

Mulberry Court Care Homes Limited

Mulberry Court Residential Home

Inspection report

62 Blagreaves Lane
Littleover
Derby
DE23 1FL
Tel: 01332 776977
Website:

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 10 February 2015 and was unannounced.

Mulberry Court Residential Home is a care home without nursing for up to 14 younger adults with mental health needs. The service is located in the Littleover area of Derby which has amenities and good transport links. At the time of our inspection there were 14 people in residence.

At our previous inspection in July 2013, the service was meeting the regulations that we checked.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People who used the service told us they felt safe. Discussions with staff demonstrated that they understood how to look after people safely.

Staff felt there were sufficient available at the service. Some people felt that the staffing levels were not always adequate. The current staffing levels at the service were the same as when the service was not at full occupancy, the provider had not reviewed the staffing levels. Recruitment procedures ensured suitable staff were employed.

People received their medication as prescribed and their medication was stored safely.

Staff told us that they received training and regular updates which related to their roles

People were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff understood their role in supporting people to maintain control and make decisions which affected their daily lives.

Most people were positive about the staff and felt they were caring. People's privacy and dignity was respected.

People had access to health care support to meet their individual needs.

People were supported to ensure links with community facilities were maintained that helped people who were preparing for independent living. Some people felt there was not enough for them to do within the service.

People were confident to raise any issues, concerns or to make complaints. The provider did not have a system to record complaints, to ensure that they were appropriately addressed.

Staff told us that they received supervision and support from the management team. They felt the manager was approachable and listened to concerns. Systems were in place to obtain feedback from people using the service. However some people felt that suggestions made by them were not always followed up.

Summary of findings

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 consistently safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were identified. However risk assessments did not always describe the actions staff should take to minimise their identified risks.

Staff were recruited safely. Staffing levels had not been reviewed following full occupancy at the service.

There were appropriate arrangements in place to minimise risks to people's safety in relation to medicines.

Requires improvement



Is the service effective?

The service was effective.

Staff told us that they received training and support that met people's needs.

Staff had a basic understanding of the principles of the Mental Capacity Act 2005 to enable people's best interests to be met.

People were supported to eat and drink enough to maintain their health.

Staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

We saw that people were treated with kindness and compassion.

People who used the service and some relatives told us they were happy with the care and support they received and that staff respected their privacy.

Good



Is the service responsive?

The service was not always responsive.

People using the service were not always enabled to lead active social lives that were individual to their needs.

Staff supported people in maintaining relationships with family members.

People were confident any complaints would be responded to appropriately.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

Requires improvement



Summary of findings

The provider did not have a system to record complaints. People were encouraged to share their opinion about the quality of the service. However some people felt that their suggestions were not always followed up.

Staff told us that the management team were supportive and approachable.

Mulberry Court Residential Home

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 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 10 February 2015 and was unannounced.

The inspection team consisted of two inspectors and one 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 our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the local authority's contract monitoring team and asked them for their views about the service.

We spoke with 10 people using the service and two relatives regarding their experience of the service provided. We also spoke with the registered manager, manager and deputy manager and two support staff.

We looked at four people's care records and medicines administration records. We looked at staff recruitment, staff rosters and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality monitoring and assurance

Is the service safe?

Our findings

Majority of the people told us they felt safe at the service. One person told us, “Yes, I think I’m safe here.” Another person said “Its quite safe here, they carry out fire tests every two weeks.” Another person’s relative said, “There are no concerns about safety. I’m not worried, I think [Person’s name] has settled there [Mulberry Court Residential Home].

Two people told us that they were not happy in the way some staff spoke with them. Comments included “[name of staff member] loses their temper” and “We get verbal abuse from [name of staff member].” These concerns were shared by the Inspector with the local authority safeguarding team.

Staff told us that they had received safeguarding training. Staff described the action they would take if they witnessed or suspected any abusive or neglectful practice. They were confident that any safeguarding concerns raised would be dealt with appropriately by management. The service had policies and procedures for safeguarding adults. We saw that the contact numbers for reporting safeguarding concerns were displayed at the service.

Staff told us that handovers took place between shifts. One member of staff said,

“We have a handover and we refer to any reports or incidents.” The handover gave staff the opportunity to be made aware of any incidents on the previous shift and how people were feeling or behaving.

We saw risk assessments had been completed as part of people’s care and support plans which identified a range of social and healthcare needs and risks. However the risk assessments for one person did not have clear guidance on how staff would support this person in a safe way in accordance with their individual needs. For example, the risk assessment stated ‘Staff to monitor [person’s name] mental health and to monitor signs and symptoms of relapse.’ There was no information as to what signs of deteriorating well-being would be. A second person’s care records we looked at showed that this person had been at the service for five weeks and the provider had not completed any risk assessments. However there was information from the hospital discharge which identified the risks. Despite this staff were aware of the person’s needs.

A few people using the service told us that staff levels were not always adequate. One person said, “There are not enough staff on duty.” Another person said “I think they may be need to have more staff.” Another person said “They don’t act quickly, you press the buzzer and they don’t come quickly.”

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. Staff told us that they had a small staff group, but they tended to manage. One member of staff told us, “Everyone chips in we don’t use agency staff. For example if anyone rings in sick the management will come in and cover the shift.” At the time of this inspection there were 14 people living at the service. The staffing levels had not been reviewed in light of the service having full occupancy. The current staffing levels at the service remain the same as when the service was not at full occupancy. The registered manager was not able to confirm how staffing levels were determined. This did not provide assurance that people’s individual needs were taken into account, so that there were suitable numbers of staff on duty to keep people safe.

Staff told us that at night there was only one member of staff, covering the sleep-in shift. The staffing rota we looked at confirmed this. They told us that in an event of an emergency they would contact the registered manager. The manager said that there were currently two vacancies, for one part time and one full time care support worker which had been advertised. Staff were supported by a housekeeper, a cook and relief cook to enable them to concentrate on providing care and treatment. The registered manager informed us that the support workers covered the housekeeper’s duties, when the housekeeper was not working.

The provider had systems in place to ensure suitable people were employed at the service. Staff we spoke with told us that recruitment processes were thorough and that all the required pre-employment checks were completed prior to them commencing employment. We looked at the recruitment files for two staff, which had the required documentation in place

People told us they received support to take their medicines as prescribed. We looked at how the service managed people’s medicines. We found that suitable arrangements were in place to ensure staff supported people to take their medicines safely. We looked at a sample of medication administration records and found

Is the service safe?

these had been completed correctly without any signature gaps or omissions. Staff told us they had undertaken

medicine training. Training records confirmed staff were provided with training to support their knowledge and understanding. Medicines were safely managed and securely stored in appropriate conditions.

Is the service effective?

Our findings

Most people we spoke with told us the staff were good and offered their support. One person said, "They [staff] support you well. If I'm feeling down the staff will support me." Another person said, "I think the staff have got the experience and knowledge." Another person stated, "The staff have the skills, its one of the better places that I've been to."

Staff told us that they received the training they needed, which they said included regular updates when required. One member of staff told us that the training provided has enabled them to support the people using the service. The staff explained that restraint was not used at the service and that they had received training in responding to difficult to manage behaviours which a person may display.

Staff we spoke with felt they were supported by the management. One member of staff told us their induction and training had prepared them for their job role. These staff told us they had one-to-one supervision meetings with the manager. Supervision meetings provided staff an opportunity to discuss any issues and receive feedback on their performance

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The purpose of this legislation is to ensure people receive the support they need to make their own decisions wherever possible. We asked staff how they would ensure that people consented to support where people lacked capacity. One member of staff told us, "If the person did not have capacity the manager would carry out an assessment. They told us that they had been provided with training in this area. .

The registered manager told us that they felt all the people currently using the service had the capacity to make their own decisions. However if they believed a person lacked capacity they would carry out a capacity assessment.

People we spoke with were satisfied with the meals provided. One person we spoke with told us, "The food here is good. The day before we fill in the menu form for the next day." Another person said, "Sometimes, some of the food is nice, other times it can be rubbish." We saw that generally people had a choice of two main meals. However the menu for week four showed that people had the same vegetarian choice for most days.

We saw that tea, coffee facilities were available in the dining area which people could help themselves to drinks. People we spoke with confirmed that they were able to get their own drinks. People told us that if they wanted fresh fruit they would need to ask the staff for it. One person said, "If you ask staff, you can have fruit, but I never ask for it." Another person said, "I ask for piece of fruit, which staff give me."

Relatives we spoke with felt that their family members received adequate food and drinks. One relative told us, "They [staff] do everything they can and they keep a strict eye on [person's name] diet and blood sugar levels. [Person's name] always has appropriate food."

People told us staff made sure they saw a doctor or other health care professionals when they needed to. One person said, "If I want to see the GP I would ask a member of staff." Another person told us, "One of the staff would come with me to see the GP. I could see the GP on my own, but I prefer someone to come with me."

Care plans we looked at included records of visits and advice from other health professionals, such as GPs and community psychiatric nurse. At the inspection visit we saw the manager support a person to a health care appointment. Staff told us that if they had any concerns about people's health they would inform the manager. This ensured that people received effective care and support.

Is the service caring?

Our findings

Most people we spoke with told us, and we saw from our observations, that people were comfortable with the staff working at the service. People were positive about the staff being caring and kind. One person said, “The staff are caring; they make sure things are going fine.” Another person said, “I think they are caring to all.” Another person told us, “The staff understand me.” However one person said, “They [staff] are caring most of the time, but when they are busy they can’t be. They focus on the medication and that sort of thing.”

Relatives that we spoke with told us that they felt the staff were caring.

The staff we spoke with demonstrated a good understanding of people’s care needs. They told us that due to the diverse needs of the people using the service, the staff provided culturally appropriate meals as required.

People’s right to privacy and dignity was respected. People were able to spend some time alone in their bedrooms and

there was a shared communal area in the home where people could choose to sit. One person told us, “I suppose we do get choices.” Another person we spoke with confirmed that when they were in their bedroom staff always knocked before entering. We observed positive interactions between people using the service and staff throughout our inspection. First name terms were used when speaking.

Staff we spoke with told us they encouraged people to remain in charge of their life to maintain their sense of self and independence. For example people were responsible for their own laundry. Care plans showed that people had been asked if they had a preferences and routine. One person told us that the cook has asked them about their likes and dislikes with regards to food and drink.

People told us that they were involved in making decisions about their care and support. However a few people told us they could not remember whether or not they had a care plan. One relative told us that the staff contacted them about reviews.

Is the service responsive?

Our findings

Some people felt that they were currently not ready to do anything in particular and did not feel they wanted to pursue any hobbies and interests at the moment. We saw that some people went out independently into the local community. One person said, "I go to the pub once a week." Another person told us about having access to daily newspapers which were arranged by the service.

Our observations showed that there was no structure to people's daily lives. This did not provide people with opportunities to maintain their sense of self and to ensure their holistic needs were met. Some people felt that there was not enough for them to do within the service. One person said, "There isn't any stimulation here."

People we spoke with told us that they were able to maintain relationships with family and friends. One person said, "If I want to go to my family's they [staff] let me go." Another person told us, "I like to go out with my family members."

Staff said that they encouraged people using the service to be independent. A member of staff stated, "A cooking assessment is carried out with people before they are supported by care staff with cooking once a week. This will help them towards their independence."

Some people felt that they were not given a choice as to when they could retire to bed. One person said, "Staff say when its bed time." Another person told us, "You need to go to bed at 10.30pm; I don't know [why] that's the way it is." This did not ensure that the service was responsive to people's individual needs.

Majority of the people using the service told us that the kitchen was kept locked and if they required anything they would need to ask the staff. An entry in one person's care logs showed that they wanted a drink and food during the night. Staff had recorded that the person was told the kitchen is locked at night. The person was not happy with this arrangement. Staff we spoke with told us that the kitchen was kept locked, however if a person wanted something to eat when the kitchen was closed they would need to ask the staff who would get some food for the person.

People at the service told us that they had regular meetings, which gave them the opportunity to raise issues relating to the service they received. People told us that some of the things they discussed at the meetings included the menu and activities. One person said, "They do meetings when they ask if there are any problems, anything we want to happen and they ask if you have any views." Another person stated, "We have a meeting now and again, but there's no need for them I can talk to staff anyway." However one person said, "Yes, we have meetings. We talked about organising trips, but we didn't go anywhere."

The registered manager informed us that an assessment process was in place prior to people starting to use the service. This was confirmed by records we saw. The registered manager also explained that some people came to the home on a trial basis, before they moved in.

Some of the people told us that they had a care plan, which was reviewed. One person said "They have a meeting every 6 months, like a discharge meeting." They also told us that the plan was for them to be integrated back into the community and have their own flat.

All the people we spoke with told us that they knew how to make a complaint. One person said, "If I had a complaint I would speak to the manager" and "I'd go and moan at them if there was something wrong. I haven't had to complain since I've been here, but I wouldn't hold back."

The registered manager told us that the service had not been subject to any formal complaints during the last 12 months. The provider did not have a formal system to record complaints. It

was not possible to establish that complaints received by the service had been investigated and responded to appropriately. Also whether or not the complainant was satisfied with the outcome.

The complaints procedure did not provide people with clear guidance. In an event that a complainant was dissatisfied with the outcome of their complaint at local level, the complaints procedure did not contain the correct information as to where the complainant could escalate their complaint externally.

Is the service well-led?

Our findings

People using the service were clear who the manager was. Most people we spoke with were complimentary about the management at the service. For example people stated they worked together with the managers to address medical problems or to speak with them to discuss anything. A few people felt that they did not have a rapport with the management.

The service had a registered manager in post. Staff we spoke with told us that they felt supported by the manager. They told us that the manager was supportive and approachable. One member of staff said "The management are supportive, we all get along." Another said "The manager is good." They [staff] felt that they would be able to raise any issues or concerns with the registered manager.

Staff told us that liked working at the service and they worked well as a team. Staff told us that they received supervision, which provided them with an opportunity to discuss any issues and to discuss personal development.

The registered manager told us that people were able to express their views about the

care and service they received, through satisfaction surveys and resident meetings. We saw that satisfaction surveys had been completed by people who used the service during 2014. Completed surveys showed that people were satisfied with the service. People using the service confirmed that these meetings did take place.

The provider had no systems for recording complaints. This did not ensure that the provider was able to audit the complaints received, ensuring lessons were learnt from complaints.

There were systems in place to ensure the building and equipment was maintained to a satisfactory standard. We saw health and safety checks were carried out monthly and covered hot water temperatures. Records showed that fire alarm testing had taken place weekly. A sample of health and safety records which showed that portable appliances testing and gas servicing had been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.