Salutem LD BidCo IV Limited

Mulberry Court.

Inspection report

Mulberry Court
Common Mead Lane
Gillingham
Dorset
SP8 4RE

Tel: 01747822241
Website: www.salutemhealthcareltd.com

Date of inspection visit:
19 March 2019

Date of publication:
15 April 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Mulberry Court provides care in two bungalows for up to 12 people. During our inspection there was 11 people accommodated at the service. The buildings had been purposely built to provide housing for people who needed support to remain as independent as possible.
Rating at last inspection:

This was the first inspection on the service since a change in registration in 2017.

Why we inspected:

This was a scheduled inspection.

People's experience of using this service:

Some people had lived there for a number of years and had varying degrees of support needs including learning disabilities, autism and communication difficulties. Therefore, some people were not able to tell us about their experiences of life at the service. We used our observations of care and our discussions with relatives and staff to help form our judgements.

People had good community networks which were personal to them. This included, links with local church's, day services. People had been supported to develop and maintain positive relationships, including the use of technology to keep connect with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop wider opportunities. This had led to people feeling fulfilled and living an active life.

The service met the values that underpin the 'Registering the Right Support' and other best practice guidance such as 'Building the Right Support'. These values include choice, promotion of independence and inclusion. Also, how people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were a range of checks in place to ensure the safety of the homes. There were systems in place to manage infection control, and staff were aware of their responsibility in regards keeping the homes clean and infection free.

Comprehensive individual care plans were in place which include information such as likes dislikes, people who they wished to be involved in their care. This was described as people's circle of support. The care plans addressed what each person liked to do, people who are important to them and who would be able to advocate on their behalf.

People were supported to make choices and staff supported people in the least restrictive way as possible. This was kept under review. Staff were aware of the legislation to protect people's rights in making decisions.

Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team. Records demonstrated that when an incident or accident occurred staff reported these to their management team to monitor.

Although there were sufficient staff available to support people, there was a high turnover of staff. The registered manager told us there was a current staffing crisis but they ensured sufficient staff were on duty with the use of agency staff. Relatives commented that they felt their relatives were safe, but concerned about the high turnover of staff. Staff said they felt well supported by the management team and senior staff overseeing the service.

Staff received supervision in line with the provider's policy, staff felt supported and able to request a supervision if they needed one. Staff told us they were able to speak to their management team as they operated an open-door approach.

People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below

Mulberry Court.

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:

This inspection was completed by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about supporting older people.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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.

Notice of inspection:

Our inspection was unannounced. The inspection site visit activity was carried out and completed on 19 March 2019. We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 11 people who used the service We received feedback from two relatives and three health care professionals.

We spoke with the registered manager and service manager, two team leaders and four members of care staff. We reviewed four people's care files, two Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

We observed care practice and interactions between staff and people.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm People were safe and protected from avoidable harm. Legal requirements were met.

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

Safeguarding systems and processes:

- People told us they felt safe living at the service, comments included, "I feel safe when others are around as I know I'm not on my own." "I feel safe because they [staff] are there if we need help, but they let us try first and only step in if we need them to."
- Staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines.
- Staff could describe how they would escalate concerns about poor practice and were aware of whistleblowing procedures. A member of staff told us, "I know the importance of raising any concerns and feel confident my concerns would be listened to". The registered manager was able to demonstrate when safeguarding had been shared using local safeguarding procedures.

Assessing risk, safety monitoring and management:

- Risks associated with people's care needs had been assessed by the management team, and informed plans of care to ensure their safety. Staff were able to discuss current risks and the action which they needed to take to keep people safe.
- Risk assessments were clear regarding specific risks and what staff must do in the event of emergency medical support. For example, one person had epilepsy. The risk assessments were reviewed regularly, and an emergency epilepsy care plan was in place, alongside a learning video of seizures and action to taken.
- Staff supported people to remain safe and as independent as possible. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop. One relative told us, "The staff manage their risks well and keep us informed if there are any changes or concerns,"
- People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access their local community. For example, going out alone and alerting staff if they needed support.
- People and staff informed us what they would do in the event of a fire. People had individual personal emergency evacuation plans which meant if there was an emergency staff were aware of how people needed support to leave the premises.

Staffing and recruitment

- At the time of the inspection the registered manager informed us they had a number of vacant hours. They

told us, "Lots of staff have left for different reasons in the last year, we ensure the shifts are covered by the support of agency staff. The agency staff are all familiar with the residents as we use the same ones." People told us they were "Sad" that staff kept leaving as they had to keep getting to know new staff. One person said, "We interview staff and give them a job. They come we like them and then they leave."
● Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified. Staff informed us they had not started working at the service until all checks had been completed.

Using medicines safely

● People had their medicines stored safely in their bedrooms and administered by staff who had received the relevant training to support people with their medicines. Daily checks were completed on all medicines within the homes.
● Staff were clear about their responsibilities in relation to medicines. All staff administering medicines had their competency assessed.
● People received their medicines as prescribed. People told us they were involved in reviews of their medicines and were supported to be as independent as possible.
● The service had safe arrangements for the ordering, disposal of medicines. Medicine Administration Records (MAR) were completed and audited appropriately. When errors had occurred incident, forms were completed and additional support received.
● Where people were able to manage their own prescribed or over the counter medicines risk assessments were in place to ensure people remained safe. One person who administered their own medicines told us they were happy to do this and valued keeping their independence of doing so.

Preventing and controlling infection

● Staff were clear on their responsibilities with regards to infection control and keeping people safe. People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
● There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
Staff were able discuss their responsibilities in relation to infection control and hygiene.

Learning lessons when things go wrong

● There was an open culture of learning from mistakes, concerns, incidents and accidents. Staff told us they were confident to share information if mistakes had been made and learn from them. ● The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. They said, "We learn from mistakes and share learning through the supervisions process, communication book and staff meetings."
● Accidents and incidents were recorded and analysed by the registered manager.
● Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed. This information was shared with the staff team.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the 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.

- Mental capacity assessments and best interest paperwork was in place for some areas such as medicines, finance, and going out alone into the community. One health professional told us, "The home uses best interest guidance and least restrictive practice to allow [name] a good level of independence".
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. For example, one person was deemed at risk of being out alone in the community. The best interest process identified the person although aware of some of the risks needed support to understand others. The best interest process identified ways of supporting the person to remain as independent as possible with some control measures in place to reduce the risk of harm. The person continues to go into the community alone with minimal restriction on their movements.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff supported people to make decisions about their care and support. They gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.

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

- Some people were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- There was a clear referral and admissions process in place which ensured people received pre-admission

assessments and effective person-centred support during transition between services.
● People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.

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

● The homes had been adapted to ensure people could access different areas of their home safely and as independently as possible. People had access into garden areas, and told us they liked their home although they had some issues that were not resolved quickly in regards repairs. For example, one person told us they were waiting to have their bedroom altered. They told us "I have waited a long time." Another person told us they were upset some household items had been left by staff in the garden. The registered manager informed action was being taken to ensure people concerns were addressed.
● The environment had been personalised. People's art work and photos of them enjoying activities were displayed on walls around the homes. Some people were able to greet their visitors personally as the had individual door bells. One person told us, "I have my own keys post box door bell and telephone. I like to be independent."
● Bedrooms were personalised and reflected individual likes. The communal lounges however were in need of some updating. One health professional told us , "My client is happy with their bedroom, but finds the rest of the home not terribly homely." They informed us they had raised this issue with the person's keyworker who felt hopeful improvements would be made. The registered manager told us they were aware some areas of the homes needed updating.

Staff support: induction, training, skills and experience

● Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive good training some face to face or on line."
● There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
● New staff confirmed that the induction process was effective. A staff member told us, "My induction was good, I could take my time and was supported by more experienced staff". The registered manager told us staff received annual appraisals and regular supervisions. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.

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

● People told us they enjoyed the food and sometime liked preparing meals and baking. Comments included, "We have our own food and can choose what we want to eat. Sometimes the others come and join us for Sunday lunch it good fun". "I like bolognaise and shepherd pie and they [staff] help me make both from scratch."
● People were supported with shopping, cooking and preparation of meals in their home.
Staff understood people's dietary needs and ensured that these were met.
● Where people required additional support due to risk of poor nutrition, dehydration, or swallowing problems staff were able to discuss the risk and how they monitored people to ensure they were supported effectively in line with professional guidance.

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

● People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included visits from chiropodists, dentist, opticians and district nurses.
Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. For example, each person had a hospital passport which meant if they needed to go to hospital, important information about them was transferred with them.
● People told us they could request to see their GP when they wished, and received annual health checks. One person told us, "I have to book a taxi for this afternoon to go to the doctor's". We heard the person book his taxi and inform staff they had done so.

Good

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

Ensuring people are well treated and supported; equality and diversity

● People told us they were happy living at Mulberry Court and some told us they had lived there for many years. Comments included "I have been here many years and love it." "The best thing about being here is that the care staff are all ones you can talk to. They are all so easy to talk to and they really listen as well, trying to help sort things out in the long run".
● People, professionals and relatives told us staff were kind and caring. Comments included; "I found the staff that I spoke to were knowledgeable about [name], there are good relationships. [Name] told me they were well treated and happy living here". We observed good humoured banter between people and staff, which created a relaxed and informal atmosphere.
● Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
● Training records showed that all staff had received training in equality and diversity, and people were observed to be treated with equality and diversity.

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

● Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed.
● Staff had the right skills to make sure that people received compassionate care and had enough time to make informed choices, one member of staff told us, "We use different prompts and gestures with different people, including how we talk to people to ensure they understand. We meet individual needs well. we are a good team and all know the guys and their routines, so we can all work with different people at any time." Another told us, "I am [name] keyworker my role is to do all the extras and make sure they are doing all the things that they like. We go to concerts we both enjoy it."
● People received information in a way that supported their communication needs. Relatives told us they believed their loved ones were making choices and keeping their independence.

Respecting and promoting people's privacy, dignity and independence

● Interactions were positive and person centred. People were treated with respect. Promoting independence was important to staff and supported people to live fulfilled lives. For example
● People were observed to be given guidance to be independent, such as calling a taxi, choosing what they wanted to do where they wanted to go.
● Staff had developed positive relationships with people. People were relaxed in the company of staff.

People told us staff respected their privacy comments included. "Staff only come in my room when I am in there." "They [staff] always knock on my door."
Where needed the home sought external professional help to support decision making for people such as advocacy.

Good

Is the service responsive?

Our findings

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

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

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

● Throughout the inspection we observed a positive and inclusive culture at the service. People received individualised person-centred care. Involving people and using creative approaches were embedded and normal practice for staff.
● Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. One health professional told us, "On the few occasions I have been here I can see staff know [name] very well. They are realistic about what they can do, and value their participation. Very positive responsive interactions."
● Care plans are clear and tailored to individual needs and staff approach was consistent. People and their families told us they had been involved in developing their care plans and had signed them when they were reviewed with staff. One person told us," They [staff] talk to me about the care plan and what is changing then I agree it."
● Care plans were person centred and reflected what people wanted others to know about them. For example, one person's personal profile identified 'what people like and admire about me'. The person had reviewed and signed their plan in September 2018.

● Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Records evidence that identified information and communication needs were met for people. For example, staff were able to discuss the importance of ensuring each person's communication needs were met. The registered manager told us in their PIR, 'We recognise the diverse communication needs of our customers and meet this by setting out communication needs in their care plans, providing easy read or large font written information. This includes the use of objects of reference, photographs, pictures and iPad to help people make choices, participate in planning e.g. menus, shopping trips and holidays. We create Social Stories for two people after significant events or activities'. We observed people being spoken to in the way that best met their needs such as gestures, eye to eye contact and sign.
● People engaged in activities of their choosing. People accessed the community in a variety of ways, some people had their own cars, and others used public transport or walked.
● People took part in activities such as swimming, horse riding, walks, going to the gym, concerts, cinema going out for meals. One person told us, "I went riding yesterday and we use a mechanical horse as well as the real thing. It helps me so much with my balance, strengthening muscles and flexibility".
● A keyworker system was in place and staff were able to inform us how they supported people to have maximum choice on their keyworker days. One person told us, "I like my keyworker day." Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.

● People were able to voice their suggestions and have information shared during monthly meetings. We observed the minutes of the last resident meetings which identified, people had spoken out about repairs to their home, why they liked living at the service and why they felt their individual needs were being met.

Improving care quality in response to complaints or concerns

● The provider had appropriate policy and procedures for managing complaints about the service. This included agreed timescales for responding to people's concerns. Easy read pictorial version of the complaints procedure was available.
● People told us they knew how to raise concerns and make complaints. One person said, "I would tell staff if I wasn't happy". Relatives told us they were confident any complaints would be addressed by the provider.

End of life care and support

● People's end of life wishes had not been explored by the service. We discussed this with the registered manager who said, "This is a future development area and we have begun to look at ways to communicate and gather information appropriately and sensitively from our residents and their families."

Good

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

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

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

- Mulberry Court promoted a person-centred approach. The service manager told us the values and vision for the service was "To promote independence, by providing good quality care". They informed us they would achieve this with the support of their team by working alongside staff and people respecting their rights and values.
- Staff informed us promoting person centred care was important, including involving people on the recruitment panels. We observed the interview sheets, which had six question and easy read guides for people on the panel. People told us staff sat with them and supported them to ask their questions. One person told us, "I like being on the panel. I was supposed to be on the panel last week but they never even turned up for the interview – it was a shame."
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- There had been a period of instability with regards to the management of the service. The current registered manager had been promoted to area manager and was supporting the service manager to register with the Care Quality Commission to become the registered manager.
- Staff, people, relatives and professionals were positive about the management of the service however, concerns were also raised in regards the changes in the staff team. Comment included, "Many staff didn't stay long, we just get to know them and then they leave." "We've had so many staff leaving it can be confusing. You just get to know one and they get to know how best to help you and they're gone". The registered manager told us "There are current staffing vacancies, but we have a fantastic team, who are always supportive and willing to help".
- There were effective systems were in place to monitor the standard of care provided at the home. A range of audits were carried out by the registered manager and the provider. Where risks were identified in the service the provider had responded and put actions in place to address these. This included immediate priorities and a medium-term action plan. The action plans were regularly reviewed and updated.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The area manager completed monthly visits.

● There was a clear staffing structure in place and staff were aware of their roles and responsibilities. Team leaders and the service manager was available and lead by example.
Statutory Notifications had been made as required. Statutory notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

Continuous learning and improving care; working in partnership with others

● The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
● Staff told us they felt supported, valued and listened to by the management team. The registered manager told us "We encourage staff to discuss any concerns, we have an open-door approach and staff feel happy to chat with us at any time. We observe care practice throughout the day, communicate daily through communication book, supervision and staff meetings. We value our staff. We are about to implement 'refer a friend' and considering introducing a senior role."
● The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
● The registered manager told us the survey to gather people comments was due to be sent People had completed a survey of their views, the feedback had been used to continuously improve the service. The registered manager informed this next annual survey was due to be sent out in April 2019.

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

● The registered manager said, "We have built up good links with other health professionals, and share information as required". A social care professional said, "I believe the service is good at keeping us informed of any changes in care."
● The service was transparent and open to all relevant stakeholders and agencies.
People were funded from different local authorities across the country. The provider worked in partnership to develop different service provision and to develop person centred care for people living at Mulberry Court.