

Milestones Trust

Mulberry House

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 and 11 June 2018 and was unannounced. This was the first inspection of Mulberry House since registration in July 2017 with the Care Quality Commission. This service was previously located in Warmley near Bristol. The Trust purchased this new property because it was recognised that the people needed accommodation that was all on one level. Four of the five people moved to the new property together from the property in Warmley.

Mulberry House provides accommodation for up to 5 adults with a learning disability. At the time of our visit there were 5 people living at the home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A manager was in post. They had started working in Mulberry House in May 2018. Appropriate documentation had been submitted to the Care Quality Commission in respect of them becoming the registered manager of Mulberry House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This was the vision of the Trust, the manager and staff working at Mulberry House. People were very much part of their local community and care was tailored to the person.

People were safe. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People received effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff. Other health and social care professionals were involved in the care and support of the people living at Mulberry House.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were

protected by involving relatives or other professionals in the decision making process. Staff recognised the importance of effective communication enabling them to respond to people in a person centred way. This was very important as the people living in Mulberry House used non-verbal communication.

The home provided a caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported and very committed to providing care that was tailored to the person. People were treated with kindness and compassion.

People received a very responsive service. Care and support was personalised and person led. People were supported to take part in a variety of activities and trips out based on their interests and aspirations. People were involved and included in the running of the home. People were actively engaged in looking after their home and meal preparation.

The home was well-led. The manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and developing care that was tailored to the person.

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.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs and recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

People had access to a healthy and varied diet, which provided them with choice.

Staff had received appropriate training to enable them to support people effectively. Support mechanisms were in place for staff.

Is the service caring?

Good ●

The service was caring.

Staff were passionate about enhancing people's lives and promoting their well-being. People had clear communication passports, which enabled staff to build relationships and

understand what they wanted.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. People were treated as individuals.

People were supported to take part in regular activities in the home and the community.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported and worked well as a team. Staff told us they enjoyed working in the home and there was good communication with the focus being on the people that lived at Mulberry House. Staff were motivated, passionate and committed to providing a personalised service for people.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Mulberry House

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 was an unannounced inspection, which was completed on 6 and 11 June 2018. One inspector carried out this inspection. This was the first inspection of this service since they registered with us in July 2017.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications; these are information about important events, which the home is required to send us by law.

We contacted four health and social care professionals to obtain their views on the home and how it was being managed. This included the local community learning disability team, the medical practice and a commissioner of the service. A commissioner is a public organisation that funds the care of people. You can see what they told us in the main body of the report.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and recruitment and training information for staff. We spoke with four staff and the manager.

People were unable to tell us about their experience of living at Mulberry House due to their complex needs. We spent time observing people and their interactions with staff.

We spoke with a friend of one of the people living in the home to seek their views about the service. You can see what they told us in the main body of the report.

Is the service safe?

Our findings

People living at Mulberry House used mainly non-verbal communication. We spent time observing people and their interactions with staff. People were actively seeking out staff throughout the inspection. People were supported to access all parts of their home safely.

Staff told us there was always sufficient staff to keep people safe, support them with their daily living and social activities. In addition, to the care staff there was an administrator. Staff told us the manager kept the staffing under review to ensure people's needs could be met. There was always a minimum of three staff supporting the five people during the day. Additional staff were rostered on a Monday to Wednesday to support people with planned activities when there was usually five or six staff working to support people.

The manager clearly understood their responsibilities to ensure suitable staff were employed in the home. Some recruitment information was held at the main office of Milestones Trust so we were unable to fully check all records were in place. We will be making arrangements to check on this to ensure safe recruitment procedures were in place to protect people across the Trust. New staff had undergone health screening and there was a certificate, which stated they were medically fit for their role. Checks had been completed with the Disclosure and Barring System to ensure staff were suitable to work with vulnerable adults.

The manager told us they were actively recruiting staff and had six vacant posts. The manager told us interviews had been arranged for the day after the inspection. They were also meeting with the human resource manager to discuss some initiatives. A member of staff had suggested delivering posters around the local area to see if that would attract any interest. They said, "I would recommend people to work here. It is lovely".

Staff told us regular and familiar bank and agency staff worked in the home to cover the vacant posts. This meant there had not been an impact on the people living in the home. One member of staff told us they had previously worked supporting the people at their previous home. They told us they now work regularly in Mulberry House as bank staff. Another member of bank staff told us, "I work here a lot. It is a lovely place to work otherwise I would not do so many hours". On both days of the inspection, 50% of the staffing was bank workers. It was evident they were knowledgeable about the people living at the home and enjoyed working at Mulberry House.

People living at Mulberry House used mainly non-verbal communication. We spent time observing people and their interactions with staff. Staff knew what they had to do to keep people safe and reported concerns to the new manager. We saw people were relaxed and responded positively when approached by staff. This demonstrated people felt safe and secure in their surroundings and with the staff that supported them.

The front door of the property had a key code because people were not aware of the risks in relation to road safety. People had access to a secure back garden. Part of the garden had been sectioned off because the area was uneven. The manager told us a contractor was planning to make this area safe. Other work included to make an additional pathway to the summerhouse.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the home, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. For example, loud noises, unfamiliar people, other people going out, hunger, pain and distress. Where this had not been possible, staff knew how to support people to de-escalate the situation. Staff had attended training in supporting people that may challenge, which had assisted in them protecting people safely without being restrictive.

Staff told us that after consultation with the positive behaviour support manager/trainer they had suggested using a specialist jacket worn by staff when providing personal care to one person. This was because the person had a tendency to scratch. The fabric of the jacket was made of a thick material and offered the staff some protection. Staff told us these episodes had reduced as they had got to know the person. If they were particularly agitated staff told us, they would withdraw from the activity until the person was more settled.

Risk assessments were in place to guide staff on how to support people safely. These covered people's risk associated with accessing the community, falls and, where relevant, behaviour that may be challenging. Risk assessments considered if the activity was an acceptable risk to take. For example, accessing the kitchen with staff support and what staff had to do to keep people safe. Staff told us to ensure people's safety when in this area all sharp objects were locked away. This was clearly recorded in risk assessments. Staff were aware of their duty of care to supervise people to ensure their safety. However, it was evident this did not stop people from participating in meal preparation or other household tasks.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed annually by the manager. People's medicines were kept in their bedrooms in a locked cupboard. Staff told us they had reviewed storage to ensure it was more person centred. Medicine errors were investigated and additional training was provided to the staff. Where an error had occurred the manager had reviewed the staff competence to ensure they had the skills and knowledge to give medicines safely.

Staff were aware of their responsibilities in relation to safeguarding people who use the service. They told us that they had training about this and that they could talk to the manager about any concerns. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns. The manager of the service understood how to support people and how to prevent abuse. The previous registered manager had reported concerns to the local authority and put appropriate safeguards in place to keep people safe. This included notifying the Care Quality Commission.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. There was sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. Staff completed monthly checks on each area of the home including equipment to ensure it was safe and fit for purpose. The new manager told us they had reviewed this area when they commenced in post and saw these had not been completed in March and April 2018. They had addressed this in May 2018 with checks being completed. Moving forward they told us this would be done monthly.

Maintenance was carried out promptly when required. Many of the checks were due to be completed in June/July 2018 in respect of gas, portable electrical testing and on equipment. The manager told us they did not have a date of when these checks would be completed as these were organised by a health and safety manager working at the Trust's head office. They said they would follow this up to ensure they had been planned.

We reviewed the incident and accident reports for the last five months. Appropriate action had been taken by the member of staff working at the time of the accident or incident. Staff had reviewed risk assessments and care plans to ensure people were safe. For example, staff told us there was always a member of staff in the lounge or communal areas to ensure people were safe. The manager reviewed each incident and accident form to ensure appropriate action had been taken. This was then shared with the Trust who reviewed all accidents and incidents to see if there were any themes that could be shared across all homes within Milestones Trust.

Is the service effective?

Our findings

People were provided with an effective service. This was because people's needs were consistently met by staff who had the right skills, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. People were also supported by other health and social care professionals.

Staff received suitable training enabling them to support people effectively. This had recently been reviewed by the new manager and the administrator to ensure all staff were up to date. Two staff had worked at other services managed by Milestones Trust and they were chasing up their training records to enable them to attend the training they needed. The administrator was booking staff on the courses as we arrived on the first day of the inspection. The majority of the staff had attended all the mandatory training. This included health and safety including fire and food hygiene, moving and handling and safeguarding. Other training included supporting people with epilepsy and dementia. Staff told us they were also booked on end of life training in June/July 2018. A member of staff told us, "We do a lot of training. Some of the training had been organised to enable us to meet the needs of our newest resident". This was because they had a particular syndrome. The staff member was knowledgeable about the person and the support they needed.

New staff received an induction and training when they started work at Mulberry House. We reviewed records that showed staff received an effective induction. Staff had completed the care certificate where they were new to care. One member of staff told us they were in the process of completing this and a meeting had been arranged to verify the work they had completed. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. The manager told us they aimed to complete these formally every two months. Staff confirmed they were supported in their roles and could speak to the manager or the assistant team leader. Staff performance was monitored yearly with appraisals being completed. These enabled the management to review performance, build on staff strengths, set goals and to explore what training the individual staff member needed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

Applications for DoLS had been made for everyone living at Mulberry House. This was because people required staff to support them when out in the community and provide constant supervision when in the home to ensure their safety. The manager had a tracker in place to monitor the authorisations, any specific

conditions and expiry dates. Staff showed a good awareness of the process and their role in monitoring to ensure the least restrictive approach was used.

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. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team, which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists. Staff told us everyone was supported when attending appointments. The new manager told us they had reviewed all health care appointments and had arranged for people to have an annual medical check as these had been due in March 2018. These were planned in June 2018. The manager told us all other health appointments such as dentists and opticians were all up to date for people.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

Pictorial menus were available to enable people to choose what they wanted to eat. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

Staff told us people enjoyed the food and there was always enough to eat. Drinks and snacks were offered to people throughout the day. People were asked daily what they would like to eat. Staff used photographs of the meals that were available and these were clearly displayed on the kitchen notice board. They also confirmed that if people did not like either choice an alternative would be provided.

Mulberry House provides accommodation for five people. The property is a large bungalow, which provides people with a spacious environment. People had their own bedroom, which they had been supported to personalise. People were accessing all parts of their home. There was a large garden to the rear of the property, where people were engaged in a variety of activities.

People had access to a conservatory, where they ate their meals. We noticed this area was very warm. The manager told us they had consulted with the senior management and were exploring options to make this area cooler especially in the summer. We saw that the windows opened out on to the garden, staff closed these as people moved past. Whilst no one had bumped their head, this could be a potential risk to people walking past the open window. Assurances were given that this would be risk assessed and the appropriate action taken to minimise risk to people.

There was a programme of redecoration. The manager told us there were plans to replace carpet in one person's bedroom. During the inspection, the office was being extended into the garage offering more

storage for records.

Is the service caring?

Our findings

Four of the people had previously shared a house together operated by Milestones Trust. Some of the staff had worked with the people for many years. They were knowledgeable about the care and support people needed. Newer staff told us they had been well supported by the existing team enabling them to get to know the people living at Mulberry House. This was important as the people communicated very uniquely using non-verbal communication.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton. Makaton is a sign language to aid verbal communication. People had communication passports to enable staff to understand people in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

Staff were knowledgeable about the people they supported. They described how they recognised signs of pain, upset or when they were happy from people's body language and facial expressions. One person was clearly not happy and the staff's quick intervention enabled this person to return to a calm state. This was because the member of staff took the time to spend time with the person engaged in an activity. This person liked using intensive interaction. This is where the member of staff copies the actions and noises of the person. This was an agreed and recognised intervention for this person. Staff told us this was a positive way to enable staff to build a relationship with the person and alleviate any anxieties they may have.

Staff told us unfamiliar people could unsettle some of the people in Mulberry House, which then can in turn heighten people's anxiety because of the noise level. Staff were supporting people on a one to one basis engaged in activities or going out to the local shops throughout the inspection. This was because in addition to the inspector, there was a visitor and builders working in the home. Staff ensured throughout the atmosphere was calm and friendly. When people's moods changed staff were prompt in changing the activity or offering refreshments enabling them to return to calm and settled state of mind.

Staff told us one person did not particularly like touch or too much sensory stimulation so it was important that only familiar and confident staff supported this person. Staff told us they had noticed that the person was more settled than when they first moved to the home. They said in turn the team were more confident in supporting this person as they were getting to know them. Staff told us this person had very complex care needs due to their specific learning disability diagnosis. All staff spoke about the person in a caring way. It was evident they wanted to get it right for this person. Staff showed empathy because the person did not like touch and had a visual impairment. They told us communication was very important clearly explaining their approach and how they positioned themselves to the front of the person and not to the side. Feedback from a friend who visited regularly said that the person had settled well into the home. They told us this was the most settled they had seen them for a number of years.

Staff were aware of people's routines and how they liked to be supported. Care plans included people's

individual routines from the time they got up to when they went to bed. These were person centred and clearly described how the person wanted to be supported. This showed the staff had taken the time to get to know people. Staff told us when the new person had moved to the home they had little information from the previous service, but with time they were getting to know what the person liked, disliked and how they communicated. They said their care plan was ever evolving as they were getting to know the person.

People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit, what they would like to eat, drink and what activities they would like to participate in. One person clearly indicated they wanted to go out in the house vehicle. Staff explained clearly to the person they would be going out when the others returned. This person was provided with one to one until the others returned when they were supported to go out with a member of staff.

People were encouraged to be independent. Staff told us people were actively engaged in the running of the home and enjoyed doing the daily and weekly shopping. Other people got involved in household chores, such as cooking and cleaning. One person told us, "I make my bed" and another person helped with the laundry. Care records described what people could do and what they needed support with.

Mealtimes were unrushed and flexible to suit the activities that were being undertaken. Staff told us people really enjoyed their food and going out for meals. Support and direction was given discreetly. There was a staff presence when people were eating. People were offered protection for their clothes to protect from food spillage. One person had hand weights on their wrists. Staff told us this had been really beneficial in steadying their hands due to their medical condition. They said this had enabled them to be independent in this area. They told this had been on the advice of an occupational therapist. The use of the weights was recorded in the care plan overview but not on the person's support with eating care plan. All staff were aware of the use of the weights telling us the person collected these themselves before each meal. A member of staff told us they would update this straight away.

Staff told us that one of the people in the home did not like to wear much clothing and disliked and refused to wear a dressing gown. Therefore, to ensure this person's dignity was maintained they were supported to the bathroom by being covered with a towel. All doors in the corridor leading to the bathroom were closed to ensure this person's privacy. We were told in the provider information return that all bathrooms, bedrooms had a 'do not disturb' sign when personal care was being completed to ensure the privacy of the person.

The staff members were patient and waited for people to respond. We observed people being shown a number of options such as what they wanted to drink. Staff showed them the coffee, tea canister and a bottle of squash. When people returned from an arts and crafts session, staff took the time to praise people on the work they had completed. Staff told us people would clearly indicate through their body language if they were not happy or they did not want to participate in an activity.

The manager told us people who did not have any direct involvement from family members were supported to access advocacy to assist them to make their views known if required. They told us they were involved in decisions that were made in people's best interest. Information about advocacy was clearly displayed in the dining area of the home in an accessible format.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. One person had not seen their relative for a long period of time and had recently been out for lunch. This person was fairly new to the service and the staff had taken the time to arrange the meal

so they could meet with their relative. Another person asked staff when they could speak with their relative. They had an arrangement where they phoned after tea once a week. People were supported to attend social groups where they could meet up with friends.

People's cultural and religious needs were respected. One person attended church on a Sunday with support from staff. This person had been supported to attend the church they had attended before moving to their new home. Staff said it was important as they had made many friends there over the years and it was familiar to them. This person also went on regular coach trips again the staff said this person had built friendships with the other passengers. They said this person was very sociable and benefited greatly from these activities.

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people. Staff were observed promptly responding when meeting people's needs. The approach of staff was tailored to the person. For example, one person liked staff to be upbeat whilst another did not particularly like being touched or loud noise. Staff described how they supported people in a very individualised way.

Four of the people had lived at a previous service owned and managed by Milestones Trust. It was recognised that the previous accommodation was not suitable due to changes in people's mobility and the need for people to have ground floor accommodation. The provider had been very responsive and purchased a bungalow for these people. There had been a transitional plan in place to enable staff to support them to settle into their new home and the local community. This included arranging visits to their new home before they moved in, using local facilities such as pubs, shops and leisure facilities so they could get to know the local area. An album of photographs had been developed so people could be actively engaged in the move. Staff told us the move had been very well managed and people had settled in well to their new home. Advocates had also been involved to ensure the move to the new property was in people's best interest. Staffing had been increased initially to support people to settle.

People were supported to take part in daily activities in both their home and the local area. One person's care plan stated 'It is important I am supported to go out daily'. From reviewing records it was evident this person was supported to go out daily with staff support. Four of the people had a structured timetable of activities including social groups, arts and craft, bowling, visiting places of interest and shopping. One person had a less structured timetable that was flexible this was because they did not always want to go out. Staff supported people with activities during the course of the inspection, including ball games, playing musical instruments and baking. Staff told us the new manager had recently purchased sensory items for the people living at Mulberry House. One person had an activity box containing items that staff could use to redirect them in a constructive way to help them calm down. Another person liked to go for a drive and visit the Trust office. Staff told us it was an active house and there were always planning activities for people. Staff said they were in the process of planning holidays for four of the people.

Staff told us an external entertainer (The Music Man) visited the home regularly, which people really enjoyed. In addition, one person attended a dance voice movement group and some people had an aromatherapist visit them at home. One person had retained their aromatherapist from their previous service. This had been very beneficial for this person as they responded well to this person who had known them many years.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. People had a support plan, which detailed the support they needed, which was personal to them. They were informative and contained in-depth information to guide staff on how to support people well. Photographs captured some of the information in the care plan and what was important to the person. This enabled people to be involved in the planning of their care, as the information was accessible and acted as an aid to communication. Staff told us they

completed six weekly, and six monthly and annual reviews to ensure the care was responsive to people's needs.

During the inspection, the staff had to deal with a medical emergency. Staff recognised straight away that the person was not their usual self and acted quickly. Staff were calm throughout when contacting 111. A member of staff supported the person whilst the paramedics attended. When they left, regular checks were completed to ensure the wellbeing of the person. This showed staff were very responsive to the person's changing needs. The manager told us due to the changing needs of the person and concerns about their health they had made a number of referrals to the community learning disability team for support and guidance. They had organised a best interest meeting to discuss their concerns with other professionals on options for treatment, which would be in their best interest. A member of staff told us they had made a referral for a sensory assessment so that staff could engage with the person more responsively.

Another person had become quite agitated during the above incident and a member of staff was sensitively supporting them offering reassurance about our presence and involving them in the inspection. This person's anxiety was reduced because of the way the staff had responded. They were later seen making a cake with the same member of staff. Throughout there was a calm approach that was very much tailored to the needs of the people. This showed staff were very responsive to people's changing needs.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. In addition to the daily handovers, staff completed daily records of the care that was delivered. These were positively written. Daily records enabled the staff to review people's care and their general well-being over a period of time.

There was a folder specifically for bank and agency staff, which provided them with a comprehensive guide to working in Mulberry House, the daily routine of the home, overview of people's needs and key policies and procedures. There was contact information in the event of an emergency. This meant the bank staff had information to support and respond to people's care and support needs.

There had not been any formal complaints raised by people or by their relatives in the last twelve months. There had been concerns raised by a neighbour about access issues to the rear of the bungalow where there was a narrow lane. Meetings had been arranged to discuss these issues. People had also shared concerns when they had been upset by another person living with them due to noise levels or behaviours that challenge.

The staff had supported people to raise concerns about other services in the past such as a person's treatment at hospital. The manager was in the process of raising a further concern due to a poor discharge from hospital. This showed staff were a positive advocate for people ensuring they received services they had a right too.

Staff knew how to respond to complaints if they arose. Each person had a complaint profile with information about how staff could monitor whether people were happy or not with the care and support that was in place.

People's end of life wishes were recorded in their plan of care in respect of funeral arrangements, any special songs and requests and who should be contacted. Where a person lacked the mental capacity a representative confirmed they were being involved. Some staff had attended end of life training. Further training had been organised for the new staff. The manager told us most of the staff had completed

bereavement training and they were exploring training options on end of life care to build on the skills and knowledge of the team. The manager told us they were reviewing the end of life plans as the paperwork had recently changed. They said this was no longer called end of life plan but a 'celebration of life'. They told us the information would be more accessible and include pictures and photographs.

Is the service well-led?

Our findings

There had recently been a change of manager. The new manager started in post in May 2018. They had moved from another Milestones Trust service, which had recently closed where they were previously the registered manager. The new manager had completed their application to register as the manager of Mulberry House with the Care Quality Commission.

Although the manager had only been working in the home for the last four weeks, it was evident they had built positive relationships with the staff and the people in the home. There were very hands on supporting people throughout. Where people were unsettled they took the time to find out what was the matter and spent time with them. The manager told us they had spent time with each person away from the home so they could get to know each person. They said this was really important. Staff spoke very positively about the new manager. Comments included, "She is lovely, really approachable and helpful", another staff member said, "She really does care about us and the gents living at Mulberry House". One member of staff said, "I really feel valued and appreciated by the new manager as she often thanks or praises us". Staff spoke very highly of the team, the commitment to meeting the individual needs of people and the communication. Bank staff told us they felt very supported by the team at Mulberry House and that was why they continued to work there on a regular basis.

The manager told us they had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the Trust to have an overview of the service and any risks so these could be jointly managed. In addition, the manager told us they received supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home. This meant the trust had an oversight on the quality of the service.

The manager carried out checks on the home to assess the quality of service people experienced. The home was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits. The new manager had devised an action plan to address these areas such as continuing to fill the staff vacant posts, to review all care documentation and to increase the office space.

The manager told us their line manager visited at least once a month to discuss the running of the service. They also attended monthly registered manager's meetings where they met with other managers. This enabled them to keep up to date with any changes and share good practice.

Monthly staff meetings were organised with meeting notes kept of discussions and any actions that were agreed. Staff were receiving regular supervision where they met up on a six to eight weekly basis with a line manager. Supervisions were used to discuss the staff member's role, training needs and any concerns about care delivery. An overview record was maintained of the supervisions being completed to ensure they were

taking place at regular intervals. In addition, the staff had annual appraisals of their roles and training needs. Staff's competency was checked using a competency assessment. This included checking their knowledge for example in relation to safeguarding adults, moving and handling and medicine administration. Staff confirmed the competence checks, supervisions and annual appraisals were regularly taking place. This assisted in monitoring the quality and ensured staff had the skills and knowledge to support the people living at Mulberry House.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.

The provider information return (PIR) was returned on time and showed us that the manager had a good insight into the care of the people, the legislation and where improvements were needed. These improvements were about enhancing the service and improving outcomes for people.