

Runwood Homes Limited

Mulberry Court

Inspection report

105 Watermead Road
Watermead Road
Luton
Bedfordshire
LU3 2TF

Tel: 01582491740
Website: www.runwoodhomes.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

Mulberry Court is a residential care home providing personal care to 82 younger and older adults at the time of the inspection. The service can support up to 84 people. The service supports people who may be living with dementia, a physical disability or a sensory impairment.

Mulberry Court has three floors that have been adapted to support people living with dementia. People have their own rooms with en-suite facilities and have access to shared communal areas such as lounges, dining rooms, bathrooms and a garden.

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

People and their relatives were positive about the support from management and staff team. One person told us, "It is lovely here. [Staff] treat me well, they know what I like, and I could not be living in a better place."

People were kept safe. Staff were trained in safeguarding, knew how to identify signs that abuse may be happening and how to report this. Risks to people had been assessed and measures were put in place to mitigate these risks as far as possible. There were enough suitably trained staff to meet people's needs. People were supported safely with their medicines. The service was kept clean and good infection control processes, including those related to COVID-19 were in place and followed. The management team analysed accidents and incidents and shared any lessons that could be learned with the staff team.

People were supported by a kind, caring and compassionate staff team who knew them as individuals. People were clearly happy and relaxed being supported by the staff team. Staff supported people to make choices about their care. 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 promoted people to live independently and respected their privacy and dignity.

Staff supported people in a person-centred manner depending on people's preferences, likes and dislikes. Care plans were written in a way which focused staff on these areas. People were supported to communicate in a way that made sense to them. Staff ensured that people engaged in social events and pastimes which matched their interests. There was a complaints procedure in place and people and their relatives knew how to raise concerns. People received dignified and respectful care at the end of their lives.

The registered manager and management team promoted a positive and inclusive culture at the service. They were open and honest about the improvements made at the service and those that still needed to be focused on. Audits were completed to monitor the quality of the service and actions were taken if areas for improvement were found. People, relatives and the staff team told us they were asked to feed back about the service and that their suggestions were considered and taken on board. The staff team linked and

worked with external professionals and organisations to support good outcomes for people.

The registered manager was passionate about the improvement that had been made at the service and the improvements that they had planned to make happen going forward. The service had consistently been improving since the registered manager was employed and these improvements were evident at this inspection. People and relatives' comments reflected a service that had improved and provided a safe, effective and good quality service.

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 requires improvement (report published 30 August 2019). We also completed a targeted inspection which did not lead to a rating change (report published 31 March 2021)

Why we inspected

This was a planned inspection based on the previous rating.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mulberry Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

This inspection was carried out by three 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 Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and five relatives about their experience of the care provided.

We spoke with 15 members of staff including the area manager, registered manager, deputy manager, care team leaders, care workers, wellbeing leads, domestic staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three visiting professionals who came to the service.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with seven more relatives on the telephone.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. People's comments included, "I feel safe and if I had any concerns then I would be able to tell the staff." and, "I feel very safe and never have to wait long if I need any support." One relative told us, "[Staff] keep my family member safe. I have confidence in the staff team and never worry about my family member living at the service.
- Staff were trained in safeguarding and knew how to report any concerns. Staff were confident to share concerns with external agencies such as the local authority or CQC if this was necessary.
- Incident such as unexplained bruises were reported as a safeguarding concern to the local authority. This meant measures were taken to safeguard people from risk of potential abuse.

Assessing risk, safety monitoring and management

- The registered manager and care team leaders assessed risks to people and put measures in place to help mitigate risks. People had risk assessments in place for aspects of daily living such as moving around the service, eating and drinking and skin integrity.
- People and their relatives felt that risks to them and their loved ones were managed well. One person said, "The staff know what they are up to. I have [health condition] meaning my meals must be at specific times of day and this always happens." Relatives comments included, "[Staff] have all the risk assessments completed for my family member. They are quick to assess any new risks even if it is a sore toe." and, "My [family member] is kept safe. They have a special adapted wheelchair to move about in and sensor mats on the bed so that staff can support them straight away if they wanted to get up from bed."
- Staff completed regular health and safety checks of the environment and equipment used at the service. This included fire safety checks. One relative said, "The service has a colour coded system for fire safety and know exactly how to support [family member] in an emergency. This is very reassuring."

Staffing and recruitment

- People, relatives and the staff team told us that there were enough staff to support them safely. One person said, "There always seems to be enough staff. Whenever I press my call bell they are here quickly." Relatives comments included, "There are enough staff and we get on well with all of them. It means we are able to relax knowing [family member] is well looked after." and, "The good thing about Mulberry Court is that even if staff are sick the care team leaders and managers can step in and help out. It's brilliant."
- People received support from a consistent staff team who knew them well. Throughout the inspection staff were attentive to people when they needed support and took time to have meaningful conversations with them. One relative told us, "[Family member] has great continuity with the staff team and sees lots of faces that they know well. Staff are like family to them."
- The provider completed recruitment checks in line with legislation to ensure that staff were suitable for

their job roles.

Using medicines safely

- People were supported with their medicines by staff who were trained to administer medicine safely. Staff's competency to administer medicines was checked regularly by the management team. One person said, "Oh yes, the staff are always on time with my medicines. I need to take them on time, or I will get unwell and staff know this. No problems."
- Detailed care plans for people's medication were in place to guide staff. This included protocols so staff knew when to administer PRN (as and when required) medicines.
- Care team leaders carried out audits and stock checks of medicines to ensure that they were administered safely. Visiting professionals gave positive feedback about medicines management at the service.

Preventing and controlling infection

- The service was visibly clean, fresh and airy. Domestic staff were trained and knew how to keep the service clean whilst also helping to prevent the spread of infection. People's comments included, "The staff keep my room really clean- they always seem to have a Hoover or a mop in their hands." and, "[Staff] keep this place so clean- like a hotel!"
- The registered manager had taken measures to support relatives to visit their family members whilst also helping prevent the spread of infections such as COVID-19. This included regular testing and wearing PPE. One relative said, "[Registered Manager] has been brilliant getting visits back in place for us. We feel very safe and completely supported to visit our family member whenever we wish to do so."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager analysed incidents and accidents to see if there were any lessons that could be learned. These were shared with the staff team to help promote learning across the whole service.
- Daily 'flash' meetings were held with staff to discuss areas where lessons could be learned. This meant that events that happened recently could be discussed immediately and staff could put any lessons learned in place.

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 requires improvement. At this inspection this key question has now improved to good. 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 and relatives were very positive about the kind and caring nature of the staff team. People's comments included, "Staff are incredibly kind. Nothing is ever too much trouble for them.", "The staff are very good actually- always seem to go the extra mile." and, "I love it here. The staff are like my family- I call them 'my girls and boys'."
- Relatives comments were, "I cannot fault the staff. They always seem to be able to put a smile on [family members] face.", "The staff are very good. I have not met one staff member who wasn't kind and friendly, and they all seem to know exactly what they are doing." and, "[Staff] are so lovely. They treat the people using the service like their own family and are also incredibly supportive of us as relatives."
- Staff knew people well as individuals and supported people in line with their preferences, likes and dislikes. Staff communicated with people in an empathetic and caring manner and people were clearly happy and relaxed in the presence of the staff team.

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

- Staff supported people to make meaningful choices in their day to day life. For example, rather than asking people to make meal choices via a menu, meals were shown to people as they were getting served, and as different portion sizes, so people could make a choice in what that made sense to them. One person told us, "[Staff] are excellent. They respect my choices and let me do whatever I want."
- Relatives were consulted to help put care plans in place and review these regularly. One relative said, "I have regular reviews where I am asked how I feel about the care [family member] is receiving. I get a lot of phone calls to just to update me and ask for my opinion of what is going on."
- The management team emphasised supporting people's decisions and choices with the staff team, even if these may be seen as 'unwise'. This visibly meant a lot to people using the service. One person said, "I like to [take part in pastime] and I know it might not be good for me, but staff respect my choice."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Where people needed support with personal care, staff were kind and discreet and supported people in a dignified way. One relative told us, "Staff respect [family member] and promotes their dignity. They need support with a lot of things but [staff] never rush them and always do it in [family member's] own time."
- There was an emphasis on promoting people's independence both in people's care plans and in the management team's communication with the staff team. People were supported to walk, eat and do other daily living tasks as independently as possible. One person said, "[Staff] always help me do what I can by

myself before they help me.". A relative told us, "[Family member] is fiercely independent and would not be happy if staff waited on them. [Staff] understand this and we have never had any complaints from our family member so things must be working well."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual preferences likes and dislikes. Care plans had a focus on these preferences throughout all areas of people support meaning that staff were prompted to consider these at all times.
- People and relatives were consistently positive about how the service supported them according to their individual needs. One person told us, "[Staff] treat me just how I like to be treated. They know what I used to do at home and always talk to me about this or do things that makes me think about it." A relative said, "They look after [family member] in a way that makes sense to my family member and respect them living in their own world."
- The registered manager linked with external professionals to ensure that staff were aware and trained to meet people's needs and preferences. For example, workshops with falls specialist nurses and dementia specialist nurses had been held to help the staff team understand how best to support people living with these support needs. Staff were positive about these workshops and the impact it had on their job roles.
- People and relatives were positive about the way they were catered for with regards to food and drink. One person said, "The food here is really good. If you do not fancy what has been cooked, then you can ask the chef for whatever you want.". A relative told us, "[Family member] needs their food prepared in a specific way that is hard to make look appetising. However, the chef makes extra effort to ensure that the meal looks good and is piping hot. It is excellent."

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.

At our last inspection we made a recommendation around ensuring that people were communicated in a way that made sense to them and that the environment be adapted to support people living with dementia. At this inspection improvements had been made.

- People were supported to communicate in ways which made sense to them. Forms of communication such as pictures, large print and different languages were used to support people to understand and communicate information. We saw staff members utilising signs and pictures to communicate with people.
- The service had been designed to support people living with dementia to orientate and understand where

they were. This enabled people to remain independent when moving around the service. For example, bedroom doors were personalised with pictures of people's family members or objects that meant something to people so they could identify their bedroom.

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 took part in social events such as games and events in the community depending on their preferred interests. Several staff were employed as 'wellbeing leads' and ensured that people were supported in meaningful pastimes. This included people who chose to spend time in their room.
- People's comments included, "We do sports like table tennis and we go in the garden for exercise which is really important to me." and, "I am always busy- there is always something going on." A relative said, "[Staff] engage my family member in so many different things. [Family member] has really brightened up in their personality since they moved into the service."
- The registered manager and staff team had supported people to start seeing their relatives again following guidance around COVID-19. People were being supported to do preferred activities such as shopping again. Photos were taken of these events and shared with people so they could reminisce and be reminded of the good times they were having.
- Every day, all the staff team, including domestic and management staff stopped all other work for half an hour and spent time with people. The registered manager called this the 'drop tools' exercise. Staff spent time singing, talking and engaging with people in meaningful ways. This had a visibly positive effect on people using the service who were smiling and laughing whilst engaging with the staff team.

Improving care quality in response to complaints or concerns

- There was a detailed complaints and compliments procedure in place at the service. Complaints were responded to in a timely fashion and discussed with the complainant to ensure they were satisfied with the resolution.
- People and relatives told us they knew how to make a complaint. One person said, "I have never had to make a complaint but could tell any of the staff if something is wrong." A relative told us, "I know that I can talk to the service but there is information in the complaints policy referring us to CQC as well."

End of life care and support

- People received kind, dignified and respectful care at the end of their lives. People and their families had been supported to put plans in place for this time of their lives. Staff were trained to support people at this time according to their preferences.
- The registered manager had supported staff to embrace a scheme that promoted staff to support people at the end of their life in a dignified manner. This had a positive impact on people who received regular support from staff at this time to ensure that they still received quality support.
- One relative spoke to us about the care their family member received at the end of their life. This relative told us, "I became an essential carer for my family member and spent a lot of time at the service. Staff were absolutely brilliant and made themselves friends to me and [family member], almost like family. They supported me just as well as my family member. They made a very sad time of our life have its bright moments. I am so thankful to the staff team and they are so lovely. I cannot fault them at all. The service is such a happy and caring place."

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The management and staff team were clear about their job roles. Staff gave positive feedback about the training, supervision and competency assessments they received to support them to carry out their job roles effectively. Staff had a good understanding of all aspects of their job roles. One staff member said, "[Registered manager] makes sure we are well supported and is always visible in the service. They are great."
- The registered manager and area manager completed daily, weekly and monthly audits of the service to ensure that people were safe and receiving quality care. Findings from these audits were shared with the staff team and actions were put in place if improvements were needed.
- It was clear that findings from audits had led to improvements and positive changes for people. For example, a falls specialist was asked to present workshops to the staff team when an audit identified an increase in unwitnessed falls. The following audit showed a marked decrease in the number of unwitnessed falls that people were having.
- The registered manager kept up to date with new schemes and initiatives
- The registered manager was open and honest with people when things went wrong and investigated accidents and incidents thoroughly. Notifications were made to the CQC and the local authority in line with legal requirements.

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

- The registered manager and staff team had worked hard to improve the culture of the service. People were happy and relaxed in the presence of the staff team and staff put people at the centre of everything that they did. The atmosphere at the service was positive and empowered people to be involved in their care and support.
- This was reflected in people's and relatives' comments. People's comments included, "I absolutely love it here. The staff look after me so well and are always happy with a spring in their step." and, "It is so good living here. Everyone makes everything so much fun!" Relatives comments included, "I have complete faith in the management and staff team. I cannot fault them and cannot recommend them enough." and, "[Staff] have been such a fantastic support to [family member] and I cannot thank them enough. They are all fantastic."
- The registered manager shared several 'success stories' about people using the service and the outcomes

they had achieved. People had been supported to become healthier, be involved in more social pastimes and have better health. Several people who were being supported at the end of their life had been able to spend more time in good health thanks to the support of the staff and management team.

- People and their relatives were extremely positive about the registered manager and deputy manager and the impact they had at the service. People described them as, 'lovely', 'understanding' and 'always there for us.' Relatives comments included, "[Registered Manager] and [deputy manager] are amazing. I have so much faith in them to look after [family member] in the best way." and, "What makes [registered manager] so good is that they are always there and very visible. I speak to them every time we visit the service and they know everything that is going on which is very reassuring."
- The registered manager was passionate about continually improving the service. They had taken suggested actions from external audits and used this to make a thorough improvement plan with clear actions to be completed to help improve the service. They spoke passionately about their plans to improve the service further in areas such as the AIS and care planning.
- The registered manager reacted swiftly and positively to minor areas of improvement which we fed back to them at this inspection. They were open to feedback and suggestions from external partners and professionals. We were assured that these would form part of the registered managers continued improvement plans for the service.
- There had been steady improvements at the service since the registered manager started in their role. The registered manager had worked hard to make and sustain these improvements, and these were evident at this inspection.

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

- People and relatives were asked for feedback about the service, both formally in meetings and informally throughout the day. One person said, "We do have meetings but sometimes I do not fancy going but it's OK as [staff] always ask what I think when I am by myself."
- Relatives were very positive about their engagement with the service. They received regular updates about their loved ones and were involved in care planning decisions. The registered manager had implemented online meetings in line with COVID-19 guidelines. Relatives comments included, "I have regular phone calls and reviews about [family member's] care. [Staff] are always checking to make sure we are all happy." and, "There is not one staff member there who I would not feel confident in. They always know what is going on with [family member] and keep me informed all the time."
- Staff were able to feedback about the service in daily and monthly meetings and supervisions. Staff told us they felt their feedback was listened to and that they felt part in discussing the way that the service developed.

Working in partnership with others

- The management and staff team linked with external health professionals such as GP's, falls specialist nurses and dietitians to support good health outcomes for people.
- The staff team were linking back up with external organisations such as choir groups and local cafés to support people to go back out into the community in a safe way in line with COVID-19 guidelines. These organisations had also been consulted online during the COVID-19 pandemic so people could still access services which supported their wellbeing.
- Visiting professionals were positive about the way the staff team worked with them. One visiting professional told us, "It is very good here. [Staff] listen and follow our guidance to the letter which means people get better quicker."