Mulberry Living Ltd

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Inspection report

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Tel: 01483516770

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on the 27 May 2016. Mulberry Living Limited is a domiciliary care service providing personal care for people with a variety of needs in their own homes. Most of the people who received care were older people who required support and some were people with learning disabilities. At the time of our inspection the service provided care to 45 people.

There was a registered manager in post and at the inspection. 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.

People's records were not always kept securely and improvements were needed around how records were updated and maintained. Audits and surveys had been undertaken with people and had been used to improve the quality of care for people. However, other audits although staff told you they took place were not evidenced.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not always informed the CQC of events which related to safeguarding concerns.

There were clear plans for staff to show what care was needed for people. Care plans were written in a personalised way based on the needs of the person concerned.

There were sufficient numbers of skilled and experienced staff deployed to support people. Team leaders and senior staff provided support to care staff when needed.

People and their relatives told us they were 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. All staff underwent recruitment checks before they started work. In the event of an emergency the service had a contingency plan that ensured people received their care.

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

People were offered support in a way that upheld their dignity. 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 and staff ensured that people had enough to eat and drink.

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.

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them.

Medicines were safely administered and people 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 supported with medicines as part of their care plan.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were enough staff deployed at the service to meet people's needs. There were systems in place that ensured people received care from staff when they needed it.

People were safe because risks of harm had been managed. Safe recruitment practices were being followed.

People were supported to receive their medicines on time and as prescribed.

People told us they felt safe and staff understood their responsibilities in relation to abuse and reporting this to the safeguarding authority.

Is the service effective?

Good

The service was effective.

People's human rights were protected because staff understood the requirements of the Mental Capacity Act 2005. Staff ensured that they asked for people's consent before care was given.

Staff were provided with training appropriate to the needs of people and staff's competencies were assessed.

People were provided with sufficient food and drink for their needs.

People were supported to access healthcare services to maintain good health.

Is the service caring?

Good

The service was caring.

People's dignity was upheld and people were respected. People said staff were kind and considerate to them.

People and relatives were consulted around preferences of care.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were detailed around people's needs. Changes in people's support needs were met.

People knew how to access the complaints policy and concerns people may have were dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not always secure, complete and accurate. Notifications of significant events in the service had not been made appropriately to CQC.
There were systems in place to monitor the safety and quality of the service; however these were not always carried out or recorded.

People's and staff's views were gained to improve the quality of the service.

People and staff told us they felt supported and valued.

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 27 May 2016. 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 an expert by experience who phoned people who use the service after the inspection to gain their views. An 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 which we used as part of the inspection.

During the visit we spoke with the registered manager and two members of staff. We looked at a sample of four care records, medicine administration records, three staff recruitment files and staff supervision and one to one records. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. After the visit, we spoke with 10 people using the service and five representatives of people.

We last inspected this service in July 2015 and found breaches of regulation in care planning, risk assessments for people, complaints, staffing and governance.

Good

Is the service safe?

Our findings

People felt safe with staff. One person said, "I feel more relaxed with this service than the previous one and I now feel safe." Relatives said that they felt their family members were safe with staff. For some people key codes were required to enter their premises. People said that they felt comfortable with staff having the code. One person said, "They (staff) use the code and I have also requested that they ring 10 minutes before they arrive." The registered manager asked people to change the code if staff left the agency to help prevent information being shared.

On the previous inspection in July 2015 there were not always enough staff at the service to meet the needs of people and risk assessments had not always taken place. We found improvements had been made in both of these areas.

On this inspection there was sufficient staff to meet the needs of people. People and their representatives told us that a member of staff always turned up when they needed to. The registered manager told us that since the last inspection they had recruited additional staff and a senior carer and they were still recruiting extra staff to provide additional support. In the event of staff sickness the senior carer, team leader or the registered manager would attend the calls if needed. . They told us that they would rely upon people or their relative's to contact the office if a carer had not turned up. To date there had not been an occasion where a member of staff had not turned up to a call. If a member of staff knew they were going to be late they would ring the office who would notify the person. People and representatives confirmed that this happened.

The registered manager told us that late and missed calls were monitored through reviewing staff time sheets and that they also used the time sheets to ensure that staff stayed the correct amount of time at each call. We saw that staff were given time in between each call to travel to the next person. According to the time sheets staff stayed for the appropriate amount of time and people confirmed that this happened. There was a service contingency plan for example in the event of bad weather where staff from a neighbouring service could be called upon. There was an on-call system where the manager could be contacted out of hours by people and staff.

People's safety was assured because identified risks were appropriately managed. The registered manager told us that where risks had been identified guidance was provided to staff in people's care plans. The risks included the environment or risk of choking. We saw these were reviewed as and when necessary. One member of staff said, "All the information around risks are in the care plans, we read them and sign to say we have read them." They gave an example of one person being at risk of falls and that they ensured that the floor areas were clear of any potential trips hazards. Staff were aware of the reporting process for any accidents or incidents that occurred. Staff called the manager to report any incidents and these were separately recorded in the care plan in people's homes. Staff were aware that in any emergency they would call an ambulance if this was needed. We saw occasions where an ambulance was called and staff waited with people.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and staff had received training regarding this. Policies were available in the office for staff and additional information was provided to staff in their individual carer packs. 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. One member of staff said, "(If something was happening) I would reassure the client and tell the team leader. I would make a note in the person's care plan (if appropriate)."

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 assurances that only suitable staff were recruited to work at the agency

There were safe medicines administration systems in place and people received their medicines when required. People understood the reason and purpose of the medicines they were taking and their prescriptions were pre-prepared in blister packs. Staff supported or prompted people to take their medicines and records of this were made by staff in people's care plans. The registered manager told us that all staff were competency assessed around medicines (which we saw evidence of) and if they were deemed not competent staff would not be given clients where medicine prompting was required. Audits of people's medicine sheets were undertaken by the senior staff and explanations written for any gaps. For example, if the person did not require care on that particular day.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "The carers are great", "They are doing a brilliant job", "and 101% totally professional" and "I rely on carers to train me on the new equipment (they do this well)."

On the previous inspection in July 2015 staff were not receiving appropriate and on-going supervision to ensure that their competency was assessed. We found improvements had been made.

People were 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 service's mandatory training. They would then shadow a more experienced member of staff for a minimum of three client visits that they were going to provide care to before they were left to work on their own. The team leader also competency assessed the member of staff to 'sign them off' by observing the care they were providing. Staff confirmed this to 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. Training was also provided to meet the individual needs of people. One member of staff told us that they did not go to people whose needs they had not been trained in. For example, people who needed a hoist to be moved. Another member of staff said, "The training is pretty good."

On the whole people were supported by staff who had regular supervisions with their manager. The registered manager told us supervisions were taking place in a variety of different ways. They said that spot checks were undertaken by the team leader and staff also had one to one meetings in the office. However we found that for some new staff spot checks had not always taken place. We fed this back to the registered manager who told us that this was being addressed. They said that due to the increase in management staff they were now able to conduct more spot checks. One member of staff said, "(The manager) will feed back on how well I am doing." Staff said that they were able to come to the office whenever they needed and that they had regular one to one meetings to assess their competencies.

People told us that they were happy with the way staff asked for consent. Some told us that they did not expect staff to ask for their consent for everything. One person said, "They (staff) just get on with what they need to do (and I'm happy with this)." Staff had attended Mental Capacity Act 2005 (MCA) 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 were supported at mealtimes to have food and drink of their choice. One person said, "The carer has prepared food sometimes to a good quality, I am eating and drinking well." People said that carers ensured that they had enough to eat and drink before they left. One member of staff said, "For one person I always make sure that I leave a banana, biscuits and grapes for them." They said that some people did not eat a lot when they were there and they wanted to ensure that they had extra food when they left. Staff told us that if they had noticed that people had not eaten food they would make a note of this in the person's care plan

and contact their manager with the concerns.

Staff were available to support people to attend healthcare appointments if needed. One relative said, "The carer has taken (their family member) to hospital and that went very well." The provider liaised with health and social care professionals involved in people's 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 people's care files had details of their GPs so staff could contact them if they had health concerns. Most people said that they were able to organise their own healthcare appointments.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included: "I do know the staff well, and it's nice to have a regular person. One (of the carers) is exceptional", "(The carers) are generally very friendly, listen and spend time with me" and "Very good and very pleased with the service." Relatives comments included, "They (staff) are caring and spend time with my mother" and "(The carers) are absolutely reliable, the carer has become friends (with me)."

Staff told us that they enjoyed working at the service. One member of staff said, "I enjoy helping people, giving them what they need, I want to make sure that they are happy with the service and the care I've given them." Staff told us that if they finished the care within the time they would spend time chatting to the person if the person wanted this. They also said that they would ask if there was anything else they could do. One member of staff said, "Before I leave I make sure people have what they need, I make sure one person can reach their phone and has a cardigan by their side." They said that with another person they would dust the furniture and tidy up their flowers if needed.

People and their relatives told us they were informed and kept up to date with their care planning. One person said, "Staff communicate with me and my daughter, we are well informed of things." Another person said, "All of the information is kept here in my file." Whilst another said, "We are well informed." The registered manager told us that any reviews of care were discussed with people and the representatives either in their home, in the office or over the phone dependant on what was easier for the person. The registered manager ensured that people were given a list each week so people knew which carer was coming. If this changed then people would be contacted with the change.

People received care and support from staff who had got to know them well. Comments from people included, "I am treated well, so much respect is shown" and "My (family member) is shown dignity and respect from staff." Staff gave examples of how they would provide privacy and dignity. One member of staff said, "I make sure that any records are kept in the care plan, I draw curtains and I give the client options."

Staff knew, understood and responded to each person's diverse needs. One member of staff said, "I can relate to people as I understand the needs of people with learning disabilities." The registered manager told us that one person's first language was not English and they provided a carer who was able to speak the person's language. Staff used laminated translation cards for another person whose first language was not English.

Good

Is the service responsive?

Our findings

On the previous inspection in July 2015 care plans had not always been updated when people's needs had changed. There was also not always evidence of a pre-assessment of people's needs when they first joined the service. We found improvements had been made in both of these areas.

People received care from staff who understood their needs. The registered manager told us that they visited each new person and undertook an assessment of their needs. They said that they did this in the person's home or in hospital. The registered manager told us that regardless of another authority's assessment they would ensure that they could meet the person's needs by undertaking their own assessment. They also said that if a person went into hospital they would re-assess their needs to ensure nothing had changed before they came home. We found that this was taking place. People told us that assessments of their needs were undertaken by staff at the service.

The care plans had a pre-assessment of people's needs undertaken by the registered manager. Care plans were detailed and addressed every aspect of the care that was needed. There was a detailed guide for staff on what they needed to do and what additional support people needed. One person liked their personal care provided in a specific way and there was guidance for staff on how to do this. Care plans included specific information regarding people's medical conditions and care needs. People's needs varied from requiring support with personal care to people who were older and less mobile to people who required complete support from staff. One person said," Staff are approachable; they go out of their way to be helpful and considerate and are able to offer personalised care."

Care plans had 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 mirrored what was in people's homes. Where there had been a change to people's care this was recorded on the computer system and updated in people's care plans. The registered manager said that staff were made aware of these changes via a text message, phone call or face to face at the office. For example, one person had returned from hospital. We saw that staff had been updated on the person's changing needs. One person said, "I am unable to get around, staff know this and make sure that I'm comfortable." Another person said, "The carer obliges my needs and requests, leaving me to say what I want." Whilst another said, "The carers stick to the care plan."

People and relatives were aware of the complaints process. Comments from people included, "If I needed to complain I would speak to the manager" and "I know how and I am able to make a complaint if I need to." The service provided opportunities for people to express their views and raise concerns and complaints. No complaints had been received since the last inspection. However we fed back to the manager that they needed to ensure that where concerns (according to the care plan records) had been raised by people and addressed they also kept a copy of this in the complaints file so they could identify any trends. One person told us that they had complained about their carer and the manager had ensured that their carer was changed.

Requires Improvement

Is the service well-led?

Our findings

On the previous inspection in July 2015 effective systems were not always in place to assess, monitor and improve the quality of the service. Some improvements were still needed in these areas specifically around people's records.

Information about people was not always shared securely between the office and staff. The registered manager told us that when new clients were taken on (and staff were asked to at short notice) staff were informed of people's needs by means of a text message to staff's personal mobile phones. These texts included the person's initials, address and a brief summary of the person's care needs. This method was also used to inform staff of any changes in people's circumstances. This meant people's confidential information was at risk of being seen by people who did not work for the agency. This is not ideal or secure however until the provider implements a different technological solution is found it remains one if the methods they use to communicate people's needs.

Although staff completed accident and incident forms these were not always completed in detail. Staff completed information around what had happened but not what steps had been taken to reduce the risk of the incident reoccurring despite this information being on the person's care plan. There were times where staff completed a record of an incident in the person's file and had informed the registered manager but had not completed an incident form. This meant it was difficult for the registered manager to analyse trends when all of the information was not held in one place. We also found that body maps had been completed which indicated that staff had found bruises on people but these did not have any incident forms to explain what staff had found and what action had been taken. The registered manager told us that staff had discussed the incidents with them at the time but agreed that these should have been recorded.

Pen profiles for people provided detail to staff on the person they supported. However these were only kept in the person's care plan in their home and not the office. One member of staff told us that having the pen profile in the office care plan would be useful as staff visited the office to review care plans for people before they visited for the first time. We spoke to the registered manager who agreed that this was a useful way for staff to know more about the person before they visited them in their home.

The registered manager told us that archived daily notes were reviewed and audited for quality however there was no evidence that this was taking place. One member of staff told us that they would read through the notes and where staff needed to improve they would ring and speak to the staff member but this wasn't always recorded. We saw that additional recording was kept on the service computer but these records were not printed off and kept on the person's care plan. There was a risk that staff did not access to the most up to date information on the person.

The lack of accurate and secure recording keeping was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always notified CQC about significant events. We use this information to

monitor the service and ensure they respond appropriately to help to keep people safe. On two occasions body maps had been completed for people where staff had concerns about unexplained bruising but these had not been notified to us as a potential safeguarding incident. The registered manager told us that this would be referred to the local authority safeguarding team but had not recognised that this should also have been notified to us.
As not all incidents of potential abuse were not notified to us this is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Other systems were in place to monitor the quality of the service. People were contacted by phone or spoken with in their home by the manager or team leader and asked about the quality of the service they received. People confirmed that this took place. In addition people and relatives were asked to complete surveys. We saw that surveys had just taken place with people, relatives and staff and the manager was in the process of reviewing the feedback from them. Comments from people about the service included, "Excellent service, could not be better even if I went to the moon" and "(We are) very, very satisfied, all are very nice and kind."

The registered manager told us on their PIR that they were always available to people and staff and we found that this was the case. They told us that policies were reviewed and updated and that staff were given opportunities to be involved in how the service was run. We saw that there was an open door policy at the office and that staff were able to speak to the manager whenever they wanted. People and their relatives were positive about the management at the service. Comments included, "Management have visited at home and they always return my calls", "I know the managers, they stick to agreements and arrangements", "(Management) listen and are easy to approach" and "(Management) are friendly and approachable."

Systems were in place to recognise staff achievement. Staff were positive about how they were managed. One member of staff said, "I feel (the service) is managed well by everybody." Another member of staff said, "I feel supported, the team help me, I think we make quite a good team." Staff said that they felt valued. One told us, "(The manager) says thank you, we are appreciated." The registered manager told us that they had introduced an 'employee of the month' scheme and that feedback was gained from people on their views of staff. Staff were awarded with a voucher and a badge.

Regular staff meetings took place which was an opportunity for staff to discuss any concerns that they had. Discussions in the meeting included training, policies and staff were encouraged to give their feedback on any improvements needed. Staff understood the ethos of the service. One told us, "We are here to make people's lives easier and support people to remain in their own home."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that all notifications were submitted to the Care Quality Commission particularly around safeguarding concerns.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that people's records were not always kept securely. There were not always effective systems in place to assess, monitor and improve the quality of care being provided.