

# Runwood Homes Limited

# Mulberry Court

## Inspection report

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Date of inspection visit:  
10 March 2021  
17 March 2021

Date of publication:  
31 March 2021

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Mulberry Court is a residential care home providing personal care to 71 people aged 65 and over at the time of the inspection. The service can support up to 84 people. Mulberry Court is spread over three floors and was purpose built.

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

One person's relative said, "They [staff] are so kind and generous to me, which makes me think they must be to [name of relative]. They love him." Another person's relative said, "I have no concerns about the care staff, they look after [name of relative] so well." This relative went on to explain how specialist support had been arranged for their family member.

People who were at risk of falling and those who were at risk of developing pressure damage to their skin were supported in a safe way. People were supported to have enough to eat and drink.

There were enough staff to meet people's needs but we were not confident this was enough to give people quality time with staff. Staff worked really hard, multitasking, but they did not have enough time to sit and spend quality time with people.

The registered manager and area manager completed a tool which calculated how many staff were needed on each floor of the home. However, they were not robustly testing staffing levels where appropriate, to assure themselves and other agencies they had enough staff to meet people's physical and emotional needs.

We have made a recommendation about management oversight and checks of staffing levels.

The risks to people from COVID-19 were minimised through the cleanliness of the home and staff training in infection prevention and control (IPC). People were supported to isolate in their bedrooms on admission as a precaution against the risk of spreading infection.

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 30 August 2019).

### Why we inspected

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

The inspection was prompted due to concerns received about falls management and pressure care. Concerns were raised about staffing levels and the completion of people's medication administration records (MARs). There were also concerns about some aspects of day to day care for example, if there were enough toiletries available for people and the size of the meals. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Mulberry Court

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check specific concerns example about staffing levels, risk management for falls and pressure care, meals sizes, medicines and how people were supported to mobilise in their wheelchairs.

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 two inspectors.

#### Service and service type

Mulberry Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We spoke with the local authority following their recent visits to the home and attended a serious concerns meeting where the registered manager, the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and members of the provider's senior management attended.

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. This information helps support our inspections. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four members of staff. The registered manager and area manager. We reviewed two people's risk assessments, care plans, and daily records. We also completed many observations.

#### After the inspection

We contacted several people's relatives, but we were only able to speak with four of them. We spoke with a further four members of staff via telephone. We continued to seek clarification from the registered manager about the key concerns raised and asked further questions. We reviewed the last two weeks 'worked on' staffing rotas, the registered manager's dependency tool and associated documents. We reviewed one person's COVID-19 risk assessment, a further person's risk assessment and care plan and various documents in relation to IPC practices and COVID-19 plans at the service.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns about staffing levels, how risks were being managed in relation to falls and pressure damage to people's skin. We wanted to check if people's medicine administration records (MARs) were being completed appropriately by staff. Meal sizes, how people were supported to mobilise in their wheelchairs and the availability of meals and drinks. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- We looked at records for two people who were at a high risk of falls and who had experienced falls. We found they had good risk assessments and plans for staff to follow to manage this risk. Plans had been reviewed following falls.
- Staff were knowledgeable about these plans. Referrals to specialist teams had been made to reduce the risks of falling.
- During this inspection we looked at two people who were at risk of developing a breakdown to their skin. Staff completed repositioning charts in full. Staff reposition people to try and prevent people's skin from breaking down. These people had pressure relieving mattresses which were set to the correct settings.
- These people's weight and nutrition was being monitored. We were told and shown records about how dieticians had been involved to help increase their weight.

### Staffing and recruitment

- We observed two floors at the home and found staff responded to people's needs in a timely way. People were not left waiting for long periods for assistance.
- Most people were up and about when we visited the home. Staff gave us explanations for why some people were still in bed when we arrived at 10.30am. The people we saw who were still in bed, looked contented watching TV in bed having a hot drink.
- We reviewed the staffing rotas for the last two weeks and these showed consistent staffing levels as per the registered manager's allocations of staff per floor. Some staff felt there were enough staff but others did not hold this view.
- However, we did not see staff stopping and spending real time with people. Some staff were skilled at multitasking and talking with people, but quality time was not given to people or groups of people. We concluded there were enough staff to meet people's needs, we were not confident there was enough staff to chat, sit and connect with people.

### Using medicines safely

- A specialist medicine team had visited the home just before our inspection and completed an audit of the medicines at the home. They found no issues.

- We checked a sample of people's medicines and saw their MARs were completed in full.

#### 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 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.
- We were somewhat assured staff were always using personal protective equipment (PPE) correctly and following safe IPC processes. We saw three members of staff regularly touching their face masks, some staff's face masks had fallen or were placed below their noses. Two staff were observed taking off their PPE after leaving a person's room, but they did not wash their hands. Some areas of the home were not always well ventilated. The management's oversight in this area was not always effective. They told us they would address these issues.

We have also signposted the provider to resources to develop their approach.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check specific concerns about staffing levels, how risks were being managed in relation to falls and pressure damage to people's skin. We wanted to check if people's medicine administration records (MARs) were being completed appropriately by staff. Meal sizes, how people were supported to mobilise in their wheelchairs and the availability of meals and drinks. We also wanted to check the management's oversight regarding these issues. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We found no concerns in relation to how certain risks to people were being managed and general standards of day to day care such as meal sizes and how people were supported to move in their wheelchairs. Nor did we find any immediate concerns with staffing levels.
- However, we found there was a culture that some staff were anxious and reluctant to talk about staffing levels. So we were not confident the management regularly asked staff about this. We identified the process of arranging short-term cover for staff could be improved upon to maximise staff cover on the floor.
- The registered manager was using the providers dependency tool to calculate how many staff should be on each floor. But they had not taken other steps to review if the staffing numbers were correct in practice. Even when the number of people needing two carers per floor was high. There was also poor oversight regarding staff who worked very long hours. The registered manager told us they would address these matters.
- The provider was unable to show the checks they completed to see if suitable numbers of staff were deployed.

We made a recommendation for the management to consider best practice models of testing staffing levels and hours in a robust, evidential, and open way.