

Precious Homes Limited

# Elderberry Mews and Mulberry Court

## Inspection report

80 Kings Road  
Sutton Coldfield  
West Midlands  
B73 5AE

Tel: 01213926935

Date of inspection visit:  
10 May 2021  
27 May 2021

Date of publication:  
13 September 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Elderberry Mews and Mulberry Court is a supported living service providing personal care to three people at the time of the inspection. The service is split into two units known as Elderberry Mews and Mulberry Court. People receive personal care in their own self-contained flats which are all in one building where the offices are situated. Many people received 24 hour care and support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting three younger adults living with a learning disability, autistic people and mental health needs.

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

Whilst people's care plans were in the most part detailed we found improvements were needed to ensure they contained all the relevant details to support people safely.

We found that there had been improvements made around the quality and safety of the service following our last inspection. However, we identified additional areas that needed further improvement and that the new systems introduced needed to become embedded into practice.

People were supported by staff who had received training around safeguarding and knew the appropriate action to take should they have concerns. Staff were recruited safely.

People were supported to have maximum 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 felt well supported in their roles and told us they received appropriate training and supervision.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff we spoke with knew people and their needs well and told us of recent achievements people at the service had made. We received mixed feedback from relatives about the culture of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (Published 26 February 2020). We found a continued breach of regulation 17 which relates to how the service is monitored for quality. We placed conditions on the providers registration for monthly reports. At this inspection we found that improvements had been made. However further areas of improvement were identified, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

This inspection was prompted in part by concerns we received. We received concerns in relation to meeting people's needs, concerns with staff competency, concerns around the effectiveness of the management of the service and Infection prevention and control concerns. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found the service needs to make improvement. Please see the safe and well led sections of the report. 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 Elderberry Mews and Mulberry Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will request an action plan for 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 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Elderberry Mews and 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 one inspector.

### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to assess the risks associated with COVID 19 and how we could ensure everyone remained safe during the inspection.

Inspection activity started on 10 May 2021 and ended on 27 May 2021. We visited the office location on 10 May 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four members of staff including the registered manager, senior support workers and support workers. We reviewed a range of records. This included three people's medication records, quality systems and two staff files in relation to recruitment and staff supervision.

After the inspection –

We spoke with three relatives about their experience of the care provided. We spoke with one further staff member. We reviewed three care records, training records and quality assurance records. We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has now remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities for safeguarding people receiving care and were able to tell us their responsibility for reporting concerns and who they would report concerns to.
- Many people receiving care at the service required additional communication tools or used non-verbal cues to communicate and express their feelings. Staff were aware of the individual signs a person may show that may indicate abuse.

Assessing risk, safety monitoring and management

- Care records detailed the risks associated with people's care. There was detailed information, in parts, to guide staff in people's needs. For example, where people displayed behaviour that challenges there were detailed positive behaviour support plans to guide staff in how to de-escalate behaviours and support the person safely.
- Whilst there was detailed information available in parts of people's care plans we found that some areas required further detail. For example, one person had restrictions in place. The appropriate applications had been made to the local authority to support this restriction, but further detail was needed to guide staff around the reasons for this to ensure consistency in approach and to keep the person safe. The registered manager took action to ensure these records were updated.
- The provider informed us about how relatives were involved in people's care. However, we received mixed feedback from relatives about the care people were receiving. Some relatives informed us that they had not been involved in developing care plans and risk assessments. Another relative told us that they had been and continue to be involved in changes to care records and risk assessments.
- Staff we spoke with were aware of the risks associated with people's care. They told us action they took to keep people safe.

Staffing and recruitment

- People had their hours of support agreed which was recorded in peoples care plans. Rotas we reviewed confirmed that people had received the correct hours of support.
- There were systems in place to ensure staff were recruited safely. This included obtaining references from previous employers and obtaining a Disclosure and Barring Service check (DBS) to ensure staff were suitable to work at the service.

Using medicines safely

- People received safe support with their medicines. There were systems in place to monitor medicines administration on a daily, weekly and monthly cycle.

- Staff had received training in how to administer medicines safely and checks were carried out to ensure staff were safe to administer medicines. One staff member told us, "I was observed the first couple of times. I feel quite confident."
- Where medication errors had occurred there were systems in place to seek medical advice and to investigate to reduce the chance of a similar incident occurring again.
- The service had been working towards implementing the principles of STOMP (Stopping overmedication of people with learning disabilities autism or both.)
- Medicine records we reviewed indicated that more clarity was required around some people's as required medicines. The registered manager had already identified this and informed us, shortly after the inspection day that further clarity was now available.

#### Preventing and controlling infection

- Prior to the inspection we had been made aware of some concerns relating to infection prevention and control (IPC). These concerns related in part to the controls in place around visiting at the service. Checks for monitoring visitors had been improved and a process around monitoring this had been put in place to reduce the chance of reoccurrence.
- Staff told us that they had received training around IPC and COVID-19 and that they were updated as guidance changed.
- There were systems in place to monitor staff compliance with wearing PPE appropriately and in relation to staff testing.
- Peoples individual risks associated with COVID- 19 had been assessed and steps put in place to mitigate the risk.

#### Learning lessons when things go wrong

- At our last inspection we found that following incidents, care records were not updated to mitigate the risk of the incident occurring again. At this inspection we saw that improvement had been made. There were additional systems in place that prompted these updates to happen to enable up to date care plans to be available
- There were systems in place to report incidents of behaviour that challenges that had happened at the service.
- Improvements were noted in the analysis of these incidents which were carried out by a specialist team employed by the provider. This enabled trends and themes to be identified to reduce the chance of reoccurrence.
- Prior to the inspection we were aware of a number of concerns raised by relatives about safeguarding incidents that had happened at the service. Whilst these had been investigated further improvement was needed to ensure that learning from these was monitored. For example, we noted that learning outcomes were put in place following some incidents that had occurred but records of the planned actions relating to recommendations did not consistently demonstrate that they had been completed or monitored for their effectiveness.

# 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 Requires Improvement. 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.

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

- All of the people living at the service had been receiving support since the service opened. At this point their needs had been assessed to ensure the service could provide appropriate care.

Staff support: induction, training, skills and experience

- At our last inspection we found that specialist training had not been provided around people's complex needs and staff hadn't received supervision regularly.
- At this inspection staff informed us that they received regular supervisions and we saw that these were planned and monitored. One staff member told us, "We have regular supervisions now and appraisals. The office door is always open, it's the most supported the staff team has ever been."
- Staff informed us that they had received the training required to support people. Some of the staff we spoke with also informed us they had been supported to receive additional training in order to progress in their career. One staff member told us, "Training has helped me definitely to do the job to the best of our abilities." Another staff member told us the training they had received meant, "Everyone has more understanding of people's needs and involvement in guys care helps with quality of care."
- The provider had supported the staff team to receive training in mandatory subjects and in training specific to people's needs. Some relatives felt that staff required further training around people's specific needs. A number of people used specific communication methods. We saw that a number of staff had not received training in this area. The registered manager informed us that due to COVID 19 restrictions training had needed to be postponed but that training was now booked around this subject.
- The provider had implemented competency checks around certain topics to test staff knowledge. Further areas of checks of competency were planned to be introduced.
- A relative was complimentary of staff skills and told us they felt staff were skilled in their approach in supporting people.

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

- People's needs around eating and drinking had been assessed and recorded in their care plans.
- Some relatives told us that set meal planners had been put in place by themselves to enable a healthy meal to be provided to their loved ones.

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

- People had received support to access the healthcare they needed.

- Peoples healthcare needs were recorded in their care plans with guidance for staff. The service had developed health action plans for people which detailed their needs in relation to healthcare.
- The provider had internal teams who were able to support with assessments of some aspects of people's healthcare needs such as speech and language and positive behavioural support. External healthcare professionals such as occupational therapy and general practitioners had also been involved in people's care where needed.
- The provider had implemented training around oral healthcare and people's needs around this topic were recorded in their care plans.

#### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 knowledge of the MCA and could explain the principles of the MCA. They could tell us how they involved people in choices about their care. One staff member told us, "We offer [people] what to wear, which sandwich [they want], it varies in the way we do this per person." Another staff member told us, "If [ a person] didn't have capacity then professionals and best interest meeting would be held about the decision."
- Staff had received training around the MCA. Checks of staff knowledge in this area were carried out through competency assessments.
- Court of protection applications had been made, where it had been determined that restrictions of people's care were in place, and the registered manager carried out checks to ensure these continued to be progressed.
- Where appropriate the service had carried out assessments of people's mental capacity and had carried out best interest decisions with appropriate people when necessary. One relative told us, "We have best interest meetings, formal meetings about certain decisions."
- We received mixed feedback about how staff supported people with making choices with some relatives reporting that some staff could encourage people to be involved in making daily choices more often. Another relative told us, "He is encouraged to make his own decisions."

# 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 requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found that the providers systems around monitoring and improving the quality and safety of the service needed to improve further and become embedded into practice. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst improvements had been made in the areas identified at the last inspection, further improvement was needed around other areas and to ensure the quality and monitoring of the service was sustained and embedded further.

### Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service. However, we found that systems had not been consistently effective in identifying where follow up actions were needed. For example, daily monitoring checks took place but where new issues were identified it was not consistently recorded how these would be rectified or monitored
- Where audits or checks had identified improvements were needed there were no clear records to say how these would be followed up or monitored. For example, the registered managers audit had stated there had been two medicine errors but the providers own system hadn't been followed to record how these had been monitored or steps put in place to reduce the chance of reoccurrence. The registered manager explained that another system monitored medication errors.
- Systems had not identified that care plans had not consistently recorded people's care needs. For example, one person's care records needed further information around the restrictions in place to keep them safe and another needed further information about their care needs in relation to constipation.
- Systems had not consistently been effective in monitoring or identifying poor staff practice. We were informed of a number of concerns relating to poor staff practice that had resulted in safeguarding alerts being raised. Whilst the provider had systems in place to monitor daily practice they had not been effective in identifying these concerns.
- Where concerns had been raised by relatives there were processes in place to investigate these. Whilst we were shown evidence that learning outcomes had been put in place, records did not demonstrate that these recommendations had been consistently implemented and monitored for effectiveness to improve the care people received.

We found no evidence that people had been harmed however, the systems in place to monitor and improve the quality of the service were not fully robust. This constituted a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented a number of initiatives to improve the quality of the service. All of the management team had completed their dignity in care training and a quality and safety committee had been formed with the staff team with the aim of improving care in the service.
- The provider had systems in place to monitor the service through registered manager audits, area manager audits, and whole service audits, which were mapped against the key lines of enquiry CQC report against and were conducted by the providers quality team. There were systems to monitor any follow up actions from these audits.
- There were systems in place to monitor daily tasks and monitor the care being delivered. This system meant that tasks had to be marked as complete before staff finished work.

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

- Staff were positive about the people they supported. One staff member told us the best part of their role was, "I love my job. Seeing the growth in the people we have supported. I'm hopeful in what we can achieve going forward. If we carry on going to have really amazing outcomes for them [people]. That makes me excited." Another staff member told us, "Being a part of people's lives and helping them live the best life they possibly can." Another staff member told us, "The most important person is the service user and that their needs are met."
- We received mixed feedback about the support people received. Some relatives described some staff behaviour that didn't consistently align with person centred care. One relative informed us about a lack of respect from some staff around the persons home.
- Another relative told us, "The care is 1st class... They see the person through the disability."

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 registered manager told us about their role under duty of candour. They had ensured the latest inspection report was displayed and were aware of their responsibility of notifying us of specific events that had occurred at the service.
- Where concerns had been raised about people's care an external manager to the service investigated these. The registered manager understood their responsibilities under Duty of Candour.
- We received mixed feedback from relatives about the service. The provider informed us of ways they had worked with relatives to involve them in people's care. However, some relatives described a lack of communication between the service and relatives which had meant they hadn't always been informed of key events that had taken place. These relatives also felt there was a lack of transparency, openness and apology when things had gone wrong. Another relative told us, "Any issues there is good communication with (registered managers name) and it's always resolved."

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

- At our last inspection we found that care plan audits were not in place, a full oversight of incidents had not been implemented, care plans hadn't consistently provided information about people's needs and staff hadn't received regular supervision and training.
- At this inspection we found that improvements had been made in many areas and staff felt more supported in their roles. One staff member told us, "This has been the most settled the service has been and the most supported we have been as a staff team." Another staff member told us, "Very good support. The office door is always open. There is a lovely bunch of management and staff." Another staff member told us, "Any concerns are listened to and heard and there is someone to support us too."
- We received mixed feedback about how the service was managed. Some relatives told us that, at times,

they needed to prompt the registered manager for action to be taken around people's needs and that at times the management lacked oversight of what was happening in the service. Another relative told us that they felt the service was managed well.

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

- Staff provided positive feedback about their involvement in the service. There was opportunity for staff to provide feedback formally through a survey that had been sent to staff. One staff member told us, "Our opinions are listened to and valued. There is mutual respect of taking into consideration of what we think. We are valued as people and what we may need specific support with." Another staff member told us, "Everyone feels comfortable in making suggestions. We are one team."
- The service had involved people in making choices about their care. They were able to demonstrate positive outcomes for people and detailed the progress that people had made including accessing the community.
- Relatives had been sent a survey to complete to enable them to provide feedback about the service.
- The provider informed us of ways they involved relatives in people's care. However, we received mixed feedback about the way the service involved relatives. Some relatives shared that despite asking for meetings to discuss elements of people's care these hadn't happen and then issues had occurred with understanding how to support the person effectively.
- We also received positive feedback about the communication at the service with one relative telling us, "They are wonderful and are really good with communication. Any problems they communicate straight away. They will address the issue and ask for our views."

Working in partnership with others

- The service worked with relevant parties from the local authority and healthcare professionals such as general practitioners. This partnership working enabled people to receive the care they needed.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured effective and robust procedures and systems were in place to monitor the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c).