

Buckland Care Limited

Mulberry House

Inspection report

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19 February 2019

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Ratings

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

Summary of findings

Overall summary

About the service: Mulberry House provides accommodation and personal care for up to 42 people. The home supports people who might be living with dementia or who have a physical impairment. People who live at the home access nursing care through the local community health teams. At the time of the inspection 20 people were living at the home.

People's experience of using this service:

Without exception all the people and relatives we spoke with praised the home. People felt safe and well cared for. People's preferences were respected and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well. The management of the home was described as "first class".

There were sufficient numbers of staff employed to ensure people's needs were met. Staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

People's care plans contained personalised information detailing how people wanted their care to be delivered. People and their relatives were involved in making decisions about their care.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The home was spacious and well furnished. The environment was safe and equipment regularly serviced to ensure it remained in safe working order.

Consideration was given to providing a variety of leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: This is the first time this home has been inspected since it registered with CQC in July 2018.

Why we inspected: This inspection was scheduled based on the registration date of the home.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Mulberry House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector undertook this inspection on 18 and 19 February 2019.

Service and service type:

Mulberry House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager in place who is in the process of registering with the Care Quality Commission. This means that, once registered, they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We also gathered information from the local authority's quality assurance improvement team.

This information was reviewed and used to assist with our inspection.

During the inspection we spoke with 12 people, seven relatives, seven care staff and seven catering, housekeeping, laundry and administrative staff, as well as the manager. We also spoke with the provider's

nominated individual who visited the home during both days of the inspection. We reviewed the care records for three people with complex support needs as well as how the home managed people's medicines. We also looked at records relating to the management of the home, including three staff personnel files, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment:

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "very much so" when asked if they felt safe, and a relative told us the home was "very safe".
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being.
- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment.
- There were enough staff to ensure people's needs were met. The home also employed housekeeping, laundry, catering and administrative staff.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Assessments identified risks, for example, in relation to mobility, skin care and nutrition.
- Management plans guided staff to support people in a way that mitigated risks. Records showed that where necessary, specialist advice from healthcare professionals was sought.
- Environmental risk assessments, including for people's bedrooms, ensured the environment was as safe for people as possible.

Using medicines safely;

- Medicines were managed safely and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines administered medicines to people.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection:

- The home was very clean, tidy and free from unpleasant odours.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the manager responded appropriately and used any incidents as a learning opportunity.
- The manager used people's and relatives' feedback, as well as reviews of accidents, to make improvements to the home.

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.

Good: 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:

- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- People had been involved in the planning of their care and their wishes were respected.
- Good communication between care staff meant people's needs were well known and understood within the team.

Staff support: induction, training, skills and experience:

- Staff received the training and support they required to do their job, in care related topics as well as health and safety issues.
- New staff were provided with induction training.
- People and relatives told us staff were knowledgeable and competent.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

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

- People had choice and access to sufficient food and drink throughout the day as well as overnight. Meals were well presented and people told us they enjoyed the food. Their comments included, "The food is lovely" and "The food is very good."
- The catering staff said they felt it was important to give people a choice and make sure they were eating well.
- Support was provided for people to be as independent as possible with eating and drinking. For example, one person ate from a bowl and used a spoon which meant they did not require assistance from staff and could eat at their own pace. Another person was provided with 'finger foods'.
- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks. Their intake was monitored and professional guidance sought if necessary.

Supporting people to live healthier lives, access healthcare services and support:

- People's healthcare needs were being met.
- Records showed referrals were made to the GP and community nursing services when required. People had opportunities to see a dentist or optician regularly or when needed.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.

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

- The home had recently been extensively refurbished. It was spacious with a number of pleasant communal areas for people to spend time in. These provided access to the secure garden and patio areas.
 - Bedrooms were personalised and bedroom doors were fitted with picture frames and memory boxes to support people to identify their rooms more easily.
 - Toilets and bathrooms were adapted to the needs of people with reduced mobility.
 - Signage was used in some areas of the home to direct people to the communal areas and toilets.
- A passenger lift and stair lift provided access to provided access so all areas of the accommodation were accessible to people with limited mobility."
- Technology and equipment was used effectively to meet people's care and support needs. For example, bed sensors were fitted to some beds to alert staff when people at risk of falling got up from their beds.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were supported by staff who knew their needs, personalities, likes and dislikes well. Without exception people and relatives told us how well they were cared for. One person said, "I like it here, it's very good." Relatives described the staff as "amazing", "excellent" and "brilliant". One relative said of one member of staff, "She makes my mother feel special."
- Our observations showed staff were kind, caring, friendly and attentive. Staff respected what was important to people.
- Staff told us they enjoyed working at the home: one said, "I love it here." Staff felt the home was a happy place to live and work.

Supporting people to express their views and be involved in making decisions about their care:

- People, and their relatives where appropriate, were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the home. One relative said, "They [the staff] take seriously what I and my mother say."
- People told us they were offered choice in how they received their personal care and how it was provided.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality.
- People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People receive care and support in a way that was flexible and responsive to their needs. One person said, "Yes, it's very nice here" and a relative said, "The level of care is very, very good. All the staff are really happy and check on dad often."
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. The manager told us they were reviewing the format used for the care plans as the current format was lengthy and repetitive.
- People's communication needs were identified and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
- People told us they enjoyed a wide range of activities. One relative said, "There's always something going on. [name of activity co-ordinator] is very good and usually gets her to join in."

Improving care quality in response to complaints or concerns:

- People and relatives had no complaints and felt confident they would be listened to if they did.
- Records of complaints were maintained and actions identified to resolve issues. The manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support:

- Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
- Staff were supported through training and guidance from the local hospice regarding caring for people at the end of their lives.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People, relatives and staff told us the home was well managed. Staff told us they felt listened to and the manager was approachable. A relative told us the home was "first class" and said they "couldn't find fault".
- The manager was committed to providing high-quality care for people in an environment where people could feel at home.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour.
- The manager and staff team were responsive and keen to share information during the inspection. They described the plans to admit more people in a planned way to ensure all those living in the home continued to receive the same level of personalised care.
- Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.

Continuous learning and improving care:

- The manager was supported by a deputy manager and a team of senior care staff. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the manager and the registered provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.
- The manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The manager regularly sought views from people, their relatives, staff as well as external healthcare professionals to monitor and improve the home. Visitors to the home could leave immediate feedback through the computerised visitors record.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the manager, and had an input into the running of the home.
- The registered provider used an independent external consultant to undertake quality audits and to provide objective feedback about the home.