

Mulberry Manor Ltd

Mulberry Manor

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 11 October 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The service was inspected in August 2016, where concerns were identified in relation to how risk and medicines were managed at the home; safeguarding; people's care and welfare; how the provider ensured consent was legally obtained; how people's dignity and privacy was upheld; and the governance of the service. We took enforcement action against the provider and told them that they had to make improvements to the service. We also placed the service into special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the registered provider's registration of the service, will be inspected again within six months.

We then inspected on 23 February 2017 to determine if improvements had been made. At this inspection the service remained in special measures, as we judged that although the service was overall rated requires improvement, the service remained inadequate for the key question of "Effective". At this inspection we found some improvements and there is no key question rated as Inadequate so the service is removed from special measures. However, they remain in continued breach of three regulations in relation to how risks and medicines were managed at the home, how the provider ensured consent was legally obtained and the governance of the service.

The service had a registered manager. 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

Mulberry Manor is a 49 bed care home, providing personal care to older adults with a range of support and care needs. At the time of the inspection there were 25 people living at the home. The home is divided into two units.

Mulberry Manor is located in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links.

The provider had safeguarding procedures and staff were aware of the procedures. Staff had received training and people were protected from abuse.

Systems were in place to manage medicines safely. However, we found these were not always followed to ensure people received medications as prescribed.

Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety. However, we found these were not always followed.

Staff we spoke with expressed concerns in relation to the overall leadership and management of the service, but said that they were well supported by the unit manager and deputy manager. They confirmed they received training that was required to fulfil their roles and responsibilities.

People who used the service, and their relatives we spoke with, told us they were happy with how the care staff provided the care and support. They spoke positively about the staff and told us they were caring.

The meals provided were well presented, nutritious and appetising. However, the meal time experience did not meet people's needs who were living with dementia.

People did not always receive personalised care that was responsive to their needs.

At the time of our inspection we found there was sufficient staff on duty to meet people's needs.

The service was clean. However, we identified some poor hygiene practice that put people at risk.

We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some records were well completed and clearly documented the decision being made. However, we found some people's best interests were not always documented; this was identified on both units. If they were documented they did not always involve all relevant people and did not clearly detail the outcome. Decisions being made were sometimes very general and not specific.

People and the relatives we spoke with were aware of how to raise any concerns or complaints and felt listened to. Quality monitoring questionnaires were sent out and the responses had been collated with actions.

The provider had systems in place to monitor the quality of the service. The manager completed several audits such as medication, infection control, staffing, building and premises, and health and safety. We found that some audits had not identified the concerns we highlighted as part of our inspection.

We found three continued breaches and one additional breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

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.

Risks had been identified, but were not always followed or reviewed to ensure people were safe.

Medication procedures were not always followed to ensure safety.

Sufficient staff were available to meet people's needs at the time of our inspection. Recruitment procedures were in place. People were protected from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's consent was not always sought in line with legislation and guidance.

We found people were offered adequate nutrition to meet their needs. However, effective support was not always observed and records did not always evidence that people received adequate nutrition.

People had good access to health care support. Staff had the knowledge and skills to support people and staff were supported.

Requires Improvement ●

Is the service caring?

The service was prominently caring. However, at times care could be task orientated and not person centred.

Staff interactions we observed were kindly and caring. Care plans reflected people's wishes, choices and decisions.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care plans did not always reflect peoples changing needs.

Requires Improvement ●

Some activities were provided. However these were not always meaningful or appropriate for all people who used the service.

People told us they were listened to. There was a complaints system in place and people felt able to raise concerns.

Is the service well-led?

We found some quality monitoring was not effective and did not identify areas that required improvement. However, we saw some improvements since our last inspection, although more were still required and then needed embedding into practice.

Staff expressed concerns in relation to the overall management of the service, but told us they were well supported by some of the management team. Staff also said the provider had responded appropriately to concerns they had raised.

Requires Improvement 

Mulberry Manor

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 registered 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 inspection took place on 11 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the provider information return (PIR). 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 notifications sent to the Care Quality Commission by the registered provider.

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas.

We spoke with the regional manager, the registered manager, the deputy manager, the team leader, care staff, catering staff, the housekeeper and a domestic. We also spoke with eight people who used the service and seven visiting relatives. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care records. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and had identified areas for improvement.

Is the service safe?

Our findings

At our previous inspection in February 2017 there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment. We found risks were not managed and the management of medicines was not always safe.

At this inspection we found there was still a continued breach of Regulation 12. Although we saw risks to people had been identified and documented in their care plans, we found that the identified care needs were not always followed. For example, one person had been identified as being at risk of weight loss and the management of this was for them to be weighed weekly and their food intake should be documented and monitored. We saw the person was not weighed weekly and the food charts were not correctly completed to be able to monitor or review. We also found another person was at risk of falls and had a moving and handling risk assessment in place that detailed the need to use a hoist. However, there was no size of sling or loop configuration required documented for safe moving and handling of the person. This meant staff did not have all of the information required to ensure this was done safely.

We found appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. We found staff correctly recorded medicines received, administered and disposed of. We also saw that staff recorded any medicines carried over from the previous month to ensure an effective audit trail.

However, we identified that where people were prescribed medication to be taken as and when required known as PRN (as required) medicines, for example for pain relief and to alleviate agitation, they were not always set out in a protocol to guide staff. The PRN protocols we looked at lacked detail as they did not explain when to give PRN medication or detail how people presented when they were in pain and agitated. Staff told us many people who lived at Mulberry Manor were living with dementia so were not able to verbally tell staff when they required PRN medication. Therefore the protocols were required to guide staff to be able to determine if people required any PRN medication. Without this information people may be in pain or agitated and not receive medication as required.

We found the systems in place for recording topical medication were not followed and it was not possible to determine if people were given creams or ointments as prescribed. For example, one person was prescribed a cream to be applied four times a day. We found this had not been signed by staff as given four times a day. On some days it was only signed once and on others it had not been signed on any occasion. It was therefore not possible to determine if the cream had been given as prescribed.

We checked controlled drugs (CDs), these are drugs covered by the misuse of drugs regulations. Although these were correct there was a large amount of stock waiting to be returned. The registered manager told us this had been organised and the pharmacy were to collect these in the next few days.

We found medication storage room temperatures were monitored and recorded. The thermometer was a minimum/maximum thermometer so it was possible to determine what temperature the room reached over

a 24 hour period. This ensured best practice was followed and the room did not exceed 25 degrees centigrade.

During our visit we looked around the home, we found cleaning staff followed a work book to ensure required cleaning was carried out. However, the housekeeper told us they had identified that these required simplifying as some staff were ticking all the boxes in the book, when it was not possible to clean every room during a shift.

We also saw at times the cleaning trolleys were left unattended with cleaning fluids accessible to people who used the service, including those who were living with dementia who would not necessarily understand that chemicals were unsafe. We also saw a separate mop and bucket was left in the corridor and was not stored on the trolley. We were told this was because there was not enough room on the trolley for two buckets. The housekeeper agreed to look into this and make alternate arrangements. This would ensure cleaning equipment and chemicals were not left unattended and ensure peoples safety.

This is a continued breach of regulation 12 (1) (2) (a) (b) (f) (g) (h) of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

From our observations and talking with staff, people who used the service and their relatives we found there was enough staff to meet people's needs in a timely way.. Relatives we spoke with told us there always seemed to be adequate staff. We saw that the home used a dependency assessment to assist in calculating staffing levels.

Staff we spoke with were knowledgeable on safeguarding and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff we spoke with told us they would not hesitate to report any safeguarding concerns.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind.

The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. However, we found references were not always obtained from the last employer. The registered manager agreed to immediately address this.

Is the service effective?

Our findings

At the last inspection we found breaches of Regulations, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent and meeting nutritional and hydration needs. We found the service was not always meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and that people were not supported to receive adequate nutrition and hydration.

At this inspection we found although some improvements had been made there was still a continued breach of these Regulations in relation to consent and meeting nutritional needs and hydration.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with understood the need to ensure people were able to make choices and decisions. Staff also understood that if people lacked capacity, a decision should be made in their best interest following the legal framework.

However, we found the documented information in regard to people's mental capacity and decision making was not clear. We found three different types of charts used for recording, these were mental capacity assessments, day to day decision forms and best interest decision forms. We found in one file these contradicted each other and the information in the care plan. For example, one person had been assessed as requiring two hourly checks at night for their safety. Yet from documentation we saw the person was being checked hourly and there was no consideration to how this would interrupt their sleep and not be in their best interests. We also saw a day to day decision completed for another person for continence stated the person does not understand when they need to go to the toilet. Yet we saw the person asked staff to take them to the toilet.

We also found when capacity and best interest decisions were in care file the conclusions and outcome were not always completed so gave no indication as to what decision was made. We also identified some people who lacked capacity had not had best interest decisions considered. For instance, we saw one person had a bed sensor in place to alert staff when they got out of bed to ensure their safety. The person did not have the capacity to understand why this was required and we found no best interest decision in place to evidence why this was in their best interest.

We also saw some consent forms in care files where people lacked capacity to make a particular decision, had been signed by a family member who did not have the legal authority to consent to care and treatment on behalf of the person.

Care files detailed where people lacked capacity, but there was no consideration for any best interest decisions. For example, one person's care review records documented that they regularly refused their medication and the care plan stated it was in their best interests to take their medication. However, it had not been considered whether medicines administered covertly should be considered as being in their best interests.

We discussed the lack of appropriate information in care files regarding people's capacity with the registered manager. Although this was a continued breach since the inspection in August 2016, the registered manager told us they were only just starting to review people who used the service to determine capacity and if an application for a DoLS was required. They said they had reviewed seven people out of the 25. However, we also saw there was a person who was receiving respite care who did require an urgent application, which the registered manager had failed to submit or recognise.

This is a continued breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Need for consent.

We observed lunch on the day of our inspection on both units. People we spoke with told us they enjoyed the food. Staff we spoke with were knowledgeable on people's needs in regard to diet. Staff were aware of special diets and if people were at risk of choking. Staff were also able to explain how food was fortified for people who were at risk of weight loss. Information on allergens was also displayed.

Staff had guidelines and assessments from dieticians and speech and language therapists to follow. However, we found adequate hydration and nutrition was not always given as people were not offered the support required to be able to maintain adequate hydration and nutrition. For example, one person was given a soft diet and the plate had a plate guard, this was put in front of them with no explanation. We saw they were not eating their meal and no support was offered. We also saw staff did not ensure people who stayed in their rooms received the support required. For example, we saw one person had their meal placed on their table at 12.45pm and they were asleep. At 13.10pm we checked again and found they now had their pudding also on their table, but they had not touched the food as they were still asleep. Staff did not provide the necessary support or save the meal for when they were awake. When we asked staff they said, "[The person] just gets theirs when they are ready" meaning that the food was left on their table until they woke up, yet the meal would be cold and unappetising.

Another person was eating their meal and the person next to them had finished, but they were still talking and enjoying each other's company. A staff member took the plate from the person who had finished and the person got up from the table to leave, as soon as they did this the other person said, 'I have had enough' and stopped eating and also got up from the table. The person who stopped eating had continually said to the other person, "You're not leaving me are you?" therefore when the person got up as their plate had been taken they also wanted to get up so they were not left alone. If the plate had been left and not collected until both people were finished the person may have eaten more. Staff did not consider the person's anxiety about being left alone so their nutritional needs could be met.

We also observed that some people were given foods they did not like. For example, one person was served peas, but staff said they didn't like peas and another person who was being supported to eat had been given chips and we heard the care worker say to them, 'I know you're not keen on chips', it therefore did not meet

their likes and dislikes that they had been given chips for their meal.

We also observed two people who clearly could not eat without support; they had to wait in excess of twenty minutes before a member of the care team was free to support them, by which time their meal would have been cold.

This is a continued breach of regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Meeting nutritional and hydration needs.

We observed one member of the care team consistently getting on eye-level with people and explaining what she was doing, talking and positively engaging with individual people as part of the lunch experience. However, we observed another care worker shouting across the dining room to ask people what they would like, as opposed to taking the time to engage in a more individualised way with the people who used the service.

Many people who used the service were living with dementia and the meal time experience did not meet their needs. For example, no picture menus were displayed for people to be able to make a choice.

We also identified where people's food and fluid intake was to be monitored this was not effective. For example, one person was on food and fluid charts yet we saw on 7 and 9 October it was recorded refused supper, on 8 and 10 October staff had written 'small diet'. These were not reviewed or evaluated to ensure staff were responding to people's nutritional needs.

We saw from looking at care files that people had access to health care professionals. For example, there was information from a speech and language therapist and a dietician in one care file we saw. This ensured appropriate advice was obtained and followed to meet people's needs.

Staff we spoke with told us they attended regular training and felt supported. They told us the new unit manager and the deputy were very supportive and led by example. Staff told us they received supervision and support from their line manager. They said they worked well as a team and supported each other. The results of the staff survey that we saw showed staff had responded positively to the training question, with many stating it was excellent.

Records we saw showed staff received regular supervision and appraisal of their work. Staff also received appropriate training to fulfil their roles and responsibilities.

Is the service caring?

Our findings

People we spoke with all told us staff were kind, caring and thoughtful. A relative we spoke with said, "The staff are very good, they are very caring."

Relatives we spoke with told us the care and support received depended on which staff were on duty. One relative said, "It depends who's on." They pointed to a staff member and told us, "When they are on we know it is going to be alright because they are so caring, but when others are on then it's not up to much."

Some relatives also expressed some concern about how their relatives were presented. One relative was concerned that the person they had visited had on a stained shirt and was unshaved. They told us they had always liked to be clean shaven.

Another relative raised concerns but did say, "You just don't know you see, [My relative] might have told them that they didn't want a shave, and you just don't know how much they encourage them."

Another relative told us that the care team at Mulberry Manor were caring. They said, "All the staff are nice, caring and friendly."

Another relative commented indicating two care staff, "Those two are my angels, it's the things they do for you."

During our visit we spent time in communal areas observing people who used the service. We saw some positive interactions between people and staff on the upstairs unit. For example, one person sat by the office with a care worker and they were having a chat, laughing and joking, the person was really enjoying the interaction.

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which people preferred to be supported, and were aware of information in the care plan, which included information about people's likes, dislikes, and life history. Most of the time we saw staff respected people's choices. However, at times support could be task orientated. For example, meal service was very task orientated, tables were not served together and people were not always supported.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. People who used the service looked relaxed in the presence of the staff and there was laughter and friendly 'banter' between people. People said that staff were good at listening to them.

During the visit we saw evidence of a regular Christian service taking place on the first Thursday of every month. We also saw the service used advocacy services and had information displayed regarding this.

There were no restrictions on visiting times at the home. Relatives we spoke with told us they could visit when it was convenient for them and when the person who used the service wanted them to visit. The

deputy manager confirmed this to us.

Is the service responsive?

Our findings

Care records we looked at lacked detail to be able to understand people's needs; they did not clearly set out how to support each person so that their individual needs were met. For example, one person's care plan identified that they required support of a stand aid and at times a hoist for moving and handling. The care plan did not give the size of sling required or the configuration of the loops. The care plan did not give sufficient detail to be able to hoist the person safely. Staff we spoke with knew the sling to use and how to use it. However, as it was not documented any new staff or staff who were not familiar with the correct procedure, would have no plans to follow, putting the person at risk.

We saw some care needs were regularly reviewed when people's needs changed. However, we found some were not reviewed. For example, one person was assessed as at risk of developing pressure ulcers and a body map had been completed on 6 August 2017 identifying a small cut and sore on the person's sacrum. There was nothing documented after this date to determine if this had healed or deteriorated. Although staff thought this had healed they were not confident, it was therefore not clear if this person's needs were being met.

We also found some care plans contradicted each other so it was not clear what the person's needs were. One person's care plan documented different information in regard to their continence needs throughout the file so it was not clear what their needs were. For example, the elimination care plan stated the person did not understand the need to use the toilet, the dependency tool detailed the person was catheterised, which they were not, and another care plan stated they were incontinent. Their actual needs were not clear and during our observations we saw the person ask a member of staff to take them to the toilet.

It was not clear from speaking with people and their relatives if they were involved in care plan reviews. The people we spoke with could not give us details of any reviews or dates for reviews in respect of their care plans.

The service had a dedicated activity coordinator. We observed them offering nail painting to people who used the service. However, we saw no other activities taking place and it was not clear what was organised in the future or how activities were planned to meet the social needs and preferences of everyone. We discussed this with the registered manager who told us the activity coordinator was new in post and they were in the process of implementing a new activity programme.

Relatives we spoke with told us the staff kept them informed of any changes and incidents. One relative said, "Staff are very good I am kept informed of any changes no matter how minor." Another relative said, "If I had a problem or concern, I'd speak to the manager or I'd write to the company, in fact, I'm drafting a letter to the company at the moment to tell them that I think the windows need an upgrade." Another commented, "The manager told me as soon as I came here that if there were any problems to come straight to her, I like that she's been a carer as well."

We looked at records in relation to complaints and found that incidents and concerns were documented

following policies. Procedures were followed to ensure any concerns raised were dealt with appropriately. Appropriate notifications were sent to the local authority and CQC. We were shown the result of the service user survey, the analysis had identified that people felt the registered manager was not accessible. The action point was to ensure the registered manager was more accessible and concerns should be dealt with more responsibly. The provider had identified a regional manager to support the registered manager to ensure this was actioned.

Is the service well-led?

Our findings

The service had a registered manager. 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 provider had systems in place to monitor the quality of the service. The registered manager completed several audits such as medication, maintenance of building and equipment, health and safety and fire.

We found that some audits had identified that action was required, but not all the issues we found had been identified by the quality monitoring systems. The issues we identified in the care plans and medication had not been identified. For instance, there was no oversight regarding documentation used to record people's capacity. We saw some were recorded correctly with good detail. However, many lacked detail and were recorded on different formats that made it difficult to determine the person's capacity to be able to meet their needs ensuring their best interests were considered.

We also found the concerns we have highlighted within this report were either not identified through the monitoring systems or appropriate action had not been taken to address these in a timely manner. For example, with regard to mental capacity assessments and documentation, this was a continued breach since our inspection in August 2016. However, the registered manager told us they were only just starting to review people who used the service to determine capacity and if an application for a DoLS was required. They told us they had currently only reviewed seven people out of the 25 people needing assessing.

We found that since our last inspection the service has failed to make sufficient improvements and remains in continued breach of three Regulations. This meant the quality monitoring systems were not fully effective so required further development and embedding into practice. The service had been in breach of Regulation 17, good governance, at our inspection in August 2016, although it had improved in February 2017 and was not a breach. However, we found the systems still required embedding into practice as some issues had not been picked up by the governance. We have again at this inspection identified that the governance is not always effective.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

People we spoke with were unable to tell us about having completed any satisfaction surveys, however, relatives believed that this may have happened. People who used the service and relatives were aware of 'Residents Meetings' but told us that they felt they happened at times that were not convenient for them. Although they did tell us if they wished to raise anything they would approach the registered manager. We were shown some completed surveys by the registered manager and the feedback received was predominantly positive.

We observed information in respect of a number of 'champions' in the home, with their details and photograph. There were champions allocated for dignity, nutrition, infection control and end of life care. We found concerns in relation to nutrition and hydration which shows lack of effectiveness of this role.

Staff we spoke with told us that they felt the service lacked overall effective day to day management and leadership. However, they said they felt supported by the new deputy manager and by a good unit manager on the upstairs unit.

Staff said morale had improved they felt supported and that the deputy manager was very supportive. Staff felt communication had improved within the service.

Some staff told us they had raised concerns to the provider regarding the manager as they felt they were not managing the service or staff. They said they were always in the office and communication was poor. However, staff told us they had been listened to and could see changes were being made. The provider had bought in an experienced regional manager to support the registered manager and staff said things had improved.