

Community Integrated Care

The Mullion

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Mullion is a residential care home providing care and accommodation for up to three people who are living with a learning disability. At the time of our inspection there were three people using the service.

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

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.

Based on our review of safe, effective and well led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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.

The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed staff understood and cared for people in a manner that was in keeping with these principles.

Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. There were appropriate policies and systems in place to protect people from abuse. Staff and the registered manager understood their responsibilities to safeguard people. Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence.

People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. People were supported to maintain contact with their family members and the provider facilitated visits for people living in the home in accordance with government guidance.

People received their medicines safely in line with their preferences and by staff who knew them well. However, we found some records relating to medicines had not always been completed in line with best practice. The provider took action to address this during the inspection.

Staff told us there were enough staff to meet people's needs and we observed safe staffing levels throughout the inspection; staff appeared unhurried and responsive to people. Staffing levels were based on the needs of the people living at the service and were changed in response to people's changing needs. Safe

recruitment processes were in place and people were supported to be involved in recruitment.

People were supported with personalised menu planning and care plans confirmed people's dietary needs had been assessed with support and guidance recorded for the individual. People were supported to see health care professionals according to their needs. The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people.

People's rooms were personalised, and people were offered opportunities to be involved in deciding the décor. There was some required maintenance, and some outstanding actions, that once completed would enhance the environment.

Staff were positive about the training they had received. They told us they felt confident and competent in supporting people with their individualised needs. Staff new to the service, including agency staff, were supported with a robust induction programme.

The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. The registered manager was passionate about person-centred support and deployed staff effectively to ensure they had time to spend with people to meet their needs and to promote their independence.

The provider had systems and processes in place for monitoring the quality of care and to drive improvements. Staff felt included, confident and supported in making suggestions. The registered manager spoke about the importance of valuing staff and strived to be inclusive and supportive.

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

Rating at last inspection

The last rating for this service was good (published 12 December 2017).

Why we inspected

We received concerns in relation to safeguarding and management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Mullion

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff including the registered manager, two carers and an agency carer. We reviewed a range of records. This included support plans and medicines records for three people. We looked at four staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service. After the inspection we continued to review a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff participated in annual training in safeguarding and understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member told us, "We are taught how to care, that care should be person centred and how to look after them in such a way they don't get harmed, we shouldn't restrain them in any way and if concerned they are at risk of harm or abuse we have to report it to our manager."
- There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse. Staff told us they were confident appropriate action would be taken if they had any concerns.

Assessing risk, safety monitoring and management

- Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person had been supported to try swimming after staff identified this was an activity they had enjoyed when they were younger.
- Staff demonstrated their knowledge of people and how to support them to manage their individual risks. For example, staff were consistently aware of people's dietary needs and modified diet requirements and those at risk of choking. The care plans for people were detailed and provided guidance for staff to follow to support people to manage risks.
- Equipment was maintained to help ensure people were kept safe. Equipment and support aids were reviewed regularly and when people's needs changed, they were supported to access the most appropriate equipment. For example, the provider had recently purchased a new adapted bath for the service which would meet the needs of all the people living at the service. When installed this would enable anyone who wanted to have a bath to be able to be supported to have one, irrespective of any mobility difficulties. This was a positive outcome for people.
- Environmental risks were assessed, monitored and reviewed regularly.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place for people.

Staffing and recruitment

- Staff told us there were enough staff to meet people's needs and we observed safe staffing levels throughout the inspection; staff appeared unhurried and responsive to people. Staff told us when agency staff were required, the registered manager booked the agency staff who were familiar to people and knew

how to support people in their preferred way. We spoke with one agency staff member who confirmed they were familiar with the service and were booked regularly by the provider.

- Staffing levels were based on the needs of the people living at the service. Staff told us how staffing levels were adjusted to meet people's changing needs and how responsive the provider were in supporting additional staffing when required. One staff member told us, "Our manager has done a lot to support extra staffing and now we have one extra at night."
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included references, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider supported people to be involved in recruitment. Potential new staff were invited to the service for an informal visit. This enabled people to meet them and provide feedback.

Using medicines safely

- People received their medicines safely in line with their preferences and by staff who knew them well.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. The provider was working at ensuring people's MAR's would always be completed comprehensively.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- The provider carried out regular audits to ensure all medicines had been administered correctly. We saw evidence of actions identified being completed and lessons shared with staff.
- A system was in place to record and monitor medicine errors and this was overseen by the registered manager to ensure the appropriate actions had been taken to support people safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family members and friends throughout the pandemic. The provider had purchased a tablet and supported people to have regular video calls with their families.
- The provider facilitated visits for people living in the home in accordance with government guidance.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the registered manager and regional manager to ensure the appropriate actions had been taken to support people safely.

- Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence. Lessons learned were shared with the whole team and the wider organisation. The registered manager told us they could update staff electronically immediately and could monitor when individual staff had read the information. Staff confirmed they received regular updates.
- The provider had implemented an electronic care planning system which enabled effective review of accidents and incidents to identify trends and patterns. This information was reviewed monthly by the service and the provider's quality assurance team.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. People, their relatives and others important to them, were involved in their reviews. The registered manager told us, "We do an annual review which families get invited to and social worker, day services, etc."
- The provider ensured staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered in line with best practice standards.

Staff support: induction, training, skills and experience

- Staff were positive about the training they had received. They told us they felt confident and competent in supporting people with their individualised needs. One staff member told us, "We have had all the training we need to have, and we have it updated."
- Where people's support needs changed the registered manager ensured staff refreshed any relevant training to ensure they were up to date with best practice to ensure the best outcomes for people. For example, training in end of life support.
- Staff new to the service were supported with a robust induction programme, including agency staff. One staff member told us, "I had an induction and did shadow shifts where all the support was explained to me; I came for three or four times and they taught me how to provide person centred care to the people living here." The registered manager told us, and an agency staff member confirmed, that agency staff were also provided shadow shifts when they were new to the service.
- During the inspection we observed a staff member new to the service being supported with shadow shifts. This enabled them an opportunity to learn about people's preferences and how they wanted to be supported. It also enabled people an opportunity to get to know new staff whilst being facilitated by staff they knew well.
- Staff told us they felt supported and confirmed they had regular supervisions and team meetings. One staff member told us, "We have them regularly. Also, if anything new [registered manager's name] updates on [the electronic care planning system]."

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

- People were supported with personalised menu planning. We saw people being offered drinks and food and were supported by staff who had received food hygiene training.
- Care plans confirmed people's dietary needs has been assessed and support and guidance recorded for the individual person.
- The registered manager told us how they would ensure people who were losing or gaining weight would be referred to the most appropriate healthcare professionals for appropriate support if required. This was

supported by the information in people's care plans and staff awareness.

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

- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. People were supported to see health care professionals according to their needs. Staff were knowledgeable about when to support people to access appropriate medical treatment. For example, we saw evidence of people being supported to access appropriate treatment and support following a fall.
- The electronic care planning system in place enabled the provider to support people with their appointments with healthcare professionals. For example, one person who was under the care of a specialist for their epilepsy could have bespoke reports created from the system with relevant information to support their appointments with the specialist. This promoted better outcomes for the person.
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed. For example, we saw how the service was working closely with a local hospice to meet the needs of one person. Another example, the registered manager ensured one person was referred to the GP for support from a dietician when they identified a need. The staff team worked in partnership with the dietician which resulted in a positive outcome for the person.

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

- People's rooms were personalised, and people were offered opportunities to be involved in deciding the décor. The registered manager told us, "What we did with [person's name], as we want to redecorate his bedroom, was we showed him colour charts and he chose what colour he wants."
- The service was an older building that required regular maintenance. We found that there was some required maintenance, and some outstanding actions, that once completed would enhance the environment. For example, the kitchen units. The provider was aware of this and was taking action to resolve the outstanding actions and told us of their plans to redecorate and update some areas of the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. The provider had made appropriate DoLS

applications and had systems in place to renew these as necessary.

- Staff were clear about the need to seek consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. During the inspection we observed staff respecting people's decisions. For example, when one person no longer wanted to continue with an activity and communicated this, staff responded promptly to acknowledge they understood and stopped the activity."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Comments from staff included, "She (registered manager) is very approachable. She is fair to all staff." And "She (registered manager) operates an open-door policy so can always talk to her. Even when she is on leave, I can send her a text message and she replies to me."
- The provider's vision and values focused on person-centredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. The registered manager told us, "Our key values are respect, dignity, treating people as a whole holistically and supporting people to live a fulfilling life and to be safe." We observed staff understood and cared for people in a manner that was in keeping with these principles.
- The registered manager was passionate about person-centred support. They deployed staff effectively to ensure they had time to spend with people to meet their needs and to promote their independence. Staff told us they were encouraged by the registered manager to promote independence for people and were provided the time and support to achieve this. One staff member told us, "We discovered [person's name] can feed herself, the moment it was discovered the manager said we should enable her to feed herself, so we encourage her to feed herself. [Person's name] sometimes doesn't want to feed himself but we encourage him to feed himself."
- We observed the open-door policy in place within the service. Throughout the inspection staff approached the registered manager and we observed people clearly knew the registered manager and were comfortable with her. The registered manager knew people and their individual interests and spent time with people.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. The provider had set up a system to share important updates and guidance to staff.
- The provider understood and implemented the right support, right care, right culture guidance CQC follows. The service model of care and setting maximised people's choice, control and Independence. Care was person-centred. The providers ethos, values and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives. The registered manager told us how they wanted to build on this going forwards and what they were working towards. They told us, "For the people we support I would like them to be active in the local community and be more independent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There were a number of systems and processes in place for monitoring the quality of care and to help drive ongoing improvements. The provider had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality personalised care which met their needs and preferences. Where issues were identified remedial action was taken and the provider was working at ensuring the medicine audit actions and associated improvements were clearly recorded.
- In addition, the provider also had an internal quality assurance team who carried out impartial audits on The Mullion and provided regular updates on new protocols and policies. The registered manager had a continuous improvement plan which tracked their progress and was reviewed and updated regularly.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. The registered manager was in regular contact with relatives and professionals and used feedback to develop the service.
- Regular staff meetings were held. The information shared with staff through these was meaningful, relevant and constructive. Minutes showed these had been used to reinforce the values, vision and purpose of the service, as well as to develop staff and improve their practice. For example, the registered manager had identified record keeping could be improved; They had observed staff were not always consistently recording the person-centred care they were observed delivering. They discussed this at a recent team meeting and worked with the staff to develop their understanding and awareness about this.
- Staff felt included, confident and supported in making suggestions. One staff member told us, "Most times we discuss everything as a team and then it is implemented. For example, when [person's name] needs changed we discussed it as a team and then the care plan was changed. If anything needs changing I can always discuss it with the manger and team and then it is changed."
- The registered manager spoke about the importance of valuing staff and strived to be inclusive and supportive. There were various recognition and wellbeing initiatives that had been implemented by the provider. Such as, celebration events for staff.

Working in partnership with others

- The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required. For example, one person was being supported to work with an occupational therapist to identify meaningful activities they enjoyed.
- Another example involved the provider working collaboratively with their local hospice and receiving bespoke end of life training.