

Galleon Care Homes 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?

Good 

Is the service caring?

Good 

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 residential care home providing personal and nursing care for up to 72 people. The home is divided into two units. The Queen Mary unit provides nursing care for people living with healthcare needs such as stroke, heart disease diabetes and dementia. The Mulberry unit provides nursing care and support for people living with an acquired brain injury. This can be because of an accident or following a health-related condition, such as a stroke or Parkinson's disease. There were also some people, with a learning disability.

People's experience of using this service and what we found

The quality assurance systems did not identify all the areas for improvements which we found. People's records did not always reflect the care and support they needed and received. Improvements were needed to ensure risks to people in relation to some aspects of medicines management and risks related to their health and well-being were managed safely. We also asked the provider to make improvements to their recruitment procedures.

People's care plans were not always followed, and others did not include enough information to demonstrate people's needs were met. We made a recommendation about this.

People were supported by staff who treated them with kindness and compassion. Staff understood people's needs, choices and knew what was important to each person. People were enabled to make their own decisions and choices about the care and support they received.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. Complaints were responded to effectively. People's communication needs were assessed and responded to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received the training and support they needed to help them look after people effectively. They received training specific to meeting people's individual assessed needs.

Nutritional assessments had been completed and identified the type of diet and support people needed. Staff were aware of people's dietary needs. The registered manager had identified improvements were needed in relation to the food that people received and this was reflected in the mixed feedback we received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 December 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the care people received and staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

Enforcement

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to aspects of safety, people's records and the quality assurance system at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

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

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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and six relatives about their experience of the care provided. We spoke with 22 members of staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a professional who regularly visits the home.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We contacted three health and social care professionals for their feedback.

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. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Improvements were needed to ensure risks to people were managed safely. Some people had pressure relieving air mattresses in place. There was information in people's care plans about how these should be set. The mattresses should be set according to the person's weight. We found 10 of the 11 mattresses we reviewed were not set correctly. For example, one person's air mattress pump was set at 80 kg, but the person's weight was 60.5 kg. This could leave people at risk of pressure damage.
- Some people were living with diabetes. Care plans included information about what people's normal blood sugar levels should be. We saw one person's blood sugar had fallen outside of this range. However, there was no evidence of what action staff had taken to manage this. There was no evidence that the person's blood sugar had been re-checked to see if it had returned to normal levels.
- One person's care plan stated they needed their position changed regularly and needed support from two staff to do this safely. Records showed that the person's position had regularly been moved by one staff member. This left the person at risk from harm by inappropriate moving and handling practices.
- Some people had an enteral feeding system. Enteral feeding is where food, drink and medicine is given through a tube in the stomach or small bowel. A percutaneous endoscopic gastrostomy (PEG) tube is passed into a person's stomach by a medical procedure and is most commonly used to provide a means of feeding or receiving medicines when people are unable to eat or drink.
- Care and treatment is needed to maintain the PEG tube safely. There was a letter from one person's healthcare professional informing staff this needed to be done regularly to prevent the tube sticking to the person's stomach wall. Staff told us about two people who needed this to be done. However, there was no guidance for staff to show how this should be done or how often. There was no evidence to demonstrate this had been completed. This left people at risk of not receiving the care and treatment they needed to maintain their feeding tubes safely.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. However, guidance was not always in place about why people may need these medicines, why they were given or if they were effective.
- The lack of PRN guidance was not consistent across the home. For example, one person had been prescribed a PRN medicine for anxiety. There was no guidance for when or why this should be given. However, for another person there was clear guidance about what steps to take including reassurance and distraction before giving the person the medicines. This meant people were at risk of not receiving the medicines they needed, when they needed them.
- Where PRN medicines had been given staff had not always recorded whether the medicine had been

effective. Not everybody who was experiencing pain had a pain care plan to inform staff why the person was in pain or how to manage the pain. Pain charts are a simple pictorial or numerical tool that can be used to measure the person's pain intensity, type of pain and / or duration of pain. However, these had not been used to measure people's pain levels to determine if the pain relief given had been effective.

These issues above demonstrate improvements are needed to maintain people's safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues above we found other aspects of risk management and medicine management were well managed.
- Staff had a good understanding of people and the medicines they received. Only staff who had received medicine training and had their competencies assessed were able to give medicines.
- One nurse had recently started work at the home. They told us that they had not given medicines in their previous job, therefore they had requested an extension to their competency assessment. This was to ensure they had the confidence, as well as the skills to give medicines.
- People told us they received their medicines when they needed them. One person said, "My medication is on time, and I understand the tablets."
- Medicine administration records (MAR) were signed when medicines were given. These were well completed.
- Risk assessments included information about the identified risk and measures to reduce this risk. This included mobility, skin integrity and behaviours that may challenge.
- Staff had a good understanding of the risks associated with supporting people. They told us what steps they would take to keep people safe. For example, using the correct mobility aids and identifying what may trigger a person's behaviour and how to distract them to prevent an escalation of behaviour.
- There was a fire risk assessment and regular fire checks were completed. Fire drills had taken place. This helped to ensure staff knew what to do in case of fire. People had their own Personal Emergency Evacuation Plans (PEEP's) so that staff and emergency services were aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.

Staffing and recruitment

- Improvements were needed to some aspects of staff recruitment. There was no photographic proof of identity for one staff member. A reference for one staff member identified some potential concerns. This had not been identified or action taken to make sure all the information was in place. This is an area that needs to be improved.
- Despite this, other aspects of recruitment were safe. Each staff member had a criminal record check which demonstrated they were appropriate to work with people and three references were in place. There was a full employment history and any gaps in employment were explored and explained.
- Checks were in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse.
- During the inspection there were enough staff working to ensure people's needs were met in a safe and timely way. We saw from the rota, that the day before the inspection there had been less staff working. The registered manager told us this had been due to unexpected staff absences. There had been no staff available from the local agencies to work in their place. One staff member told us, "There is usually enough staff working but when that happens we all pull together and get things done."
- The registered manager told us there was ongoing recruitment for care staff but they currently had

enough nurses employed. There was a reliance on agency staff, however the registered manager told us as far as possible they used regular agency staff.

- Where agency staff were new to the home they worked with another staff member to ensure they were properly supported and understood the support people needed.
- Agency staff we spoke with told us they had worked at the home regularly and knew people well. Some agency staff told us they provided one to one support for some people. They spoke about people knowledgeably and demonstrated a good understanding of their needs.
- People told us staff usually attended to them in a timely way. However, one visitor said, "The bell isn't always answered quickly." The registered manager analysed the call bell timings. She said that call bells were generally answered within three minutes, but some anomalies had been recently identified and these were currently being investigated.
- In addition to the nurses and care staff there was a housekeeping team, a maintenance team, cook and kitchen staff. This meant the nurses and care staff were able to spend their time supporting people.
- The provider and registered manager were aware of the need to ensure there were enough staff working and a consistent staff team. The registered manager told us that recruitment of care staff was continual to ensure there were enough staff deployed each shift and people received care and support from staff who knew them and understood their needs.
- The registered manager was currently analysing staff turnover to try and identify ways of supporting staff, especially when they were new to the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe as the staff are so good." A visitor told us, "I am more than happy that [name] is safe here."
- Staff received regular training and had a good understanding of safeguarding. They knew what actions to take if they believed someone was at risk of harm, abuse or discrimination. One staff member said, "I would report it to the senior, to the manager and then if nothing was done, to you (CQC)." Another staff member told us, "Safeguarding is important; I know where to go if I am concerned."
- When safeguarding concerns were identified and raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved.
- Information about safeguarding concerns and outcomes were shared with staff to help ensure measures were put in place to help to prevent a reoccurrence.

Preventing and controlling infection

- Before the inspection concerns had been identified about the cleanliness and odours at the home. At the inspection we found the home to be generally clean and tidy and free from odours. The registered manager had identified that there had been previous issues with odours, but this was being addressed. She told us there were plans to replace carpets and this would help to fully eliminate the problems. One visitor said, "It has a homely feel, it never smells of a Nursing Home."
- Housekeeping staff were busy throughout the day. One housekeeper was shampooing a communal carpet. They told us this would happen whenever necessary, and added, "Which is quite often every day."
- Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when they provided personal care and served meals.
- Where infection control risks had been identified appropriate measures were in place. Staff understood the importance of using PPE to protect people from the risks of cross contamination.
- There were suitable hand-washing facilities available throughout the home and staff were seen using these.
- Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment had been completed. Regular checks such as water temperatures took place

to help ensure people remained protected from the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Incidents and accidents were responded to by updating people's risk assessments. Serious incidents resulting in harm to people were reported to other organisations such as the Local Authority and CQC.
- This helped to ensure people's safety and well-being were maintained. Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had the information they needed.
- Staff were updated verbally about changes throughout the day and at handover.

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 remained the same.

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

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

- People's needs were assessed before they moved into the home. This ensured staff had the appropriate knowledge and skills to look after people effectively.
- Information from the pre-assessment was used to develop the people's care plans and risk assessments. These were reviewed regularly. One person told us, "I have a care plan, they discussed it with me and the care I need."
- Care and support was delivered in line with current legislation and evidence-based guidance. Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity and nutrition.
- Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals, regular weight records and increased support with eating and drinking.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to support them. One person said, "The staff have got to know me, they are very good, they definitely have the skills especially[name]." A visitor told us, "I think the staff have the skills to look after [name]. A few problems initially but not now."
- As part of their analysis of staff turnover, the registered manager and provider had introduced a new induction programme for new staff. This included a six month induction program where the staff member would be supported by two mentors. They would help the staff member with their training and provide feedback about their progress. The induction also included completing a training program and being assessed as competent.
- New staff were buddied by an experienced staff member for two weeks, but this would be extended if necessary. During the induction, staff received three supervision meetings to discuss their progress and identify areas for development.
- There was an ongoing training program, and this included moving and handling, infection control, mental capacity and DoLS, equality and diversity. This was regularly reviewed to ensure staff had completed the appropriate training.
- Staff received training that was appropriate to their role and specific to the needs of people they looked after. Some senior care staff and assistant practitioners had received training to support people who had PEG tubes and tracheostomies. A tracheostomy is an opening created at the front of the neck, so a tube can be inserted into the windpipe (trachea) to help the person breathe. Other staff had received positive behaviour support training.

- Staff only supported people if they had received the appropriate training and been assessed as competent to meet that person's needs. We spoke with a group of staff who talked about people they looked after. One staff member said, "I know [name] and a bit about them but I don't look after them because I've not had the training."
- After probation staff received supervision every six months. If areas for development were identified, then they received extra support and guidance. Staff told us they felt supported by the deputy manager, registered manager and their colleagues.
- There was opportunity for staff to progress and develop their knowledge and skills. They were able to complete diplomas in health and social care. There was also an opportunity for staff to gain skills to take on additional responsibilities. This included senior carer and assistant practitioners. Assistant practitioners are experienced senior care staff who have received extra training, for example, level five diploma, and had their competencies assessed to take on additional roles to support the nurses. One staff member told us, whilst they currently did not want to take on extra responsibilities it was nice to know opportunities were available within the organisation.

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

- Before the inspection the registered manager had identified improvements were needed to the food provided. A new four week menu had been developed and work was being done to improve the quality of the food.
- There was a speech and language therapist (SaLT) employed at the home. They were working with the staff to improve the quality of the food and ensure the textures of the foods were correct and met with peoples identified nutritional needs.
- The registered manager had identified there was mixed feedback about the food. That is what we also found. One person said, "The food is very good, I choose from two things, I get enough to eat and drink." A visitor told us, "Food is good, a bit samey, it the food doesn't always look appetising as [name] has to have it moist." Another person said, "We don't always get enough to eat; you wouldn't get it if you asked for more." A further person told us "We get plenty to eat and drink."
- There was currently a daily audit of the food, this included the appearance and presentation. The registered manager told us that some people were less able to express their thoughts and views about the food. Therefore, all aspects of the 'food experience' was being analysed to ensure people consistently received food they liked and enjoyed. Also, to ensure it met peoples assessed nutritional needs.
- Staff discussed meal choices with people and helped them decide what they would like to eat. Picture menus were available for people who were less able to make choices. Hot and cold drinks and snacks were provided regularly throughout the day.
- People's nutritional needs were assessed and reviewed. This included monitoring people's weights and a nutritional risk assessment was completed. Where needed staff monitored and recorded what people had eaten and drunk throughout the day.
- Some people required a specialist diet, for example thickened fluids and pureed diet, these were provided appropriately.
- Information about people's dietary needs was displayed in the kitchen and information was recorded in peoples care plans. Staff understood people's dietary needs, for example if they needed thickener in their drinks and the type of diet they needed.

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

- Mulberry House is a large building which has been adapted over the years to meet people's needs. The corridors and doorways in the Mulberry Unit and on the ground floor in the Queen Mary Unit were wide and people who used wheelchairs could access these areas independently.
- When people's needs were assessed before they moved into the home, staff assessed which part of the

home people would be able to live in to ensure their independence was promoted.

- Lifts provided level access throughout the home and there was appropriate equipment to support people. This included adapted bathrooms and toilets, and hoists. Handrails were in place on the Mulberry Unit and we saw people using these to walk independently.
- There was level access to a secure garden. There was a smoking area outside where people were able to smoke safely.
- The provider and registered manager had identified changes were needed to the building to continue to meet people's future complex needs. Plans were in place to further develop the home once appropriate planning permissions had been granted.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their physical and mental health. People told us they had access to health care services as they needed them. One person said, "The doctor, dentist and chiropodist are all arranged."
- There was a physiotherapist and SaLT employed at the home. They worked with the nurses and care staff to help improve people's health. The physiotherapist provided guidance on how to support people to mobilise safely and with positioning people. The SaLT provided guidance with eating and drinking. They were further supported by visiting professionals.
- Records showed, and people and staff told us, people were supported to access health care professionals when their needs changed. Staff had referred a person to the tissue viability specialist nurses to obtain advice and guidance with a more complex wound.
- Staff worked with the mental health team when they identified changes in people's mood or behaviours. They followed guidance provided and this included detailed descriptions of a person's behaviour as it changed throughout the day. This helped with identifying a cause and treating the person effectively.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity specific mental capacity assessments had been completed and demonstrated how decisions made were in the person's best interest. These included views from the person, and those who were important to them. Where relevant, professionals were involved in the decision.
- Some people had made decisions that included an element of risk, for example not following a suggested

diet. Mental capacity assessments had been completed to demonstrate that the person had capacity to make these decisions and were aware of the risks involved.

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. The registered manager had good oversight of the applications and authorisations.
- Two people were subject to conditions on their authorisations. The registered manager told us that due to changes in one person's needs, their conditions were not currently being met. However, this had been referred to the local authority and DoLS team for further guidance and advice.
- Staff demonstrated a good understanding of DoLS. They told us it meant people needed to be supervised, and for example, were unable to go out on their own. One staff member said, "That doesn't mean people can't go out, it means we take them out."
- Throughout the inspection staff asked people's consent and involved them in any decisions before providing care and support.

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 remained the same.

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

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

- People told us they were looked after by staff who were kind and caring. One person told us, "All the staff are kind and caring, they always treat me with dignity and respect." A visitor said, "I do think it is a caring environment here, I am quite happy with his care." Another visitor told us, "500% [name] is getting the care she deserves and expects. We are very happy with the care here, I couldn't wish for a nicer home for her."
- Staff engaged in friendly conversations with people throughout the day. There was a relaxed and easy relationship between people and staff. We heard staff going into people's bedrooms, introducing themselves and asking the person how they were.
- Staff knew people well and were able to tell us what was important to each person and how they liked to be looked after.
- People's equality and diversity was respected. Staff understood the importance of people's diversity, culture, spirituality and sexuality and how this affected them as a person. Staff were aware how to support each person and manage their care needs in a person-centred way.
- Staff were attentive to people's changing needs. During an activity, staff noticed one person, who was unable to communicate verbally, appeared distressed. A staff member approached the person and offered them comfort. They identified the person wished to return to their room and this was done promptly and with kindness.
- We heard one person apologise to a staff member about an incident that had occurred earlier. The staff member thanked the person for their apology and explained to us, with great compassion, how they understood why the incident may have occurred. They demonstrated understanding of how the person's physical health condition made them feel and how this may affect them each day. The staff member said, "It must be so frustrating for [name] I try to remember that when I am looking after people."

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

- We heard staff involving people in making decisions about their care and support. They asked people, "Would you like...?" and "Shall we.....?" Where people were less able to respond verbally they observed the person to determine their response through body language, such as smiling or shaking their head.
- Staff included people in conversations and supported them to express their views. We asked one person where they were going, the staff member said, "We are going out aren't we [name]." The person was then able to join in with the conversation.

- A visitor told us staff were, "Absolutely patient, kind and caring, I have no complaints, they are great, they listen to [name] which I like."
- Family members told us, that where appropriate they were involved in making decisions about care. One visitor told us, "They all know me and make me welcome, and we went through a care plan." Another visitor said their relative was, "Always treated with care, dignity and respect. It comes naturally as it is a family oriented place, we can openly discuss all sorts of issues."

Respecting and promoting people's privacy, dignity and independence

- A visitor told us, "[Name] is very much treated with respect and dignity, they try to give him as much independence as possible." One person said, "They (staff) knock on the door, I choose my clothes, and all my own things in my room, my visitors are made welcome."
- We saw staff knocking on people's doors before they went in. Some people chose to remain in their bedrooms with their door closed and this was respected by staff. One person told us, "I stay in my room as I like it."
- When staff were supporting people with personal care, this was done discreetly, and bedroom doors were closed. We heard staff entering people's bedrooms and chatting with them before closing bedroom doors to provide the care.
- People's bedrooms were decorated and furnished in a way that suited each individual. One person told us, "I like my room, it's not bad at all, I have flowers." A visitor said, "I think his room is nice, they have painted it recently, and he has his own bits and pieces in it."
- People were supported by staff to take pride in, and maintain, their appearance in a way that supported their own preferences.
- Staff prompted and encouraged people to eat their meals independently, for example, with adapted cutlery and crockery.

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. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive the care and support that met their individual needs. One person's care plan stated they should sit in a chair for two hours each day. During the inspection the person remained in bed. There was no information about why the person had not got up.
- Some people stayed in bed all day. These people appeared frail and were not able to express their wishes. There was no information in the care plans to inform staff why the person was unable to get up, even for a short while, such as to eat their meal. Staff could not tell us why these people were not able to get up. Therefore, it was not clear if this was people's choice or how they were supported to avoid isolation.

We recommend that the provider ensure that the rationale for people's care is included in their care plans.

- Despite these concerns, aspects of the service provided were person-centred. Staff knew people well. They were able to tell us about people's care and support needs, their wishes and choices.
- People told us they received the support when they wanted it. One person said, "I am free to shower, choose my clothes and go to bed and get up when I like, and I have my room as I want it." Another person told us, "The staff all understand me and are well qualified to care for me, I choose when to get up and go to bed, I watch TV all day, my favourite thing."
- We identified some areas for improvement with recording end of life support and we have addressed this in the well-led section of the report. End of life care plans included information about people's future wishes, for example where they would like to spend their last days.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and the records reflected that complaints received were recorded, investigated and responded to. The registered manager told us they were addressing a complaint at the time of the inspection.
- Although complaints from people had been addressed appropriately, we identified that complaints received were often detailed and complex.
- Most people told us they had no complaints about the service. One person said, "It is very caring here; I have never had to make a complaint to anyone." Another person told us, "I would talk to my children first if I was not happy, I've never had to complain."
- Some people told us they had raised concerns in the past. One person said, "Everybody is happy here; any issues are raised and dealt with."

- People told us they would raise concerns with the staff or one of the management team. One visitor said, "I complain on behalf of [relative] if necessary. I go to [staff name] or [staff name] sometimes to get things off my chest." Another visitor told us, "I would go to the deputy manager and I have done it if I have any concerns with his care."
- Complaints were analysed to identify if there were any themes or trends. Where appropriate information about complaints was shared with staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place. These provided some guidance for staff. For example, whether people wore glasses or needed to use a hearing aid.
- Some people who were less able, to communicate verbally, were supported to communicate using pictorial support. One person showed us the pictures they used to help them communicate. This included pictures to show if the person was happy or unhappy.
- One person's care plan explained that English wasn't their first language. It demonstrated how staff had attempted to communicate in the person's first language, but this had not been successful due to the person's health condition.
- Staff had a good understanding of how to communicate with people. One person who was less able to communicate verbally was calling out. It was difficult for us to determine what the person was saying. Staff were able to explain to us what the person was saying, they told us the person wanted a cup of coffee and this was provided. Staff explained how they communicated with this person through speech, gestures and body language.

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

- People were supported to take part in meaningful activities throughout the day and visitors were welcomed at the home. One person told us, "The activities are pretty good, and my visitors are made welcome." Another person said, "I engage in some activities, I don't get bored at all."
- There was an activity program for what was happening each day. Each person had a copy of this in their room. During the day we saw people were playing Skittles in the morning and a lively afternoon tea was held with sandwiches, cakes and strawberries in the lounge. There was an 'Alexa ' and people took turns in choosing what song to be played. People joined in with the singing, staff were all attentive and helped to create a very happy atmosphere.
- A visitor told us their relative enjoyed the activities. They told us, "He joins in the activities, I think they are great." They described the activities the person enjoyed and added, "There is something on every weekday am and pm. He used to do art, so they still encourage this with him."
- Not everybody enjoyed the group activities. One person said, "I don't want to do activities, they do offer one to one in my room, I have an iPod, iPad and a phone, I watch TV, I am quite happy, they do try and encourage me to go downstairs but I prefer my own company." Another person told us, "I can't concentrate on the activities, I like my room, I watch TV sometimes, and I can go to Mass on a Sunday."
- Motivational occupational therapists (MOT's) worked at the home, their role was to organise and facilitate activities for people. They worked with people to develop individual activities to meet their own needs. This included taking people out, and during the inspection we saw one person going out for lunch with a staff member. Other people were also supported to go out either with staff or on their own.
- Some people at Mulberry House needed support from one member of staff for several hours each day.

These people had individual activity plans which staff supported them to develop and enjoy. They were also able, when they wished, to join in with the group activities that were taking place.

- The registered manager had recognised that people who were frail and remained in bed were not able to join in with the activities. Although there were some activities, developed for people in their rooms they may not have as many opportunities provided. Therefore, she had introduced an external company who visited twice a week and provided meaningful person-centred activities for people who remained in bed.

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 requires improvement. At this inspection this key question has remained the same.

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 being clear about their roles, and understanding quality performance, risks and regulatory requirements: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection we found people's records did not contain all the information staff may need. The information about what people did each day was task based. At this inspection we found improvements had been made and daily records demonstrated what people had done each day. For example, records for one person who remained in bed most of the day showed they had enjoyed a group physiotherapy session where they had participated in simple exercises, listened to music, and engaged with staff on a one to one basis.
- However, other aspects of people's records still needed to be improved to ensure they contained all the information staff may need.
- For example, people's end of life care plans. Some people's care plans did not include information about the care people may need at the end of their life, for example, regular mouth care and position changes. They did not include any guidance about additional medicines that may be required to ease people's symptoms at the end of their life. These are known as 'Just in case medicines' (JIC). There was no information about when or why these medicines may be needed.
- One person's communication care plan informed staff to use gestures and non-verbal cues to communicate with the person, but there was no information about what these were. Some people who had PEG tubes needed to be positioned in a specific way before feeding. The care plan informed staff to make sure the person was in a safe position. However, this position was not described to ensure staff would follow this consistently.
- Although staff knew people well, there was a current reliance on agency care staff who may be less familiar with people's needs. This incomplete information left people at risk of receiving inappropriate or inconsistent care and support.
- There was an audit system, but this had not identified all the shortfalls we found in relation to safety and person-centred care. For example, the care plan audits had not identified the lack of specific information needed to look after people. Medicine audits had not identified the lack of PRN guidance.
- People and their relatives had not been given opportunities to formally share their opinions and views or give feedback about the service. In November 2018 the provider had changed its legal entity. This meant the service was being run by new directors. Since that time, people and their relatives had not been asked to complete feedback surveys to give their views on their care, the home and staff.

- Three resident and relative meetings were scheduled for 2019. One had taken place in March however, the one planned for July had been cancelled and the next one was due to be held in November. People told us they had been to meetings in the past. One person said, "The last residents meeting was cancelled, no reason given." Another person told us, "Once in a blue moon there is a residents meeting where we can talk."

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure there were effective quality assurance systems in place. The lack of detailed records meant people were at risk of receiving support that was inconsistent or inappropriate.

- Despite these concerns other aspects of the service were well led. The registered manager had identified improvements were needed in relation to the environment, meal provision and retaining staff. Analysis and work was taking place to address these and make improvements.
- Each month people were given an activity program and a newsletter. The newsletter included information about the home. For example, introducing a new puppy which belonged to the registered manager, and was at the home most days and had been visiting people.
- The registered manager knew people and staff well. She worked at the home each day and was supported by a deputy manager.
- The staff were clear about their roles and responsibilities. They understood when to ask for support and guidance from more senior staff, such as the assistant practitioners or nurses.
- Staff had recently completed a feedback survey about their experiences of working at the home. This feedback was positive and reflected what staff told us, that they enjoyed working at Mulberry House.
- Measures were in place to maintain and improve staff well-being. The home had acknowledged Mental Health Awareness week and posters were on display for people and staff reminding them to be mindful or maintaining their own mental health and where to go for support. Staff were also able to access the physiotherapist for their own support and were provided with meals when on duty.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of people's needs, choices and preferences. One person told us, "I know the Manager, she talks to me." A visitor said, "I know the manager, I will talk to them about [name's] care."
- People and visitors generally spoke well of the home. One person said, "There's a family atmosphere here, I've never had to complain, it's very relaxed. The doctor is always arranged, I have seen a care plan and I have no concerns. I would raise them with the nursing staff if necessary." Another person told us, "It is really homely and friendly here."
- Where people expressed dissatisfaction with aspects of the service, the registered manager was aware of the concerns, which included the use of agency staff. The registered manager understood the importance of regular staff but was able to explain why agency staff were needed and what was being done to lessen the impact on people. For example, as far as possible, using regular agency staff, who knew people well.
- Some people at the home were living with a learning disability and did not have any nursing needs. At the last inspection we asked the provider to be mindful of CQC guidance for homes who look after people with a learning disability. This is called Registering the Right Support.
- This guidance ensures that services embrace the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. This is so people with learning disabilities and autism using the service, can live as ordinary a life as any citizen.

- At this inspection we saw that these values were in place. People were supported to live the life they chose both within the home and when going out. People with a learning disability received support from regular staff who knew them well and supported them to achieve their independence.
- Staff told us they enjoyed working at Mulberry House. One staff member said, "I am very happy here most days, definitely supported by the management and there's always a door open. Training is up to date and if we request extra training it is always arranged."
- The registered manager supported and encouraged staff to develop and progress. Staff spoke about the support they received. One staff member said, "She is very good to me personally." During the inspection staff approached her and the deputy manager for support and reassurance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC. These were very well completed and contained all the information CQC required.
- There had been a safeguarding investigation over the summer. There was a safeguarding plan in place. The provider and registered manager were continuing to work with the local authority safeguarding team to make the necessary improvements. This included working with the local authority Market Support team to develop audit systems to identify areas for improvement.
- During the inspection the registered manager told us an external consultant would be visiting the home to undertake an audit of all areas of the service.
- There was a clear commitment from the provider and registered manager to improve and develop the service. The registered manager maintained and updated their own knowledge to help ensure best practice guidance was followed. For example, they were aware of the Oral Healthcare in Care Homes review and were planning to implement a detailed oral healthcare assessment and training for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way 12(1)(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(b)(c)(e)