

The Fremantle Trust

Mulberry Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 30 January and 1 February 2018 and was unannounced. Mulberry Court is a 'care home'. People in care homes receive accommodation and nursing or 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.

Mulberry Court accommodates 28 people in one adapted building. The care home accommodates people across two separate units, each of which have separate adapted facilities. Four bedrooms can accommodate doubly occupancy. Both of the units specialises in providing care to people living with dementia. At the time of our inspection there were 24 people using the service.

The service requires a registered manager to manage the service. 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. There was a registered manager in post at the time of our inspection.

People were protected against abuse and neglect. Staff we spoke with were knowledgeable of the process to follow if they suspected abuse had occurred. People told us they felt safe living at Mulberry Court. One person told us, "I'm safe everything is jolly here." One relative told us, "My [mother] receives extremely good care and love in here, I cannot fault them."

Recruitment of staff was safe and ensured only suitable people were employed. Staff received training support and appraisal. Supervisions were carried out on a regular basis. Staff told us they felt supported and worked as a team and they all helped each other. The service was managed by a person described as approachable and positive. We saw the registered manager was available and 'hands on' and assisted staff when required. The culture of the service was open and transparent. Relatives told us the service was well managed.

People and their families had the ability to voice their concerns and had regular 'residents and relatives' meetings where they could discuss any issues or concerns they had. Complaints were responded to with outcomes. We saw complainants were kept informed of the status of the complaint.

Medicines were not always managed effectively and were not always available for people. This meant people could be at risk if medicines were not taken as prescribed by the GP. We saw several people had been without their medicines on several occasions. Homely remedies were given without following the correct guidelines and procedure.

Risk assessments were in place for most people's needs. However, some people who were at risk of poor fluid intake did not always received adequate fluids to prevent dehydration.

We observed staff were kind and caring and were able to spend time with people. People and relatives told us staff were kind and nothing was too much trouble for them. We observed there to be adequate staff available to meet people's needs.

The service followed the requirement of the Mental Capacity Act 2005 (MCA). The recording of consent and best interest decisions meant the service complied with the MCA codes of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us the food was good and they had a choice of menu. We were told the food was fresh and sourced from local suppliers. We observed the lunch was served in a calm way and people could sit and chat with each other after lunch. However, we saw that when people were at risk of malnutrition and were losing weight the correct procedures were not followed.

The premises were cleaned to a high standard we saw domestic staff on both days of our inspection engaged in cleaning duties. Rooms and communal areas were in good state of décor bed linen was clean and of good quality, rooms were clean and tidy, hoisting equipment was stored safely and corridors were hazard free enabling people to walk freely around the premises.

Audits were carried out to monitor the quality of care at the service. However, medicine audits identified several people had not received their medicines over a period of time. Actions had not been taken to prevent continued periods where stock was insufficient.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People were at risk because of unsatisfactory management of medicines.

Risk assessments identified risks. However, these were not always managed appropriately.

People told us they were happy and felt safe living at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People at risk of dehydration did not receive adequate fluids.

People had access to appropriate healthcare professionals to receive additional support.

Staff received regular supervisions and training they told us they felt supported.

Requires Improvement ●

Is the service caring?

The service was caring.

People received kind and compassionate care from staff.

People and their relatives were involved in the care planning process.

People's dignity was respected.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care that was individual to their needs.

Good ●

The complaints process was followed.

Meetings were held to allow people and their relatives to share their views and comments.

Is the service well-led?

The service was not always well led.

Audits were not robust or effective to improve the quality of care people received.

Conditions of registration were met by the service.

The culture of the service was open and transparent

Requires Improvement ●

Mulberry Court

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 30 January and 1 February 2018 and was unannounced.

The inspection team comprised of an inspector and an expert by experience on the first day. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. The second day one inspector completed the inspection.

Before the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events, which the service is required to send us by law. A Provider Information Return (PIR) was not requested prior to our inspection. A PIR is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

We spoke with the registered manager, the compliance manager, five members of staff, six relatives, and four people who use the service. We requested feedback from three professionals involved in the service following our visit. We have not received feedback from the professionals who were contacted. We looked throughout the premises and observed care practices and people's interactions with staff during the inspection.

In addition, we checked records including five care plans, medicine records, four recruitment files, the training matrix, supervision records and other records relating to the way the service is run.

Is the service safe?

Our findings

People told us they felt safe living at Mulberry Court. We spoke with people about how safe they felt the service was. Comments we received included, "I do feel safe, I suppose it's because of the people in here, they are very nice girls." "I'm very safe here; I can phone home if I want and my [relative] just lives down the road." "I'm safe because I am not on my own, I am with people. "I am safe everything is jolly here." Relatives commented, "My [family member] receives extremely good care and love in here, I cannot fault them." "My [relative] has advanced dementia and is always clean and well-dressed when I come here, I am very grateful to the staff who take care of [family member], I could not manage this myself."

During our inspection we looked at systems in place for managing medicines. We saw that several people had been without their medicines due to insufficient stock. From 26 November 2017 until 29 January 2018 there had been 23 occasions where people had not received their medicines. The medicines were for conditions such as dementia, pain control and the management of bowel problems. In addition one person required a high calorie supplement as they were at risk of malnutrition. This had been out of stock for three days. We discussed this with the registered manager during feedback. They acknowledged that people had been without their medicines and told us sometimes the surgery do not submit the prescriptions to the pharmacy in time. This meant the service did not ensure people had the medicine which had been prescribed by the GP. Which could put people at risk of inadequate pain control and poor outcomes in relation to their condition.

We saw that homely remedies were used at the service. A homely remedy is another name for a non-prescription medicine that is available over the counter in a community pharmacy. They can be used in a care home for the short term management of minor self-limiting conditions such as cold symptoms and headaches. We asked to see the recording and authorisation by the GP of the specified homely remedies. The registered manager told us this was not in place. We looked at the services policy in relation to the administration of homely remedies. The policy stated; Homely remedies may be given occasionally from a list agreed with a person's doctor before any doses are administered. The service did not follow the provider's policy and current guidance in relation to giving people homely remedies. This puts people at risk of receiving medicines in addition to their prescribed dose. For example, if a person has a regular prescription for paracetamol they could be at risk of receiving additional doses which were not authorised by the GP.

We saw that a prescribed powder agent to thicken fluids used to help people with swallowing difficulties was left unsecured in a person's room. It is important to store this product safely as it presents a risk to people in the home living with dementia who may ingest it. The provider did not follow the risk assessment in relation to the storage of the person's thickener. The risk assessment stated the product should be stored in the person's cupboard in their room. We found the product left on the person's bedside table which was easily accessible by other people living in the home.

We identified that systems for the safe management and storage of medicines did not contribute to people receiving safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff told us they would not hesitate to report any concerns to the relevant authority. We saw the service had a safeguarding policy which was in line with procedures for keeping people safe. This meant there was a clear process for staff to follow to protect people.

The service followed safe recruitment practices. We looked at files for four members of staff and found the service had completed the necessary checks for new staff. Files included proof of identity, job history and references. We saw the provider had completed Disclosure and Barring Service (DBS) check to make sure people were safe to work with people at risk.

The service carried out pre admission assessments before people were admitted to the service. This included risk assessments for moving and handling, skin integrity (Waterlow) and the malnutrition universal screening tool (MUST) assessment. However, we saw that one person's risk assessment in relation to moving and handling was not current and had not been reviewed and updated since March 2017. We discussed this with a senior member of staff and saw the risk assessment had been updated on the second day of our inspection. We also noted people requiring thickener added to their fluids did not have the amount specified in their care plan. We asked a member of staff how much thickener people should have and they were able to tell us. However, people may be at risk if new or agency staff were unaware of the correct amount of thickener to add to people's fluids.

We saw one person had frail skin and was at risk of skin damage, a repositioning chart was in place to minimise risks. The chart we looked at indicated the person should be repositioned every two hours. However, charts dated 25/01/2018, 24/01/2018 and 30/01/2018 showed the person had not been repositioned throughout those days. This puts the person at further risk of pressure damage. We spoke with a member of staff and they told us staff had not recorded when the person had been repositioned.

Personal Emergency Evacuation Plans (PEEP) were in place in case of emergencies such as a fire. The aim of a PEEP is to provide people with any form of a disability, who cannot be adequately protected by the standard fire safety provisions within premises, with a similar level of safety from the effects of fire as all other occupants.

Accidents and incidents were recorded and relevant parties informed in line with legislation and in line with the providers policy and procedures.

Staffing levels were adequate to ensure people received timely care and support. Staff were not rushed and were able to spend quality time with people they were supporting. The service used agency staff when necessary.

The premises were cleaned to a high standard we saw domestic staff on both days of our inspection engaged in cleaning duties. Rooms and communal areas were in good state of décor bed linen was clean and of good quality, rooms were clean and tidy, hoisting equipment was stored safely and corridors were hazard free enabling people to walk freely around the premises.

Is the service effective?

Our findings

People were supported by staff that had the opportunity to maintain their skills and knowledge. Staff told us the service provided training that was very good. Comments we received from staff were, "The training is fantastic." "One of the best homes I have worked for in terms of the training."

A new member of staff told us they were well supported and the induction they received was very good. One relative commented, "[Registered manager] and the team are great."

The training records confirmed staff received on-going training and were booked to complete any updates that were due. Topics included nutrition and hydration, safeguarding adults, moving and handling and dementia care. Staff told us the training equipped them to support people effectively.

Supervisions and appraisals were carried out on a regular basis. The supervision matrix we saw confirmed this. Staff told us they felt supported. A new member of staff said, "[Name of staff] has been a great support; I know I can ask them anything."

People's needs were assessed before they started using the service. This included mental health, physical needs and social support. People's preferences were taken into consideration when planning care and support. For example, we were told some people had a preference for specific staff to support them and this was recorded to ensure people's choices were respected.

People were complimentary about the food they were offered. Comments we received included, "The food is very nice I always enjoy what they give me, I usually go to the dining room, so I can sit with other people". "The food is good if you don't like what is on offer they will offer to make you something else like an omelette." We observed lunch and found tables were laid with clean linen and cutlery. People were seated at the dining room tables, one person preferred to sit in the lounge with their meal on a tray. We observed everyone cleared their plates with one person asking for more. Everyone told us they enjoyed the meal.

We saw that some people had been assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a five step screening tool to identify adults who are malnourished and at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. We noted that one person who's weight was 37.50 kg on admission had put on weight and was now 41.90kg. However, the person's MUST score of two indicated they were at 'high risk' of malnutrition. We noted the person did not have a food chart in place. The registered manager told us they did not need a food chart as they were eating all the food that was offered to them. However, the MUST tool advises people assessed at high risk of malnutrition should have their food monitored and recorded. This demonstrated that people who had been assessed at risk of malnutrition did not have their calorie intake monitored to prevent deterioration.

We found other people who had been assessed at risk of malnutrition did have food charts in place. However, these did not always correspond to the daily recording. We saw that one person had their food recorded as having eaten their lunch. However, we noted this was not correct as we saw the person had their lunch in front of them and had not eaten anything. The food was taken away at 14.30 we saw the daily records confirmed the person had eaten their lunch. We discussed this with the registered manager who

told us the daily records had not been correctly completed. They told us the service was trialling new documentation at the time of our inspection and staff did not always complete it correctly. The provider sent evidence following our inspection to confirm the records had been changed to reflect the meal had not been eaten.

Fluid charts were in place for some people who were assessed as at risk of dehydration. We looked at three people's fluid charts and found inadequate fluids were given. We saw that over three days from 28/01/2018, 29/01/2018 and 30/01/2018 one person had a total of 400 ml of fluids each day. A second fluid chart we looked at showed on 29/01/2018 740ml of fluid was consumed in one day and on 31/01/2018 a total of 370ml of fluids was consumed in 24 hours. A third fluid chart showed a person to have received a total of 400 ml of fluid in one day. We discussed this with staff and the registered manager who told us some people have difficulty drinking adequate fluids. However, lack of fluid intake may cause complications to people's general health and may cause additional health problems such as reduced renal function and feelings of tiredness.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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.

Staff we spoke with had a good understanding of the MCA and DoLS they told us they always assume people have capacity unless they were told otherwise. We were told that there were nine people subject to a standard DoLS authorisation. We saw that where people had been assessed as lacking capacity to make decisions a 'best interest decision' was formulated.

The premises promoted people's independence. There was outdoor seating, kitchenettes and was specifically designed to support people living with dementia. The service won the Best Interior Dementia Design award in 2015 at the National Dementia Awards.

People had access to healthcare within the service, which included visits from District Nurses, GPs, speech and language therapists and chiropractors. Referrals were made when required.

Is the service caring?

Our findings

We asked people and their relatives if they felt the service was caring. Comments from people we spoke with were, "They are all very nice girls, very caring, I can't complain." "The staff are nice people, I have no complaints." Relatives told us, "I can't complain they [staff] are very good, and the manager is very approachable."

We observed interaction between staff and people who used the service. We found people were treated with dignity and respect. Staff were available to spend time with people without rushing. During our inspection the hairdresser was visiting we saw staff supporting people to the hairdresser's room. When people were ready to come back to the lounge staff assisted people and commented on how nice their hair looked. People looked visibly pleased with the comments. One relative told us, "[Family member] gets her hair and feet done here, I come here regularly so if they need to ask, or tell me anything they can. I don't go to meetings the manager is always about."

We observed staff knocked on people's doors before entering. We saw staff announce their presence and sought consent from people before entering.

We observed that staff listened to people and talked to them appropriately. We saw several examples of this during our inspection. For example, we saw a person was becoming increasingly anxious because their family had not arrived. The member of staff used appropriate distraction methods to allow the person to become more settled.

Family members we spoke with told us they were always told about any changes to their relatives' condition. Comments were, "If [family member] has any falls or seizures they phone me straight away." "When [family member] had a fall when she was in hospital they rang me at four in the morning to let me know."

The service enabled people and their families to be involved in decisions about their care and support. Regular reviews were held with people and their families to discuss any changes or additions to care needs. Records we saw confirmed this.

Relatives told us they could visit at any time and were always made to feel welcome. One family member told us, "[Registered manager] came out to assess us; it's been a massive thing for me. They have been really good they supported me as much as [family member]" Another comment we received was, "They try and think outside the box, it's home from home. We used to be in every day but now we can relax a bit because we know [relative] is being looked after."

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people

with a disability or sensory loss can access and understand information they are given. We saw notices displayed throughout the premises which enabled people to have access to information such as community events, recent meetings and activities taking place.

Advocacy services were available for people who required this. The service supported people to access this information when necessary. Records were kept confidentially in a locked cupboard on each floor of the service. Additional records were kept in the services offices which were locked when not in use.

People were encouraged to personalise their rooms with homely touches such as photographs and personal furniture.

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. Staff knew people well and was able to explain people's routines. During discussions with staff they were able to tell us about the preferences and routines of people they supported. One example we saw was one person who was asleep for most of the day in a chair. Staff told us, "[Name of person] likes to sleep." Another example was a person who walked around the home looking for a family member. Staff were able to tell us this was the usual routine for the person.

We reviewed care plans which reflected mental, physical and social needs. Information relating to people's life history and individual preferences was in place to enable people to have as much choice and control as possible.

Reviews were held with people and their families to ensure any changes were communicated and agreed. This was confirmed by the records we viewed and the families we spoke with. One relative said, "Yes we had a review last week." Another family member told us they had regular meetings with their key worker. A key worker is point of contact for people and their families should they have any needs outside of their day to day care needs.

The service offered activities including cognitive simulation therapy, singing and reminiscence to support people. During the first day of our visit a 'fitness' instructor arrived to play 'chair Zumba' where people exercised their arms and legs whilst listening to the music. Most people participated and seemed to be enjoying the activity. Later on in the afternoon it was 'wine and cheese tasting' dining tables were joined together so that everyone participating could face each other and taste the wine and cheese. People and staff engaged with each other resulting in a chatty social atmosphere. One person told us, "There are something's that go on [activities] I don't always join in, most of them [people] fall asleep."

Relatives commented on the social activities the service offered. One relative told us, "They are out and about quite a lot. [Family member] has always loved aeroplanes so they took [family member] to an aerodrome."

There was a complaints process and system people and their families received when they first joined the service. Complaints were managed in accordance with the services policy and procedure. The complaints log we saw confirmed complaints were recorded and responded to accordingly. Relatives we spoke with told us they knew how to make a complaint they told us they come in regularly and would always speak to the manager first if they had any issues.

The service supported people at the end of their life. Records we saw related to people's wishes at the end of their life. The service was supported by the GP and community nurses during this time.

We saw that anticipatory medicines were prescribed by the GP for one person receiving palliative care. Anticipatory medicines are designed to enable prompt relief at whatever time a person develops distressing

symptoms.

Is the service well-led?

Our findings

We asked people relatives and staff whether they felt the service was well led. We received positive feedback from all parties. Relatives told us the manager was approachable and they often saw them around the building. Comments we received were, "I don't go to meetings the manager is always about." "The manager is very approachable." "[Name of manager] is great." "Solid management." One person told us, "I don't know who the manager is, my [family member] might." Staff commented they felt supported and said they could always rely on the registered manager to help out if required. This was confirmed on both days of our visit. We observed the registered manager to be visible and very 'hands on'. The registered manager told us, "They [staff] can never find me in my office; I am always assisting people somewhere."

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. We saw examples of this on both days of our inspection. The service had a clear vision and set of values that included involvement, compassion and dignity. Staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Comments from staff were, "I would tell [registered manager]." "I could always speak to them if I had any worries."

The service held regular meetings to gain feedback comments and suggestions. We saw evidence of regular meetings held with people and their families. Topics discussed ranged from re decorating and making living spaces more personalised.

There were systems for monitoring the quality of care people received; however these were not always effective. Senior managers visited the service to carry out audits which comprised of care plan audits medication audits and operation observations of the premises. Where senior managers found issues an action plan was put in place to address this. Internal audits of the management of medicines were completed on a monthly basis by the registered manager. We noted the medicine audits showed that on several occasions medicines were not available for people. We did not see any actions taken to address this and prevent reoccurrences. We discussed this with the registered manager during feedback and they said it was usually the surgery or the pharmacy that failed to put forward the prescription in good time. We received evidence following our visit that the provider was liaising with the pharmacy to address this issue.

The service worked in partnership with other healthcare professionals such as community nurses, speech and language therapists and GPs. We saw appropriate referrals had been made when required.

The service has a legal duty to inform CQC about certain changes or events that occur at the service. There are required timescales for making these notifications. We had received information about notifications and we could see from the notifications appropriate actions had been taken.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out

some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was aware of the requirement and had occasion where this was utilised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure sufficient quantities of medicines were available to meet people's needs. Prescribed products were not stored securely, putting people who used the service at risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People at risk of dehydration did not receive adequate fluids.