

# Complete Care Services Limited

# Mulberry House

## Inspection report

120 Barton Road  
Luton  
Bedfordshire  
LU3 2BD

Tel: 01582570569  
Website: [www.completecare.org.uk](http://www.completecare.org.uk)

Date of inspection visit:  
08 May 2019

Date of publication:  
27 June 2019

## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

Mulberry House is a residential care home that was providing personal care to seven people at the time of the inspection.

People's experience of using this service:

People's relatives told us their relatives were happy living at Mulberry House. People looked relaxed and comfortable with staff.

When we inspected in February 2018 we had concerns about the management of the service. When we inspected in October 2018 we saw that some improvements had been made, but we still found issues in relation to the environment, the culture of the staff team and how the provider was assessing the quality of the service.

At this inspection in May 2019 we saw that some improvements had been made. The home now had a registered manager. Although, staff still did not have effective support and direction when supporting people. Staff competencies in their work were not being monitored and checked. We found shortfalls in how staff interacted and supported people. The training and support staff received was not effective in enabling staff to perform well in their role. The management team were aware of this issue, but work had not been completed to address this. The provider had not identified this issue and created a plan to address this.

There were now some events and outings taking place. Activities were also happening. However, staff were not communicating effectively with people. Staff and the management team were not identifying and helping people realise their interests.

Staff had a good understanding of what potential abuse looked like and what they must do about it. Accidents and incidents were managed. However, we found shortfalls in how one situation was dealt with by the management team which did not promote this person's safety and rights at this time.

People had risk assessments and care plans in place. However, we found that some risks were not fully explored with good plans in place for staff to follow.

People received their medication as prescribed. Staff sought assistance from health professionals when people needed this support. Routine health appointments were made for people.

The meal experiences had improved, and people were being offered choice which was individual to them. Healthier foods were offered and made available for people. People enjoyed eating the food and snacks provided although staff struggled to engage with people during their meal experience. Healthy life styles were not promoted or encouraged, plans to support people to try and be more active were not in place.

The management team and the provider had made improvements to the environment. This had been a concern identified at previous inspections. Rooms had been painted, curtains and blinds purchased. Furniture had been mended and replaced. The registered manager told us about plans underway to improve the environment further for people.

Audits and quality checks by the provider were not always effective at identifying areas of improvement. Robust action plans were not in place to support the registered manager to make further improvements.

There were breaches in the Health and Social Care Act 2008.

This service has been in Special Measures. Services which are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rating at last inspection:

Requires Improvement with Inadequate in Well Led. This was published in November 2018.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

Ongoing monitoring;

We will await the action plan, review this, and inspect the service again to check the improvements have been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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:

The inspection was completed by one Inspector.

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

#### Service and service type:

Mulberry House is a residential care Home. It provides personal care, accommodation and support to people living with a range of learning disabilities.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

- We asked the local authority for their views of the service.
- We checked statutory notifications which the provider must send us by law.
- People were not able to describe their experience of the care received. Therefore, we completed observations throughout our inspection. We spoke with two people's relatives to gain their views on the care provided.
- We spoke with two members of staff; and the registered manager and deputy manager.
- We looked at three people's care records, and three staff recruitment files. We also looked at audits and fire safety checks along with records relating to the management of the service.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- Previously the management team had not sought full employment histories for staff, as part of safe recruitment practices. The new management team had corrected this by asking existing staff for this information. However, we looked at two newly recruited staff's records. These members of staff did not have full employment histories with gaps in employment identified and explained.
- We also noted that these new members of their staff did not have their references verified.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- People's relatives told us that they felt people were safe at the home. One relative said, "I haven't got a bad thing to say about the home." They told us that when they had concerns about their relative's safety, the management team acted appropriately to protect them
- People had assessments in place which considered the risks which people faced. For example, one person was living with a health condition. This was identified, and the care plan told staff what to do if they were unwell.
- However, we found that in three cases certain risks were known about two people, but these had not been explored in their risk assessments. We spoke with the registered manager about this and they told us this would be addressed.
- Various fire safety checks were being completed. These included testing fire related equipment and there was a weekly evacuation drill.
- At the previous inspection we saw records confirming yearly checks on electrical equipment and Legionella tests for the water.

### Systems and processes to safeguard people from the risk of abuse

- The staff had a good understanding what abuse could look like and how to keep people safe from potential harm. Staff knew how to report concerns both within the service and externally to the local authority. Safeguarding information and contact details of the local authority was displayed in the home, however not all the staff knew this information was there.
- A person had been found to have unexplained bruising. Staff acted and reported it to the management team. We could see recorded that a District Nurse was asked for their views on this. The incident report stated they were not concerned, but it did not say why they were not concerned.
- However, the management team had not consulted with the local authority safeguarding team about this

situation. There was no further monitoring of this. Given the potential concern this situation should have been managed in a safer way. We were therefore not fully confident that the management team had a good understanding of safeguarding practices. We spoke with the registered manager about this who advised us that they had booked themselves and the deputy manager on safeguarding training arranged by the local authority.

#### Preventing and controlling infection

- There had been previous infection control concerns identified at the last inspection. These had now been rectified. The registered manager had devised an infection control audit and purchased guide books for staff to be used for upcoming training for staff in this area.

#### Using medicines safely

- We looked at people's medication administration records (MARs) and did a count of people's medicines. We could see that from this people had received their medicines as prescribed, as physical stocks tallied with the records kept.
- Some people were prescribed 'as required' mood controlling medicines. Staff recorded when and why this was administered. We checked that people were not being given this medicine on a routine basis.
- Some people had prescribed creams. These people had instructions of where these creams should be applied. However, this information was kept away in the office and staff did not have it to hand when they actually applied this medicine. This is not safe practice. The registered manager told us that they would make this information more accessible for staff, when they were directly administering this medicine.

#### Learning lessons when things go wrong

- The service had been under-going many changes following from the Inadequate rating in February 2018 and October 2018 inspections. The management team had responded to this and made some improvements. However, we are not confident at this stage, that the management team and the provider were able to identify shortfalls independently.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- New staff did not have a robust induction to their new role with checks to ensure they were competent to carry out their work.
- New staff did not complete a training programme before they started working with people. The management team accepted their previous training without any checking process completed that this training was effective.
- The registered manager did not have an effective system to monitor the competency of existing and new staff. The management team had started to check staff competencies in their work. However, this had stopped last June 2018.
- Staff did not have appraisals. Staff were not having regular supervisions. The management team had started to complete supervisions in April 2019 but these had not been completed since November 2018.
  - We noted times when staff practice needed to be improved. For example, when staff struggled to engage with people. Staff did not have direction and support at these times.
- During this inspection we identified shortfalls in the competency of both new and existing staff. We concluded that good systems were not in place to support staff to be skilled and supported in their work.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's experiences in this area had improved following from our previous inspections. People were offered choice individually which incorporated healthy food.
- Thought had been given by the registered manager and staff to the dining experience. New table cloths were laid and a person brought round different jugs of juice on a trolley.
- Staff supported people to lay the table and serve the food.
- When the registered manager and deputy manager sat with people at lunch there was a friendly social atmosphere. However, until they joined the table, this was not the case.
- People were left some time sitting in a group, despite staff presence, with no attempt of conversation. People looked about the room waiting for their food. One member of staff at one point had their head on their folded arms on the table. With another member of staff sat next to them looking at them.

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

- One person was identified as being an unhealthy weight, but there was no plan to try and address this.



- People were not being encouraged to be physically active. Some people were defined as obese and could have benefited from active opportunities and staff encouragement in this area.
- The registered manager told us that they were aware this was an area which needed further development.
- We saw records showing people having routine and non-routine health appointments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed. Advice had been sought from health professionals. Guidance to see if the management team and staff could support people in an improved way was however not being sought.

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

- Work had now started in this area to make the environment more appealing for people. However, Further work was required to make the environment and design more relevant to the people living there. For example, the staff smoking hut was directly in people's view from the lounge. Consideration had not been given to promote a positive view and an outside space people would like to spend time in.

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).
- Staff offered people choice and told us about the importance of this. People had detailed capacity assessments in place. The management team was monitoring people's DoLS and adhering to these authorisations.

# 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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- On some occasions staff were not always respectful or polite towards one person. At times staff walked off as this person was talking to them. This person continued to talk looking for where the member of staff had gone. No other member of staff intervened into this situation, but they were present.
- We spoke with the management team about this. The conclusion was that staff needed support and training to support this person. We were told the management team would look at this moving forward.
- There were two occasions when a member of staff was sharp and dismissive when they spoke with a person. For example, one member of staff made a comment to a person to try and eat their salad. This person indicated by their facial expression that they did not like the salad. Another member of staff sitting next to this person said, "Don't eat it then." No other member of staff intervened to ensure this person was okay.
- Staff respected people's privacy. Staff knocked on people's bedroom doors and asked if they could come in. They waited until they heard an answer.

Ensuring people are well treated and supported; respecting equality and diversity

- A person's relative told us that staff were friendly and kind, "They [staff] don't put on a show for me, they [staff] are the same each time I visit. I know [relative] is happy."
- When some people were distressed staff responded.
- Staff had a good understanding about diversity and discrimination. Staff knew what a 'Hate Incident' could look like, and that people were vulnerable to experiencing discrimination when they left the home. Staff knew what to do in these situations to promote people's rights and keep them safe.
- People looked relaxed with staff. However, friendly and familiar interactions only took place when people engaged with the deputy manager. We concluded that further work was needed to support staff to build more positive relationships with people at the home.

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

- Records did not always show that staff had engaged with people about their care planning.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- People's care records outlined their needs, and some of their preferences and interests. Sometimes these lacked details. For example, some people's assessments said they liked going to the cinema, but it did not say what type of films they liked watching.
- These records had been reviewed recently by the registered manager. Some elements of these records were in formants to help people understand these assessments. Although further work was needed to support people to be more involved in their assessments and reviews.
- People's care was not reviewed, to see if they were happy and to consider if improvements could be made.
- The management team, staff, and the provider were not fully considering if they were meeting and fulfilling people's interests, goals, and ambitions. This was not being tested or checked. Attempts were not being made to see if they could do more for people.
- People had gone to some events and some outings this year. One relative told us, "They [people] used to do nothing really, now they do things."
- Goals and interests were not being explored or developed.
- Staff asked people at times what they wanted to do that day, but they did not give them any options, so people said they did not want to do anything. When an afternoon activity took place, people were not consulted with, to see if they wanted to do this, or do something else.
- People had one to one time, which was around people cleaning their rooms and having a chat. Some people had identified something to do and a place to go however, no plans were made to make this happen.
- Some staff did not know how to talk with people at the home.
- Elements of people's care was not personal to them. The radio was on and left on, without people being asked what they wanted to listen to. The TV was left on at the same time in the same room. When staff eventually asked if people wanted the radio and TV turned off, they all said in a direct way "Yes."
- People's relatives told us that this area of people's lives had improved, but more work was needed.
- These issues were discussed with the management team and they agreed that further work was needed in this area. The registered manager said they planned to develop this area in the future.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- No complaints had been made since we last visited. The provider had a system to process complaints.

#### End of life care and support

- The process of considering this type of care planning had started recently. We noted that time and attention had been given to one person's conversation about this subject.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was now a registered manager in place. The roles of the management team were still being defined.
- The roles and the culture of the staff team still required more work and input from the management team and the provider to provide person centred care to people.
- There were times again when staff did not treat everyone in a respectful way.
- At times staff did not know how to engage with people in order to promote their experience at the home and build a positive relationship with them.
- There was a lack of support for staff to perform well in their work. The management team and the provider had not created effective systems to teach and enable effective staff practice. To ensure people's needs were promoted and realised. There was no plan in place to address these issues, despite the challenges the service had faced, and the need for change. This element of care delivery had not been considered.
- Safe staff recruitment checks were not fully in place.
- Internal audits were taking place, and some had been planned. However, people's experiences living at the home were not being fully considered.
- The provider was completing audits which evidenced their assessment. However, the issues we had identified had not been identified. There was no plan or initiative to support the management team in addressing and resolving these issues.
- There was not currently a culture of independent continuous learning, to enable future improvements to happen.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- When we last inspected in February 2018 and October 2018 we found concerns about the environment and the commitment the provider had in promoting people's experiences. At this inspection we found that improvements had been made to the environment. Rooms had now been painted, windows replaced, and new furniture purchased. We were shown quotes for other repairs to the building and items they wanted to purchase to benefit people and staff at the home.
- The management team spoke of how they wanted to improve people's experiences. Work had been completed to start this process, however, we could not be confident that this new culture had a sustained positive impact on people.

- One relative said, "They [management team and provider] have got their act together, it's not perfect." This relative told us that they hoped the service continued to make improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Effective systems were not in place to enable staff to engage with people at the home.
- Plans were not in place to involve others in the development of the home.
- The registered manager was aware work was needed to involve other organisations to assist the service to develop.

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 9 HSCA RA Regulations 2014 Person-centred care  Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA 2008 (RA) Regulations 2014: Person-centred care  The provider had not ensured that care and treatment was always provided in a person centred way.  Regulation 9 (1) (a) (b) (c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Well Led. There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (RA) Regulations 2014: Fit and proper persons employed There was a lack of effective systems to ensure quality care was always provided.

Regulation 19 (2) (a) (3) (a)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA RA Regulations 2014  
Staffing

Regulation 18 HSCA 2008 (RA) Regulations  
2014: Staffing

The provider had not ensured that staff had the sufficient support and training to perform well in their work.

Regulation 18 (2) (a).