Pathways Care Group Limited

Mulberry Manor Care Home

Inspection report

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Ratings

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

Overall summary

The inspection was unannounced, and was carried out over two days; 23 and 28 January 2015. The home was previously inspected in September 2014, where no breaches of legal requirements were identified.

Mulberry Manor is a 28 bed nursing home, providing care to older adults with a range of support and care needs. At the time of the inspection there were 12 people living at the home.

Mulberry Manor is located in Swinton, a small town in Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to public transport links.

At the time of the inspection, the service did not have a registered manager, although the home's manager had submitted an application to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During the inspection people told us, or indicated, that they were satisfied with the home, and staff we spoke with and observed understood people's needs and preferences well. Staff demonstrated that they ensured people made their own decisions and ensured people were offered choices.

We found that staff received a good level of training, and further training was scheduled to take place in the coming months. The home placed a great deal of emphasis on dignity, and some staff were designated as dementia champions and dignity champions.

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity. We observed staff supporting people to eat, which they did discreetly and respectfully, ensuring that people had time to eat at their preferred pace.

The provider had taken appropriate steps to ensure that, where people lacked the mental capacity to make decisions about their care and welfare, the correct legal procedures were followed to protect the person's rights.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date risk assessments.

Summary of findings

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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Is the service effective?

Good

The service was effective. Senior staff within the home understood the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for people

Is the service caring?

Good

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and three staff were designated dignity champions.

Is the service responsive?

Good

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Good

The service was well led. The home's manager understood the responsibilities of their role, and they were supported by a senior manager and a deputy manager.

The management team were accessible and were familiar to people living at the home. The provider had a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Mulberry Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 23 January 2015 and 28 January 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with five staff, the home's manager, a senior member of the provider's management team, one relative of a person using the service, and three people who were using the service at the time of the inspection. We also checked the personal records of five of the 12 people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also contacted the local authority to gain their view of the service provided.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider told us they did not receive this request. They completed a PIR and sent this to CQC after the inspection. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Good

Is the service safe?

Our findings

We spoke with one relative and two people using the service using the service about whether they felt the home was safe. They all said that they felt it was. The relative we spoke with told us they always felt Mulberry Manor was a safe place for their relative to be. They said: "I know [my relative] is safe here."

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The home's management team said that staffing numbers were regularly reviewed to ensure that they could meet people's fluctuating needs. Whenever we saw someone ask for help or support, staff were very quickly available to assist, and we noted that nurse call bells were responded to quickly.

We found that staff received annual training in the safeguarding of vulnerable adults. One member of staff we spoke with told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

Other training had been undertaken to promote safety in the home, including health and safety training, infection control training and training in relation to how people with mobility difficulties should be supported to mobilise safely.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. We asked two members of staff about how specific people were kept safe. The staff could describe in detail what they needed to do to ensure people were safe and protected from harm or injury.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome. The home's manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission. We cross checked this with information submitted to the Commission by the provider, and saw that all notifiable incidents had been alerted to CQC, as required by law.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were mostly being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were mostly appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We noted that some items of liquid medication did not have a date on the bottle showing when they were opened, and on the day of the inspection, staff had not signed one of the administration records to show that the medication had been administered. One person's medication, which was no longer required, had not been returned to the pharmacy for over a month.

Medication was only handled by members of staff who were qualified nurses. This included checking stock, signing for the receipt of medication, overseeing the disposal of any unneeded medication and administering medication to people.

Good

Is the service safe?

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood the appropriate procedures. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other idiosyncratic signs that the person may use to display that they might require this medication.

Medication was audited on a monthly basis by a member of the management team, and any issues identified were followed up with records of action taken. We discussed the shortfalls we had identified in the way medication was managed. The staff member noted that the audit system hadn't identified this. During the inspection, they were observed to undertake a redesign of the audit form to improve its effectiveness and ensure that medication was managed safely.

Good

Is the service effective?

Our findings

We asked two people using the service about the food available in the home. They were both positive about their experience of the food. One person said to us: "It's good and hot, and there's plenty of it." We carried out an observation of a mealtime in the home. We saw that the staff had created a pleasant, calm atmosphere in the dining room. People were supported to eat in a discreet manner, and staff understood people's needs and preferences well. Staff took time to ensure people were offered choices of food and drink, and responded quickly when people changed their minds or asked for an alternative. During the meal, staff were checking that people were happy with their food and whether they wanted anything else to eat.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet or the risk of malnutrition, appropriate referrals had been made and professional guidance was being followed.

We asked the home's manager about whether anyone was deprived of their liberty at the home. They told us that they had recently made applications to deprive a person of their liberty (DoLS) in respect of some of the people living at the home, in accordance with recently issued guidance. The manager had a good understanding of this process.

We also asked the home's manager and the clinical nurse manager about the arrangements for people who do not have capacity to consent. They told us that people's care records contained the details of mental capacity assessments in accordance with The Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Where appropriate, records of best interest decisions were in place. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest. We checked the care records of four people who lacked the capacity to consent to their care, and found that appropriate arrangements were in place in relation to this. Where best interest decisions had been reached, they were reviewed on a monthly basis to ensure that they remained in the person's best interest.

We checked staff training records and saw that some of the nursing staff had not yet had training in the Mental Capacity Act or DoLS. We discussed this with the home's management team, who showed us evidence of a forthcoming training event which some of these staff were booked to attend. They said there were plans in place to ensure all staff received this training.

The management team described the systems in place for staff training. Some staff were trained to deliver training in house and there were plans to add to this with further training. We checked the provider's training records and saw that staff had received training covering the needs of older people, including training in moving and handling, dementia awareness and dignity. Three staff at the home were designated as dignity champions and two were dementia champions . We looked at information from a recent dignity awareness event, which included staff role playing feeding each other, to enable them to understand what it felt like to be physically dependent on others.

The home's clinical nurse manager talked to us about the systems in place for ensuring people received effective care. They said that additional support from external healthcare professionals was readily available. We saw in people's care records that assistance had been sought from a range of external healthcare professionals, including Speech and Language Therapists and Physiotherapists, as required in accordance with each person's needs. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

Good

Is the service caring?

Our findings

We asked three people using the service about their experience of the care and support they received. Their responses were all positive, one person told us they found the staff to be "kind and cheerful" and another said: "They [the staff] are all smashing." We spoke with one relative about their experience of care in the home and they said: "You'll find nothing to grumble about here."

We carried out a a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Throughout the SOFI we found staff spoke with people respectfully and patiently, and used strong communication skills to ensure that people with communication impairments could better understand them. Staff were consistently reassuring and showed kindness towards people both when they were providing support, and in day to day conversations and activities.

The home took steps to involve people's relatives in day to day life in the home. One person's relative was eating lunch with them in the dining room, and staff told us they did this most days. There was also information in the home's newsletter which said that relatives could book to have lunch at the home on Mothers' Day. Various parties had taken place in the months preceding the inspection which relatives attended, including a barbecue, a Halloween party and a Christmas Party.

We looked at feedback the provider had received from questionnaires they had given to people using the service. People had given positive feedback about their experience of receiving care in the home. One person said: "They [the staff] treat me like a grown up." Another remarked positively in relation to how staff respected their privacy.

During the inspection, we observed one person who preferred to stay in their room with the door closed. We saw a member of staff asked them whether they would be happy for staff to check on them in their room, to ensure that they were safe. The person said they would be happy for this to happen, so the staff member advised other staff of this, ensuring that the person's choice in relation to privacy was upheld. Staff also used signs on people's bedroom doors when they were carrying out personal care tasks, to protect people's privacy.

We spoke with three staff about how they respected people's privacy and dignity. They described the steps they routinely took, including using the signs described above, and a system of using discreet markers on tables to ensure staff knew which people needed assistance when eating without the fact explicitly being drawn attention to. The home had a number of initiatives in place related to dignity. Three staff were designated as dignity champions, and resources were available for staff to learn more about dignity. There were posters on display showing that a few days after the inspection the home was hosting a dignity awareness event, and the home's management team were in discussion with an external specialist to look at ways to enhance their provisions for dignity in end of life care.

We checked five people's care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments.

Good

Is the service responsive?

Our findings

Activities were plentiful in the home. Over the course of the inspection a singer visited the home, and we also observed a crafts session taking place. Additionally, staff had time to sit and chat with people and participate in individual activities. The activities programme had been devised by staff and managers speaking with people using the service, and through regular residents' and relatives' meetings. One visiting relative told us that their relative particularly enjoyed the singer, who visited every week.

Parties took place regularly in the home. The local authority told us that they had visited recently when a Christmas Party was taking place, which they said was well attended. A party for the home's first anniversary was planned for a few days after the inspection. We asked the home's manager about the arrangements for people's friends and relatives visiting the home. They told us that there were no restrictions and visits were welcome. We asked one relative if this was their experience and they said that it was. They told us they always enjoyed visiting the home.

We checked care records belonging to five people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans. The home's newsletter contained information for families about how they could arrange to take part in a review..

There was information about how to make complaints available in the communal area of the home, although the complaints register showed that no formal complaints had been received at the time of the inspection. Complaints information was also featured in the service user guide, which was a document setting out what people using the service could expect from the home. We saw that when people using the service had completed questionnaires, they had confirmed that they knew how to make a complaint, and that they had a copy of the service user guide.

The provider carried out surveys of people using the service and their relatives on a six monthly basis. The findings of the most recent survey were on display in a communal area, with information about how feedback had been incorporated into the way the home was run. One of the provider's senior managers told us that they had recently rearranged the way they provided meals as a result of feedback from people using the service and their relatives, and that people preferred the new arrangements.

Good

Is the service well-led?

Our findings

The service had a manager and a clinical nurse manager. The clinical nurse manager deputised in the manager's absence, and we found they had a good oversight of the service, to enable them to manage the home when the home manager was absent. The clinical nurse manager also had their own areas of responsibility, including auditing some areas of the service and supervising some staff. In addition to the home's management team, a senior manager was very involved with the home and spent three to four days a week working there, to help develop the home and monitor quality.

Staff told us that they found the management team within the home to be approachable. The manager's office had been relocated so that it was in a central area of the home, and we observed that throughout the two days of the inspection the manager was highly visible. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction.

Results of surveys completed by people's relatives showed that they were aware of how to contact the manager. Minutes of a recent relatives' meeting evidenced that the home's manager, who was new in post at the time, attended the meeting to introduce themselves to people's relatives and advise of their role and how they could be contacted.

We asked two members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision. We checked the supervision schedule which confimed this. The home's manager told us that the appraisal system was just commencing, as the longest serving staff had just completed their first year of employment.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe how they were expected to perform, and the measures the provider could use to address poor performance. We checked minutes from three recent team meetings, and found that the discussions recorded showed staff had been able to contribute to decisions about the service. Team meeting minutes included an action plan, so that staff could see what action managers had taken in response to suggestions made or concerns raised.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by a senior manager, looking at the quality of care records, the premises, catering and infection control arrangements. Other areas were also audited by the manager and the deputy manager. The home's manager was in the process of reviewing the previous year's audits to ensure that actions had been completed. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. This document was up to date and contained all the information that the provider was required to include.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. We found that the provider had summarised the findings and devised a plan to incorporate people's feedback into the way the service was managed. This plan and summary was on display in the communal area of the home so that people could see that their feedback had been effective.