

Mulberry Living Ltd

Mulberry Living Limited

Inspection report

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Date of inspection visit: 2 July 2015

Date of publication: 06/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection was carried out on the 2 July 2015. Mulberry Living Ltd is domiciliary care service providing personal care for people with a variety of needs (including physical) in their own homes. The service is in its infancy and currently provides care to 22 people.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at Mulberry living Ltd is also the provider for the service.

Assessments of people's care had not always been recorded. There was no clear plan for staff to show what care was needed for people. Care plans were not written in a personalised way based on the needs of the person concerned.

Summary of findings

There were not effective systems in place to monitor the quality of the service that people received. Care reviews were not undertaken regularly to ensure that the care plans had the most up to date information for staff.

There were no clear records of audits undertaken for example in relation to people's care plans and medicine charts. Improvements had not been made in relation to feedback from people and relatives.

There were not sufficient numbers of skilled and experienced staff deployed to support the people who used the service.

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them. People and their relatives told us they were often supported by regular staff who knew their needs and preferences well.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

People told us they were involved in decisions about their care and were kept informed. Relatives we spoke with told us they were always consulted and felt involved.

People were offered support in a way that upheld their dignity and promoted their independence. Staff said they would they would close doors and curtains and make sure the person was covered when providing personal care.

People were supported at mealtimes to have food and drink of their choice. Staff always ensured that meals and drinks were provided to people.

People's rights were being upheld as required by the Mental Capacity Act (MCA) 2005. This is a law that provides a framework to protect people who do not have mental capacity to give their consent or make certain decisions for themselves. Staff were aware of their responsibilities through appropriate training in regards to the Mental Capacity Act 2005.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan.

We found breaches of the Health and Social Care Act 20014 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

There were no up to date risk assessments for people or guidance for staff on how to reduce risks.

There were not sufficient numbers of staff deployed to keep people safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

Required checks were undertaken before staff began to work for the agency. This helped to ensure suitable staff were employed.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them.

Requires improvement



Is the service effective?

The service was not always effective.

Staff had not had regular one to one meetings with their manager and did not feel supported. Staff competencies had not been assessed appropriately.

Staff received training and were aware of the Mental Capacity Act 2005 and how to protect people's rights.

People's health and care needs were assessed with them.

Requires improvement



Is the service caring?

The service was caring.

Staff were aware of people's personal preferences.

People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

There was a complaints procedure however complaints were not dealt with appropriately.

Pre-assessments of people's needs and detailed plans of care were not available for staff that ensured that the service could meet people's needs.

Requires improvement



Summary of findings

The service worked well with other agencies to make sure people received their care in a coordinated way.

People were registered with a GP and saw other healthcare professionals to ensure that their health needs were met.

Is the service well-led?

The service was not always well led.

The quality assurance systems in place were not effective. Feedback from people was not used to identify and address short falls and improve the service.

Staff did not always feel supported or appreciated.

Staff were supported by a comprehensive range of policies and procedures.

Requires improvement



Mulberry Living Limited

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 was planned to check 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.

This was an announced inspection which took place on the 2 July 2015. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of one inspector and expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed 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.

During the visit we spoke with one relative of a person using the service, the Provider, the registered manager and two members of staff. After the visit, we spoke with six people using the service, seven relatives and two members of staff. We also spoke with one health care professional to obtain feedback on how the service was run.

We looked at a sample of three care records of people who used the service, medicine administration records, three recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

This was the first inspection of the service.

Is the service safe?

Our findings

People said that they felt safe with staff. One person said “It may not sound a lot of time that they’re here but without them I’d be completely lost. I just couldn’t manage.”

Relatives also said that they felt that their family members were safe with the staff at the service. One relative said “It makes such a difference to me knowing that (their family member) is safe.”

Although these people and relatives shared positive views we found that improvements were needed to the safety of the service.

Assessments were not always undertaken to assess risks to the people and to the staff supporting them. There was no clear guidance to staff on how to reduce the risks for people where a risk had been identified. For example there was a risk of one person tripping but there was no clear plan for staff about how to reduce this risk. One care plan we looked at did not have any risk assessments. The registered manager told us that they had visited the person but agreed that risk assessments should have been undertaken for this person but had not been. The registered manager agreed that some risks to people were known by them and staff but were not always necessarily recorded. For any new member of staff visiting this person, there was a risk that they may not be provided with the most up to date and accurate information from the persons’ care plan to care for them safely. One member of staff said “I don’t know about risk assessments, I wasn’t aware that these were done.” Having no up to date and accurate risk assessments and plans of action is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were mixed views from people and relatives about whether there were enough staff to meet people’s needs. Comments included “It’s very good, I have the same young girl every morning to dress me, wash me, do my hair for half an hour and I’m very happy” and “I would recommend them to anybody but the only thing I would change if I could is that I wish I could have the same faces, but they’ve had problems with staff leaving and so on. I know they’re doing their best to sort it out, but I get too many new faces.”

Staff we spoke with felt there was a lack of staff and that this impacted on them. One said “We could do with more staff as I’m called upon to cover on my spare days and I

don’t feel I can say no.” Another said “There are not enough staff, staff are working a lot of shifts and it’s not sustainable.” One health care professional told us that they had agreed to meet with a member of staff at a person’s house to review a person’s care but due to the lack of staff they weren’t able to attend.

The registered manager told us that they had 10 care staff and one team leader. They said that the team leader was in addition to care staff and would only provide care to people in emergencies. They said that no person required more than one member of care staff at each visit to assist with their care. They said that they did not use agency staff to cover for staff absence but would call upon staff from a neighbouring care service. They told us that they felt there were enough staff to meet the needs of people. However we found that the team leader was providing care to people frequently due to staff shortages. Over a four week period we found that the team leader had been required to complete shifts on 16 separate occasions. There was no evidence that additional carers from the neighbouring service had been called upon to cover these shifts. There had been occasions where staff had failed to turn up to calls. One relative said “The carer didn’t come back from leave and the manager couldn’t get cover for me that day”. Whilst another relative told us that on three occasions their family member didn’t get a lunch time call. Lack of suitable staff deployed at the service is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of the reporting process for any accidents or incidents that occurred. There were separate systems for recording and monitoring incidents and accidents. Staff called the registered manager to report any incidents and these were separately recorded at the person’s home. Staff told us that they called 999 for an ambulance in emergency situations. One member of staff said “If I called the paramedic I would always wait in the person’s home for the ambulance.” Another said “I would always ensure the person was safe and then report the incident to the office straight away.”

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of staff full employment history, any cautions or convictions, two references and evidence of the person’s identity. This gave

Is the service safe?

assurances that only suitable staff were recruited. However it was noted that references were not always obtained from the member of staff's previous employer where the work related to care work.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. One said "I would get hold of the manager straight away." Another said "I would make sure people are safe and then I would contact the agency." There was a Safeguarding Adults policy and staff had received training regarding this. Policies were all available in the office for staff and additional information was provided to staff in their individual handbook. This was to guide staff about what they needed to do if they suspected abuse. Staff were aware that the Local Authority were the lead agency in relation to safeguarding concerns.

The provider had an out of hours' on-call system in place and staff were required to contact them for advice relating to any concerns about suspected abuse during the out of hours period. Staff were aware of this system.

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions for care staff stating whether the person was to be administered medication as part of the care plan. Individual care plans provided clear instruction to staff on how to administer medicines and highlighted any allergies. The registered manager undertook audits of the medicines chart to ensure that these were completed correctly. The medicines charts that we looked at were complete and accurate. One member of staff said "I would only give people medicines that were in blister packs, I will always record what has been given."

People said they felt safe with staff being provided with key codes to access people's properties. One person said about how staff accessed their house "The drill , they ring the bell and come in, calling out to me." They said they felt safe with staff.

Is the service effective?

Our findings

People were very complimentary about the competencies of the staff. One person said “The service is extremely efficient, very reliable, we’re very, very fortunate with the ladies who come, they’re very friendly, sympathetic with my condition and they know what they’re doing, we are very fortunate, I would recommend them to anybody”. Whilst a relative said “Sometimes I have had to show them what to do, but they have had the right training and I know they go on the training courses for moving and handling.”

However despite these comments we found that people were not always supported by staff that had the knowledge and skills required to meet their needs. The registered manager told us that each new member of staff completed the agency’s mandatory training. They would then ‘Shadow’ a more experienced member of staff on three occasions to the clients that they were going to provide care to before they were left to work on their own. They said that the team leader would introduce the member of staff to all of the clients. The team leader would also competency assess the member of staff to sign them off by observing the care they were providing. We found that this was not always happening. One member of staff told us “I did shadow three clients but they were not the clients I was going to have, I didn’t feel this was enough. I haven’t had any competency assessment from the team leader since I started work.” Another member of staff said that they had never had a competency assessment since starting work at the service whilst another said “I don’t feel I shadowed enough, I didn’t feel secure.”

The team leader was unable to undertake all of the staff competencies due to the care work that they had to undertake. The registered manager told us that they relied upon other experienced carers to feed back to the management team how they felt the new staff were doing. One member of staff said “There is a time restraint on what can be achieved at the moment” when asked why competency assessments were not always undertaken. We looked at the staff files and saw that most of the competency assessments for new staff were undertaken by other care staff. Staff were not suitably supervised by a manager or team leader to demonstrate their competencies. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and we saw that before they provided any care they completed all of the service mandatory training. This included fire safety, safeguarding, food hygiene, infection control and moving and handling. In addition to this more experienced staff were encouraged to undertake the new care certificate.

Staff did not receive regular supervisions with their manager. The service policy stated that supervisions should occur every two or three months and we found that this was not happening. The registered manager told us supervisions were undertaken in a variety of different ways. They said that ‘Spot checks’ were undertaken by them or the team leader on staff and one to one meetings in the office. However these were not happening as often as they should. One member of staff said “I have had no spot checks at all...I have not met with my manager on a one to one since working here” whilst another said “I haven’t had a spot check at all, although I have had a one to one in the office.” One relative said “Since the care package started no spots checks have been done by anyone.” We looked at the records and found that one to one meetings and spot checks had not been undertaken for many staff. The registered manager confirmed that this was the case due to the team leader or themselves not having the time to do them. As staff were not receiving appropriate and on-going periodic supervision to ensure competencies were maintained this is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people’s rights if they lacked mental capacity to make certain decisions. Staff had a good understanding of MCA and gave examples of how they could gain consent from people. People confirmed that staff would ask their consent before care was provided.

People were supported at mealtimes to have food and drink of their choice. The provider said that some people required support with meal preparation as part of their care plan to make sure they had nutritionally balanced diets for their wellbeing. One member of staff said “I talk to people and ask them what they want.” People and relatives said that they were happy with the support staff gave in relation to eating and drinking.

Is the service effective?

Staff were available to support people to attend healthcare appointments if needed. The provider liaised with health and social care professionals involved in their care if their health or support needs changed. For example, people had

visits from community nurses and staff worked alongside them to ensure consistency of care for people. We saw that peoples care files had details of their GPs so staff could contact them if they had a health concerns.

Is the service caring?

Our findings

People were very complimentary about the staff that provided the care. Comments from people included “I couldn’t do better, the people I have are excellent. They do anything I ask with a courteous manner, they’re very friendly without being overfriendly, I don’t think you could find better” and “I’m very satisfied and very pleased with the service.” Comments from relatives included “They’re very helpful and do anything you ask” and “They’re very nice, it’s a good service and I enjoy someone coming in and talking to me and supporting me too.”

People felt that staff went above and beyond the care that was needed. One person said “Whatever I ask they’ll do, they have their regular tasks but they’ll just do anything else that I ask.” Another person told us that a member of staff had cut roses for them from their garden as they couldn’t get out to them.

Staff said that they enjoyed working with people. One said “I enjoy meeting different people and helping them with their needs” whilst another said “I like caring for people, just to be there, be loving, it makes my job better knowing that I’ve been in to see people.”

People’s dignity and privacy were respected. Where people had asked for a female carer this was accommodated. Staff

gave examples of how they would provide privacy and dignity. One member of staff said “I ensure curtains are closed (when providing personal care) and doors are shut” and another carer said “I will leave the room when they need me to.”

People and their relatives told us they were involved in making decisions about their care. One relative said “Staff are very supportive, they are fully aware of my (family members) needs, I always get asked to be involved in the care plan.”

The registered manager told us that they would meet with people and the families where appropriate to ask them about the care they wanted. They told us that they had two people who used the service whose first language was not English and they matched up two carers who were able to speak their language. This meant that they were able to communicate their wishes in a way that was understood. One member of staff explained that they were learning Makaton (a form of sign language) to be able to communicate with one person better.

People were supported in promoting their independence. Staff told us they would encourage people to do as much as they could for themselves but helped when people wanted or needed help. One member of staff said “I try and encourage people to do as much as they can themselves.”

Is the service responsive?

Our findings

The registered manager told us that they visited each new person and undertook an assessment of their needs. They said they did this in the person's home or in hospital. They said that for 'Clients' that were referred from the Local Authority (LA) they would receive the initial assessment from the LA. They told us that regardless of the LAs assessment they would ensure that they could meet the person's needs by undertaking their own assessment. They said they did this because they sometimes found that the assessment undertaken by the LA did not always reflect the care the person needed. They also said that if a person using the service went into hospital, before they came home, they would re-assess their needs to ensure nothing had changed.

However the care plans that we looked at did not always have a pre-assessment of people's needs undertaken by the registered manager. The registered manager told us that if the needs of the person were assessed by them was the same as the LA then they wouldn't produce another assessment. They said that on reflection they could see that there was no evidence that they had visited the person and assessed the person's needs to see if care staff could meet them. The registered manager said that they realised that there should have been records of these. This meant that there was no evidence that before a person started receiving care that their needs could be met by the staff at the service.

For those people who were not referred by the LA there was little evidence that support needs and care plans were developed outlining how these people's needs were to be met. We saw that there was an assessment of people's needs but no guidance for staff about how to provide care. For example in one person's care plan it stated 'Pain can be difficult to assess (due to their condition)'. There was no guidance for staff on what they needed to do. The registered manager acknowledged that this information wasn't in the persons file and said that "Staff just know what to do." Care plans didn't provide specific information regarding peoples' medical conditions, care needs and what type of support was needed.

Care plans had not been written in a way that recognised each person as an individual with their own specific support needs. The registered manager told us that the files in the office wouldn't necessarily mirror what was in

people's homes. They said that some files in the people's homes had a copy of a 'Pen profile' which gave more information about the person. This meant that any new member of staff who wanted to review people's care plans in the office did not have the most up to date and accurate information on people. One member of staff said "It would be helpful to know who people are before you provide care; I didn't learn anything from the care plan." They told us that it was only after a few visits to someone that they established that the person had a medical condition that they felt they should have been made aware of. Not all staff said that they read people's care plans before they gave care. One member of staff said that they looked at daily notes but not at people's care plans.

Where there had been a change to people's care this was recorded as 'Critical information' for each person in the office on the computer. The registered manager said that staff were made aware of these changes via a text message. The registered manager said that the care plans were not updated with this information. For example, one person was now required to wear support stockings every day but the care plan had not been updated to reflect this. Another person had had a hip operation in May 2015 however their care plan had not been updated to reflect this.

The lack of assessments of people's needs and plan of care is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records gave clear documentation of care delivered and how each person was during that visit.

People said that the staff were flexible in meeting their needs. For example if timings need to be changed to accommodate hospital or district nurse visits then they would do this. One person's said "I have hospital appointments and the district nurse visits and they'll always work around it" whilst another said "When I have hospital appointments that are early, they'll arrange the morning visits to help me."

People and relatives were aware of the complaints process and how to raise things if they had a concern. There were mixed opinions from people around whether they felt their complaint had been dealt with appropriately. One person said "I contacted the manager and she called me straight back and I told her what had happened and it was sorted out. If I found any faults I could ring the manager and she'd sort it out, she's very helpful" and another said "The odd

Is the service responsive?

time I've not been happy with something I've told (the manager) and she's sorted it out... there's been the odd little thing?, If you just tell the boss, she'll sort it out." However one person said that their evening visit was too early and they end up having their meal at five when they would rather have it later. They said they had raised this with the manager but that it hadn't made a difference. One relative said that they raised a complaint about their family members care and this had not been addressed to their satisfaction.

The service provided opportunities for people to express their views and raise concerns and complaints. We saw a

folder containing positive feedback from people but there was also evidence of a complaint that had been made on the 19 May 2015. There was no evidence that the complaint had been addressed or the person responded to. The registered manager told us that this had not been recorded as a complaint but had spoken to the person involved. As complaints were not investigated and appropriate action taken this is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People and their relatives told us the registered manager was approachable. One relative said “(The manager) rings me occasionally just to see how things are going” and another relative said “If there are any concerns they (the manager) ring me. I find the manager approachable and very helpful. I’ve no concerns or complaints. I have popped in to the office to ask them (advice) and they were helpful and supportive to me.”

Staff felt that they could come to the office whenever they needed or wanted to. However they did not always feel supported or appreciated. One member of staff said that they were not confident at approaching their manager about their concerns whilst another said “I feel staff get put upon, staff will go the extra mile and I don’t feel it’s appreciated.” Another member of staff said “I do feel supported.” The registered manager told us that staff meetings did take place. We saw evidence of a meeting in April 2015 where discussions took place around people's care.

Systems were not effective to monitor the quality of the service that people received. The service policy stated that the team leader was to visit each client every three months to assess the quality of the care that was being provided. There were also supposed to be undertaking ‘Spot checks’ of the staff. These were not being done because the team

leader did not have the time to do them in addition to the care work that they were undertaking. Archived daily notes and medicines sheets were brought back to the office to be audited. However the registered manager told us that they didn’t record these checks. There was no evidence of any learning from these audits.

Quality questionnaires for people and relatives were completed. However where suggestions for improvements were made there was no evidence that this had been addressed. For example one person asked for ‘Better communication as sometimes there are last minute changes to carers’ and ‘Sometimes staff are a little lazy or lack motivation.’ The survey had not been used as a method to improve the standards of care for people. The registered manager told us that often they would speak to people and relatives but this was not recorded.

There were not effective systems in place to assess, monitor and improve the quality of care being provided which is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were several compliments about the quality of the service which were on display in the office for staff to see. Comments included ‘My mum is always the focus of their (staff) interest’ and ‘(The service) doesn’t need any improvement’ and ‘Thank you very much for the help you have given me’

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

There was a lack of assessments of people's needs and plan of care.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There were no up to date and accurate risk assessments and plans of action for people.

Regulated activity

Personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints were not investigated and appropriate action taken

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were not effective systems in place to assess, monitor and improve the quality of care being provided.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed. Staff were not suitably supervised by a manager or team leader to demonstrate their competencies.