an improved knowledge about the specialist and cultural diets and met people's needs in this area.
- People said they enjoyed the food. One person said, "Oh it's lovely, good bit of roast beef. The food is really good always."

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

- Records showed that staff made referrals to external health professionals when people's needs changed.
- A person had shown signs of being unwell during the inspection. A deputy manager called a health professional to raise their concerns. Staff continued to monitor this person's needs and the deputy manager oversaw this.
- Staff were aware of, and followed, the advice which other agencies and professionals had given them about how to care for individuals.

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

- People were supported to access the garden and communal parts of the home.
- Elements of the layout of the furniture in the lounges had improved. However, work had not been completed to make the service dementia friendly. For example, to support people to identify their bedrooms, to locate their food on their plates, and promote people's independence.

We recommended the provider seeks appropriate guidance in order to assess and make changes to the environment and equipment so they meet the needs of people living with dementia.

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

- People's records showed their physical needs had been assessed and guidance had been sought to help staff to manage these needs.
- More work was required about assessing and meeting people's social, cultural, and mental health needs. The deputy managers were aware of this shortfall. They told us that work would be carried out in this area.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of what mental capacity meant and how they were to promote choices for people. Appropriate processes were followed for those lacking capacity and refusing their medicines.
- Staff did not have a good understanding of what a DoLS was. However, staff did not restrict people's movements. We saw staff encouraging people to access the garden and lounge areas.
- The registered manager said they would revisit this training with staff.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant people were not always well cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that care and treatment was always provided in a respectful and dignified way. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- However, we also saw some interactions when staff had not been thoughtful or promoted people's dignity. One person had been transferred into a chair which did not support their neck. This person was very sleepy that day. They slept in their chair at an uncomfortable angle. No action was taken, despite two different staff sitting with the person. We raised this with the deputy manager who took action to ensure that the person was positioned more comfortably.
- Staff did not ask people if they wanted to wear a clothes protector. Staff put these on people without talking to them about it.
- Staff asked each other about what a person wanted to drink, or how much they had drunk across the room from the people concerned. This was done in a non-discreet way. Staff referred to people as she or he rather than using their names. This was in front of people.
- One person was struggling to eat their food, placing it on the table, and then eating it. One member of staff said, "What's that?" This member of staff walked off without helping the person.
- We spoke with the registered manager and nominated individual about these issues. They told us this would be addressed with staff.
- People made positive comments about the staff. One person said, "Staff are patient and listen."
- Relatives told us their family members were well cared for. One relative said, "I think so, [name of person] would say something if they were not happy." Another relative said, "As far as I am concerned the care [my family member] gets is first class."
- We saw examples of staff treating people in a kind way. For example staff being gentle and attentive when they were supporting people to eat their lunch. Staff regularly checked a person who walked about the home a lot was okay. They offered assurances throughout the day. One member of staff gave them a hug and kissed them on the cheek. This person smiled and looked happy.

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

- People's care records showed the person or their relative had been asked about their preferred routines and how they wanted to receive their care.
- People said they felt involved in decisions about their care. One person said, "I have a care plan, I have seen it lots."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant people's needs were not always met in a person-centred way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences needed to be improved upon

At our last inspection the provider had failed to ensure people received care and support which met their needs and preferences. This was a breach of regulation 9 (Person centred care) 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 9.

- Deputy managers had made improvements in people's care assessments and care plans. However, these assessments still lacked details about people's backgrounds, interests, and achievements. Some information was recorded here, and staff knew this, but it was basic information. Often these assessments and care plans lacked detail such as, 'Likes music' or, 'Likes most things.' Attempts had not been made by the management team to expand upon this and then to support people to realise these interests on a regular basis.
- The management team were not providing person centred reviews for people. They were also not considering people who could be isolated and working with staff to try and address this.
- There were some shortfalls in delivering person centred care. Staff were not always making sure some people were physically comfortable. People still had posters in their rooms. The intentions of these were to direct staff about people's personal care needs. This information should be known by staff. This is institutionalised practice and not in keeping with making a person's room a personal space.

End of life care and support

- People's end of life plans did not have information about their wishes and cultural needs at this time of their life. The provider had not ensured guidance was in place to enable staff to meet these needs and follow their wishes.

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

- This aspect of people's lives had improved.
- During the inspection a 'keep fit' activity person was visiting the home. People were laughing and engaging with the experience.

- It was a hot day and staff supported people to go outside in the garden. Staff arranged some activities which included providing people with newspapers to read in the shade. Staff provided people with drinks and ice creams. People looked happy and contented. We saw people chatting with each-other and staff.
- We saw photos of other events which took place. A senior member of staff told us about attempts they had taken to support one person to engage with their cultural background.
- Staff said they had time now to spend with people, having a chat. A relative told us that staff did spend one to one time with their relative. A relative said, "Staff don't seem tired and exhausted anymore, they seem happier than before. They [staff] spend more time with people, I haven't seen this for a long time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us how they tried to improve communication with people who had communication difficulties. However, staff did not use these techniques when they were trying to communicate with one person who was having difficulty in expressing themselves.
- More work was required to try and engage and communicate with people in more effective ways.

We recommended the provider and registered manager sought guidance to support staff to communicate with people in a more effective way.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints process in place.
- Staff told us the registered manager handled complaints and issues raised by people and their relatives in an open way.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the leaders did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have effective and robust systems to keep people safe and meet their needs. There was ineffective leadership. This was a breach of regulation 17 (Good Governance) 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 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service had improved. Staff were more engaged with people and treated them as individuals. However, there were still shortfalls in staff's approach to some people. Some individuals' care was not fully person centred. We found shortfalls in how staff managed pressure care equipment. Plans were not routinely made by the management team to meet people's interests. The management team and staff were not completing meaningful reviews of people's care and experiences of the home. End of life care planning was limited. These all had the potential to have a negative impact on people's experiences at the home.

Continuous learning and improving care

- Following the last two inspections the local authority had contributed a lot of resources to support the service to be safe and improve people's experiences at the home.
- The provider had also arranged for a consultancy agency who was supporting the management of the service to make improvements. We asked the consultant if they believed the management team could now work independently. They said, "Yes." However, when we asked them to demonstrate to us how they had formed this view, they could not.
- A senior manager employed by the provider, supporting the home did not have a good understanding of the issues we had found at the last inspections and the relevance of these. The nominated individual did advise us the provider had learnt from the previous errors made.
- One person's relative told us, "The home did feel like it was going downhill. I think it's about budgets. Senior management were doing the bare minimum for people." They told us that they hoped these improvements continue as more people moved to the home. They added, "This is a worry."
- We considered the service's recent history, the fact the home was not at full capacity, it was over staffed and operating on two, not three, floors, and improvements were clearly not embedded in practice. We

cannot therefore, be fully confident at this time, that the provider and the registered manager can independently sustain and make further improvements. More time is needed to assess this.

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 provider had written to the families of individuals who the local authority safeguarding team said had come to harm under their care. They had apologised for their actions and gave some written assurances that the service was improving for other people who lived at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had an improved understanding about their role. The quality of the leadership of the day to day staff team had improved. Each floor now had good leadership in the form of two deputy managers.
- The deputy managers were directing staff and responded to people's needs.
- Staff told us that the registered manager was present about the home and supportive. One staff member said, "The manager is approachable, they are on the floor and actually does hands on work. They check the floors, they are on it."

Working in partnership with others

- The management team has engaged well with other partners in the local authority and health.

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

- The management team and staff were now finding ways to involve some people and their relatives and staff with the service. There were 'residents' and relatives' meetings and a staff questionnaire.