

Buckland Care Limited

Mulberry House

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Mulberry House is a care home without nursing and is registered to provide accommodation and support for up to 42 people. People living at the service were mainly older people, some of whom are living with dementia or poor health. At the time of the inspection there were 31 people living at the service.

People's experience of using this service:

People and their relatives spoke highly of the service they received from Mulberry House.

However, we identified risks to people's care that had not been clearly identified or met. Where risk assessments had been undertaken there was not always an associated plan to guide staff on how to reduce risks. Poor implementation of the change to a new care planning system had left people at risk of poor or unsafe care because documents were not 'joined up'.

The provider organisation had not ensured the service was consistently well led. There had been multiple changes of management of the service, both locally and at regional level since the last inspection. A new manager had been in post for five weeks but had received no handover or induction on their appointment. This had left them unclear over what systems were in place, and ultimately left people at risk. This was a failure of organisational governance. We did not identify people had suffered harm as a result of this and immediately following the first day of the inspection a regional manager came to the service to support the manager. Together they had drawn up a clear action plan for improvements, which were being implemented.

Staff had worked hard to ensure people received personalised support which met their needs and preferences, however this had not always been recorded or updated in people's care plans. People told us the service met their needs and relatives said the care given to people was of a high standard.

We found there was not a clear understanding of people's rights in relation to any Deprivations of Liberty authorisations under the Mental Capacity Act 2005. No-one at the service was clear about who had an authorisation in place, or what conditions were attached. This meant people were at risk of not having their legal rights supported or respected.

The building had been updated and maintained to a high standard. We identified that because of the needs of some of the people living at the service there was a need for some additional adaptation to meet the needs of people living with dementia. The regional manager and manager had assessed the building by the time of the second day and told us they would be implementing the findings.

We identified some policies and procedures that were out of date. These were immediately rectified during the inspection.

People received their medicines as prescribed, and systems were in place to safeguard people from abuse. The service responded to any concerns or complaints about people's wellbeing. Recruitment processes had been followed robustly, and enough staff were in place to meet people's needs.

Staff spoke positively about people and their work at the service, which they said was a good place to work. Staff received the training and support they needed to carry out their role, and although we identified formal staff support systems had lapsed the manager had plans to re-instate these.

Rating at last inspection: This service was last inspected on 18 and 19 February 2019, when it was rated as good in all areas and as an overall rating. This had been the service's first inspection since their registration.

Why we inspected:

The inspection was prompted in part due to concerns received about changes in the management structures, falls and safeguarding concerns. Since their last inspection there had been several management changes and the service had no registered manager in post for some months. A decision was made for us to inspect and examine those risks.

We decided to do a short, focussed inspection to assure ourselves they remained safe and well led. However, during the inspection we escalated this to a full comprehensive inspection as we identified concerns.

We have found evidence that the provider needs to make improvements. These amounted to three breaches of legislation, in relation to good governance, person centred care planning and understanding and implementation of the Mental Capacity Act 2005. Please see the key questions for Safe, Effective, Responsive and Well led in the full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 team consisted of one adult social care inspector.

Service and service type: Mulberry House is a care home without nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, but they were newly in post, and had not yet made an application to be registered with CQC. Registration with CQC means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to in this report as the manager.

Notice of inspection:

This inspection was unannounced and started early in the morning. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us.

The provider was not asked to complete a provider information return (PIR) prior to this inspection, because of the initial focussed approach to respond to concerns. This is information we require providers to send us

to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with nine people living at the service, four visiting relatives, a regional manager (from another area within the organisation), the manager, deputy manager, two housekeeping staff, two activities organisers, the chef, and six care and team leader staff. We also received additional information via email from three staff members and five relatives following the inspection.

As some of the people living at Mulberry House were living with dementia, they were not all able to share their experiences of living at the home with us verbally. We spent time during the inspection visits conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Mulberry House.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at three staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant 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.

Assessing risk, safety monitoring and management

- ☐ We identified concerns about the operation of systems for the assessment and management of risks. We looked at the care notes for three people in detail, and sampled others. These showed that where assessments had identified risks there was not always an associated care plan available on the same recording system to guide staff on how to mitigate those risks. For example, one person's assessments identified risks associated with falls, oral health, nutrition, pressure ulcers, activities of daily living, and confusion. There were no associated care plans or guidance for staff on how to manage or reduce these risks.
- ☐ A decision had been made by the provider organisation to implement a new care planning system using hand held devices, intended to allow staff immediate access to plans at any time. This had not been managed well, with daily notes being added to the new system, before care plans and information on risks had been added. This meant it was not easy to identify risks to people from their care, or how those risks were being managed because there was no link between the two systems.
- ☐ Paper records were not all up to date. For example, one person's care plan indicated their room was on the first floor, when it was on the ground floor.
- ☐ The service had several new staff and was also using some agency staff to maintain staffing levels, who were not familiar with people's needs, and so would be more reliant on plans to guide them as to risks around people's care.
- ☐ Some general risk assessments for example for safe working practices had not been updated since July 2018 and had limited detail on risks or measures taken to mitigate them.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Since their appointment the manager had identified increased risks for people because of the differing care recording systems in use and incomplete nature of records. They had recently allocated specific time for team leaders to transfer people's details onto the new system and update plans to begin mitigating the risks. However, this was not yet completed, and could have been avoided.
- ☐ Equipment was well maintained and regularly serviced. Regular fire tests and drills were carried out. Systems were in place to assess risks from equipment including bed rails, wheelchairs and pressure

mattresses to ensure they were safe, clean and hygienic. On the first day of the inspection an external contractor completed a fire inspection, which identified no concerns.

Learning lessons when things go wrong

- ☐ Where incidents had occurred, it was not clear action had been taken to minimise the risks of reoccurrence, because some forms had not been fully completed, or signed off by the manager who had been in post at the time. The manager and deputy manager said they were not aware of any auditing systems in place, to analyse accidents and incidents to identify any patterns or trends. This made it less likely any trends would be spotted. Some completed accident forms could not be located, where we knew there had been incidents.
- ☐ On the second day of the inspection the regional manager showed us the online system which should have been used and would be used in future.
- ☐ Staff were supported by senior staff on duty, and senior staff were on call in case of further advice being needed. Information on emergency management was available.

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

- ☐ People felt safe, and relatives told us they considered their relation was safe at Mulberry House. People said they felt re-assured by staff being available, and that staff regularly checked on them. A relative told us "I have full confidence in the staff and management here – no concerns at all."
- ☐ Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff felt able to report concerns to the management team and were confident these would be addressed. Information was available on notice boards on how to raise concerns and policies were in place to guide staff on actions to take. A staff member said, "If I can't remember it is all on the board there."
- ☐ Recruitment practices were thorough, and pre-employment checks from the Disclosure and Barring Service (police) had been undertaken before new staff started work.
- ☐ There were enough staff to ensure people had access to the care that met their needs and protected them from risks. The service was actively recruiting for new staff, two of whom we met on the inspection. People told us the staffing levels were sufficient, but at times they were very busy. We discussed this with the manager, who felt some of this may be due to the use of agency staff, who needed additional guidance as they were unfamiliar with the service. A dependency profile was in use, to determine staffing levels. The manager said once a full staff team was recruited, staff would be working more efficiently.

Using medicines safely

- ☐ Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. People said, "They are very good, they sort things out with the doctor to make sure it is right." Another person said, "It is a bit of a relief not to have to think about it anymore." We had received a concern that some medicines practice was inconsistent, but we could not substantiate this.
- ☐ Systems were in place to audit medicines, and although this had not been carried out recently, the manager had downloaded a form to do so. A medicines champion had been appointed to be the person overseeing medicines. Between the two days of inspection the visiting regional manager had identified some concerns over the storage and dating of prescribed creams and this had been addressed. Not all staff gave out medicines, and no-one did so without training. Records for medicines administration were completed.

Preventing and controlling infection

- ☐ Good infection control practice was in place, and the service did not have any significant malodour. There were no specific identified infection control risks.
- ☐ Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any

potential infection and had received training in managing infections.

- ☐ The laundry area was clean and free from a build-up of items waiting to be laundered. Appropriate arrangements were in place for the management of clinical waste.

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ On the first inspection day, no-one was clear about who was subject to a DoLS authorisation. The manager was not aware of any system to record and monitor DoLS in place. On the second visit, the tracker had been located, but was incorrect.
- ☐ We identified the records for one person for whom an authorisation had been granted. This included specific conditions to ensure the person's rights were being protected. These conditions were not being acted upon. This meant people's rights may not have been respected and the service's legal responsibilities were not carried out.
- ☐ We found the service was not acting within the principles of the MCA. The failure to have effective systems in place for monitoring applications and authorisations in place prior to the employment of this manager meant they did not have immediate access to this information. Appropriate recording of whether people had capacity to make decisions and power of attorney details was not always in place.
- ☐ People were asked for their consent for care. However, where people lacked capacity to consent, for example to the administration of medicine, we saw best interest decisions had not always been made and recorded. They had not always included people authorised to make decisions on their behalf in line with MCA requirements.

We found no evidence that people had been harmed. However, the service had not acted in accordance with legislation to protect people's rights with regards to The Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of the inspection the manager and regional manager told us they had started a new 'tracker' of agreements on consent, and applications for authorisations for DoLS, so this information was clear and understood.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Before people came to live at the service, assessments of their needs were carried out. This helped ensure everyone understood their needs could be met before they moved in. People or their relatives told us this had happened. However, no-one we spoke with could remember being involved in developing their care plan or reviewing this while they were living at the service.
- We discussed this lack of involvement with the manager and regional manager. They assured us the new care planning systems required the person or their supporter to 'sign off' their agreement with the care plan. In the past some practice had been inconsistent.
- Relatives said they were kept up to date with any changes or incidents at the service where the person wanted this or if they had legal authority, for example through power of attorney.

Staff support: Induction, training, skills and experience.

- Formal systems for staff support such as appraisals and supervision sessions had not been taking place. However, staff told us they felt supported, and could go to the manager or deputy at any time. We saw staff approaching senior staff for advice and guidance during the inspection. The manager had supervision and appraisal systems at the point of implementation at the start of the inspection.
- The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs, but this needed significant updating, and was sent to us following the inspection. This included induction training and support, face to face training and online resources. This showed some areas of training were needed, for example in falls prevention. The manager told us they would be following up staff training needs to ensure they met all the required competencies as part of their supervision and appraisals. Staff involved in administering medicines had received recent training from the supplying pharmacist. Training in pressure ulcer prevention had been delivered by a registered nurse from the local authority Quality Improvement team.
- Newly appointed staff were expected to complete the Care Certificate if they did not have previous care experience. The Care Certificate is a nationally recognised course in Induction for care workers. Staff said they received enough training and support to enable them to do their job.

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

- Where people were at risk of malnutrition some people had been prescribed supplements. People told us "I eat what I want – I don't have a big appetite" and "No complaints there." One person told us they would like more varied salads which we passed onto the manager to address.
- People were offered additional food if they wanted this. On the day of the inspection one person said they were not feeling well. They were offered a choice of beef pie or fish cakes, neither of which they fancied. The person was then offered an omelette and staff encouraged the person to eat.
- People had sherry with a well-presented lunch. Specialist ingredients were used to prepare one person's special diet. The manager told us food was available 24 hours a day. They were intending to republish the service user guide, which contained information about the "Night Owl" menu, which was available on request.

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

- People and their relatives told us they had chosen the service because of the quality of the environment. One relative told us their relations previous accommodation had felt cramped in comparison, and how their relation enjoyed the space at Mulberry House.
- Mulberry House is an older adapted building, which was subject to a significant programme of alteration and adaptation prior to opening in 2018. The building is set over two floors, with a lift to access the first floor, and has been maintained to a high standard. All areas of the service were clean, warm and comfortable.
- The service is loosely divided into areas for people with higher dependency needs, dementia or for people who were more mobile and enjoyed a quieter experience.
- There was some limited signage around the building helping people living with memory loss to orientate themselves, but not much other environmental adaptation to support people's memory loss. We were told this was because the home was not a specialist dementia service, although approximately seven of the people at the service were living with dementia.
- By the second day of the inspection an assessment of the building had been made using a specialist tool to assess the suitability of the environment for people living with dementia. The manager told us they would be implementing the findings of the assessment. For example, with use of colours to highlight certain features such as handrails, and directional signage.
- Courtyard and garden areas were safe and attractive areas to spend time, and there was a variety of areas for communal use, including a library, dining room and multiple lounges.
- Adapted bathrooms, hand rails, mobile hoists, door alarms, shower rooms and toilet facilities were provided to meet people's needs.

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

- People had access to a full range of community healthcare, including GPs, community nurses, podiatry, optical and dental services.
- We saw the service took immediate action to support the healthcare needs of a person who had returned to the home from hospital. This included contacting community nurses for immediate support to meet the person's increased needs.

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

Respecting and promoting people's privacy, dignity and independence

- ☐ People's dignity and privacy were not always respected, and staff communication was not always carried out in private. A part of the 'ten at ten' meeting held each day with heads of each department was held within earshot of one person living at the service. The manager told us that if this happened, they would make every effort to reduce the details of the care discussed. However, we saw some personal information was still shared. The manager told us they would make sure this happened in future.
- ☐ Whilst staff were caring in their approach, we saw people's care was not always person centred, and identified consent issues were not always clear. This was not reflective of practice being caring at all times.
- ☐ People's mealtime experience was positive. Tables were nicely laid, with sherry, wine glasses for juice and napkins. The manager told us they were intending to carry out a mealtime experience audit to assess and improve this experience further. The regional manager was also intending to re-instate a pod coffee machine and pastries/cake to be available for people to self-select in one of the lounges.
- ☐ Personal care was delivered in private. Staff understood where people wanted to retain their independence, and what they were able to achieve for themselves.

Ensuring people are well treated and supported

- ☐ We saw evidence of positive relationships in place. People told us staff were kind and caring towards them. People said, "Staff are very kind – It's a very happy place", "They are as good as they can be. Caring young people" and "Staff – couldn't ask for better. Kind, caring – what more could you want?"
- ☐ Relatives told us "In short it's been amazing- really wonderful" and "I see how they support (Name of person) and I am so grateful and re-assured."
- ☐ We saw staff responded warmly towards people and relatives. Visitors were made welcome to the home at any time. One said, "I come here at least every other day, and it's always as good."
- ☐ Staff expressed concern for people in their care, and spoke positively about them as people, not just focussing on their needs. Staff supported people to celebrate special events and told us about plans to celebrate a 'special birthday' coming soon.

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

- Since being at the home the manager had made it a priority to meet with people and seek their views on the care and services provided. We saw relatives calling into the office, being greeted warmly. A residents and relatives meeting had been held to build relationships and open communication.
- Care plans we saw included information about people's personal, cultural and religious beliefs where this was known.
- The service respected people's diversity and was open to people of all faiths and belief systems or none. The manager said they would actively celebrate people's diversity where they were happy for this to happen. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. We did not identify concerns people were subject to discrimination.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. This has deteriorated to requires improvement.

This meant people's needs were not always met.

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

- ☐ Care planning systems had been changed since the last inspection, and were not operating well, because information was split across the two systems, or had not yet been updated.
- ☐ Care plans did not always provide staff with descriptions of people's needs and how they should provide support in line with people's preferences and needs. One person told us they had to regularly remind staff how they wanted their care delivered. This was because there had been regular changes of staff, or agency staff in use who could not rely on the care plans to give them personalised support.
- ☐ Plans had not been regularly updated to reflect changes in the person's needs and abilities. People's care plans were not all up to date. For example, one person's plan stated, "I am able to find their way around the home and identifies people correctly." The person was unable to move independently as their needs had changed. This had not been reflected in their plan.
- ☐ People and relatives said they could not remember being involved in drawing up their care plans or being involved with reviews.
- ☐ Not all plans contained information about people's life history. These histories are important, especially where the person has memory loss, as they help staff to understand the person in the context of the life they have lived. Where this was in place it was very helpful. For example, one person had lived abroad. Staff were aware of this, and the person's plan contained details of words or terms that might make the person more familiar with items they may come into contact with, for example an alternative word for flannels.

The failure to ensure care plans had been compiled with each person to include their preferences regarding their needs and choices about their care was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

o ☐ The manager told us they were aware of the failings with the care plans and had organised time for staff to spend with people ensuring the new care planning system involved people in making decisions about their care. Where this input had happened, care plans were much clearer and more detailed.

• ☐ Despite staff not able to always rely on care plans, we saw some positive examples of person-centred support in place. For example, one person told us how important sport had been to them all their life. They were able to show us photographs of their achievements in their room. At lunchtime the person was provided with a small device that helped them discreetly watch a live World cup Rugby game, so they did not miss any action. Staff said they understood how important this was to the person, and they were really engaged with the game, for example updating staff with the scores.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

- ☐ Where people had identified needs, these were being addressed. For example, one person had been provided with additional lighting in their room, and a speaking clock/calendar as their vision was impaired.
- ☐ Information in the new service user guide was to be available in differing fonts or colours to assist people with low vision.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ The service had two activities organisers, who worked both with people on an individual basis and in groups. The home was busy with activities provided each day and during the evenings. On the day of the first visit people were taking part in meditation and exercises, games and singing with a vocal coach during the afternoon. In the evening they watched a film, with drinks and chocolates provided. Activities were detailed on a board in the dining room. The following day a trip out was organised to a local craft centre. On the second visit people were doing flower arranging in the morning, the products of which were on display on the dining tables at lunchtime. During the afternoon there was a poetry reading group, which was set in the library, and was very well supported. The activities organisers were positive people who encouraged people to participate as far as they were able.
- ☐ People told us they were able to engage in activities as they wanted, and there were always new things on offer. One person had not wanted to join in the activities but had wanted to remain in the room to watch. We saw they were included in conversations.

Improving care quality in response to complaints or concerns

- ☐ Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure. People told us they would feel free to raise a complaint if they needed to, but not all were clear as to how to go about this. One person said they would speak with "the person in the office who does all the bookings" and another told us they would speak with their relatives or a senior staff member.
- ☐ Records were kept of any investigations and outcomes.

End of life care and support

- ☐ People's wishes about the end of their lives were recorded in their care files where these were known. Some people also had a treatment escalation plan, known as a TEP, agreed with their GP in place. This covered what treatment the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life.
- ☐ We saw positive feedback about the quality of the service's end of life care, including support to family members. For example, when a person had returned to the service for end of life care the person had been accommodated in a room large enough for family members to stay with them. This had meant a great deal to them to be near their relation at the end of their life.

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

At the last inspection this key question was rated as good. This has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.

- ☐ On the first day of the inspection we identified some concerns over the organisational arrangements and governance of the service. The registered provider had not maintained effective and consistent oversight of the service, which had led to a deterioration in systems in use. Regular checks had not been in place or had not been effective in identifying the concerns we identified.
- ☐ Governance structures were not clearly organised or consistent. Some registered provider led activities, such as the transfer of care plans to the new IT based system had not been managed well, leaving people with poor or incomplete records, and at risk of harm.
- ☐ There had not been a registered manager in place since May 2019, and another manager had been appointed and left since that time. There had also been changes at senior support staff level.
- ☐ The current manager had been in post for around five weeks but had received no handover or Induction into their role from the registered provider. They had not yet made an application to register with CQC.
- ☐ We identified concerns over the management of risks, completion of records and poor understanding of the Mental Capacity Act 2005 and its implementation. These amounted to breaches of legislation.
- ☐ On the second day, it was identified there were some systems in place to assess and improve the quality and safety of services, but these had not been used, as the manager had not been made aware of them. Although the regional manager and manager had taken immediate steps to start to address some of the concerns, these had not yet been fully effective, and we could not yet be assured they would be sustained.

This had amounted to significant failures of governance, and placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ By the second day of the inspection the manager and regional manager showed us an action plan they had drawn up. They told us they would be sending us this, updated every month, so we could assure ourselves as to progress that was being made. They had also contacted the local authority Quality assurance and improvement team for support.
- ☐ The provider had also commissioned an independent assessment of the service, based on regulations and best practice guidance, and weekly support to assist the service to improve. A new deputy manager had also been appointed, to work jointly with the current deputy. The manager had been given support and guidance on the organisational practices, and we were assured this support would continue.
- ☐ Some policies and procedures were out of date, but we were informed they had been updated on the

second day of the inspection.

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

- People and relatives said Mulberry House was a good place to live, met people's needs and they felt confidence in the service. Comments such as "Couldn't be better", "It's a very nice place" and "I cannot speak more highly of the care" were received.
- The manager was focussed on providing a high quality and person-centred service for people, recognising their individuality. They had a clear idea of how they wanted the service to operate, with people's views and wishes being fundamental. They had been working on improving internal communication systems to ensure the important areas of care did not get missed.
- We received positive feedback on the changes the manager had made. A member of staff told us "Hand on my heart in the short time (name of manager) has been here she has returned the soul and breath to Mulberry. Her honesty, vibrancy, genuine care and compassion for residents and staff alike is a breath of fresh air. Without exception I know I can say that (name of manager) has reinstalled empowerment and individual thinking and problem solving back to the staff and Mulberry is back on track."
- The manager understood the importance of working well with other agencies and families in an open and transparent way and was working to develop the positive culture of the service. A relative told us "From the Manager down through all levels and type of staff it's obvious everyone cares."
- The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager sought views from people, their relatives, staff and external healthcare professionals through a series of questionnaires. These had only recently been circulated, so results were not yet available to demonstrate what people's views were. The manager said these will then be used to compile overall results and feedback given on what actions had been taken.
- Relatives and people were positive about the service. One said "I cannot speak more highly of the care (person) receives. The staff are friendly and very caring, (person)'s surroundings are always clean and comfortable, and every week when we go to visit I notice activities being arranged for residents."
- Staff told us they really enjoyed working at the service and worked well as a team. They acknowledged it was hard work but were positive about the work and the support they received.

Continuous learning and improving care

- The manager said they were continually working towards improvements, through reading the Care Press, and linking with other groups, such as the local registered manager's group and online "Outstanding manager's" group. They told us they were intending to apply for their registration imminently.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Care plans had been compiled or been regularly updated with each person to include their preferences regarding their needs and choices about their care.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The service had not acted in accordance with the Mental Capacity Act requirements in relation to conditions attached to Deprivation of Liberty Safeguards.</p> <p>People's rights were not being protected because they were not understood or clear.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

Systems were either not in place or robust enough to demonstrate safety was effectively managed.

Failures of effective governance had left people at risk.

Records were not well maintained

Systems for managing quality at the service had not been effective.