

Byrd Associates Limited

Mulberry Home Care: Head Office

Inspection report

Byrd Associates Ltd
52 Church Street, Market Deeping
Peterborough
Cambridgeshire
PE6 8AL

Tel: 01778343060

Date of inspection visit:
21 February 2017

Date of publication:
06 April 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mulberry Home Care: Head Office is registered to provide care for people in their own homes. The service can provide care for both children and adults some of whom may live with a physical disability and/or have special sensory needs. At the time of our inspection the service was providing care for 24 people all of whom were older people. The service had its office in Market Deeping and covered the town, surrounding villages and one location in Bourne.

This was our first inspection of the service since it was registered by us on 7 July 2015.

The service was operated by a company that was the registered provider. It was owned by two directors one of whom was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

We found that there was one breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons did not have a robust recruitment procedure. This had reduced their ability to ensure that only suitable people were employed to work in the service.

Staff knew how to keep people safe from situations in which they might experience abuse and people had been supported to avoid preventable accidents. Medicines were managed safely and people had been helped to obtain all of the healthcare they needed. There were enough staff and visits were completed in the right way.

Staff knew how to care for people in the right way including supporting people to eat and drink enough. However, staff had not received all of the training and support which the registered persons said they needed.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this subject and this enabled them to help people make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the care they wanted and they had been given all of the assistance they

needed including people who lived with dementia. Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives. There were arrangements to quickly and fairly resolve complaints.

Some quality checks had not been robustly completed and good team working was not fully promoted. However, people had been consulted about how best to develop the service. Staff were supported to speak out if they had any concerns and people had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Background checks had not been completed in the right way before new staff had been employed.

Staff knew how to protect people from abuse and people had been helped to stay safe by avoiding accidents.

Staff assisted people to manage their medicines safely.

There were enough staff to complete planned visits in the right way.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff knew how to care for people in the right way but they had not received all of the training and support they needed.

People had been helped to eat and drink enough and staff had assisted them to obtain any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been regularly consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia.

Staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives.

There were arrangements to quickly and fairly resolve complaints.

Is the service well-led?

The service was not consistently well-led.

Quality checks had not always been robustly completed to ensure that all parts of the service ran in the right way.

Staff had been encouraged to speak out if they had any concerns but good team working had not been fully promoted.

People had been consulted about the development of the service.

People had benefited from staff acting upon good practice guidance.

Requires Improvement 

Mulberry Home Care: Head Office

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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about.

We also spoke by telephone with four people who used the service and with three of their relatives. We did this to obtain their views about how well the service was meeting people's needs.

We visited the administrative office of the service on 21 February 2017 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with two care practitioners who provided care for people at home. In addition, we spoke with the registered manger. We also examined records relating to how the service was run including visit times, staffing arrangements, recruitment, training and quality assurance.

After the inspection visit we spoke by telephone with another three care practitioners.

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. One of them remarked, "The staff just couldn't be better and I look forward to seeing them. It's a thoroughly professional service." Relatives were also reassured that their family members were safe. One of them said, "I'm very pleased to know that the staff are calling to my family member because I know that they'll be safe and get the care they need."

However, we found that the registered persons did not operate a robust recruitment procedure. As a result of this they had not completed some of the necessary background checks before new care practitioners had been appointed. We looked at the checks that had been completed for two care practitioners. In both cases we found that the registered persons had not established how well the applicants had supported people in any of their previous jobs when they had worked in care settings. This was an important oversight because the registered persons needed to establish that the applicants were trustworthy and appropriate people to support people in their homes. This shortfall had significantly reduced the registered persons' ability to assure these persons' previous good conduct and to confirm that they were suitable people to be employed in the service.

This was a breach of regulation 19 (2) (a) (3) (a) Schedule 3 (4) (a) (b) and (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We found that people had been protected from the risk of financial mistreatment. We saw that people had been given a written account of how much they would have to pay for the service. In addition, records showed that people had been correctly charged for the visits they had received.

We noted that the registered manager and staff had identified possible risks to each person's safety and had taken action in consultation with health and social care professionals to promote their wellbeing. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This included people benefiting from having suitable hoists and walking frames. In addition, we noted that the registered manager recognised the importance of investigating any accident or near miss that occurred. This was so that steps could quickly be taken to help prevent the same thing from happening again. A relative commented on this matter saying, "The staff do take a genuine interest in their work and they tell me straight away if there's something that they think needs my attention."

People said and records confirmed that staff had provided them with the assistance they needed to use

their medicines at the right time and in the right way. They also said that staff helped them to make sure that they always had enough medicines to hand so that they did not run out. Relatives were also reassured about this matter with one of them remarking, "Yes, I know it's helpful having the staff help my family member with their tablets because otherwise I'm sure that they wouldn't be taken in the right way."

We found that there were enough staff to reliably complete all of the visits that had been planned. Records showed that planned visits were consistently being completed at the right time and that nearly all of them had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are excellent with their time keeping and my neighbour says that she can set her clock by them on most days." Relatives also commented positively. One of them said, "The time keeping is good that's for sure and the staff sometimes stay for longer than they have to because they're really caring people."

Is the service effective?

Our findings

People told us they were confident that the staff knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "It's nearly always the same staff and quite a few of them are trained nurses and they know what's what with care." Another person remarked, "The staff absolutely know what they're doing and I have every confidence in them."

In their Provider Information Return the registered persons acknowledged that it was important for staff to receive comprehensive training and support. The registered manager said that this was necessary to ensure that staff had all of the up to date knowledge and skills they needed. However, we found that the provision of training and guidance was not well organised. Although new staff had received introductory training before they worked without direct supervision, this training did not fully comply with the new Care Certificate. This is a nationally recognised system that sets out common induction standards for social care staff. These standards are necessary to ensure that staff have the competencies they need to provide safe care. We also noted that established staff had not been provided with most of the refresher training that the registered persons intended for them to receive.

However, we found that staff in spite of these shortfalls staff did have the knowledge and skills they needed to care for people in the right way. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin. We also noted that staff understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

In addition to shortfalls in the provision of training, the registered persons had not fully acted upon their commitment to provide guidance and support staff. Although staff told us that the registered manager was helpful, records showed that they had not regularly met with a senior colleague to carefully review their work and to plan for their professional development.

We raised our concerns about these oversights with the registered manager. They assured us that the shortfalls in question had already been identified and that work was underway to address each of them. They said that each care practitioner would receive an individual development plan and that they would promptly receive all the training and support they needed. They also confirmed that the way in which the service implemented the Care Certificate would be strengthened before any new care practitioners were appointed.

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

had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this in practice. They described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by making sure that they adequately heated their homes.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with key people after they had become concerned that a person could no longer safely live in their home even with the assistance staff were providing. We saw that this had enabled careful consideration to be given about how best to support the person concerned.

We noted that people had been provided with the help they needed to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people staff were preparing and serving food so that they could enjoy having a hot meal. Relatives valued this part of the assistance their family members received. One of them said, "I like to know that my family member is having enough to eat and that they are enjoying their meals which is the case due to the help the staff give them."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern.

Is the service caring?

Our findings

All of the people who used the service with whom we spoke were very positive about the quality of care they received. One of them said, "I like to see the staff when they come because they're more like friends than anything else." Relatives were also complimentary with one of them remarking, "The staff are just the highest quality people – the sort of people you want providing care in your home."

People said they were treated with respect and with kindness. An example of this was a person saying, "The staff are very kind to me and they'll do little things they don't have to do. For example they help me with my shopping list and point out if I'm running low on something." Another example was a person who told us, "I don't think that the staff are just in it for the wages. They have a genuine kindness about them and often stay over their time if they need to."

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I really appreciate how staff keep me in the loop so we're not working at cross-purposes."

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, we noted that there were arrangements for staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not

in use.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior care practitioner to review the care they received to make sure that it continued to meet their needs and wishes. A person summarised this arrangement saying, "When I first started with Mulberry one of the senior staff came to see me and we had a good chat about what help I wanted and then they checked it out with my daughter." Another person commented, "Since I first had Mulberry the senior lady has come to see me to check on how my care is going to make sure I'm still okay with it – which I am."

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The staff know how I like things done and I think that little things add up and make a big difference. I get the care I need but it's more than that because it's done how I want it to be done." We examined records of the tasks three different staff had completed during a number of recent visits to three people. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. This included staff knowing how to effectively support people if they became distressed. A member of staff illustrated this by describing how they reassured a person by sitting quietly with them and chatting about everyday subjects such as their favourite television programmes.

Staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example involved the registered manager saying that she consulted with people about the gender of the staff who assisted them. In addition, we noted that the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

Staff had supported people to pursue their interests and hobbies. An example of this involved a person being supported to go shopping. Other examples involved staff re-arranging the times of visits so that people could attend clubs and events such as family gatherings. A relative commented about this saying, "I find Mulberry to be very helpful and flexible. In general, you can cancel a visit or request additional ones with no problem as long as you give them reasonable notice which is fair enough isn't it."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered persons aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered persons had received one expression of concern. We noted that the concern had been promptly investigated and that it had been resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well managed. A person commented about this saying, "It must be fairly well run because the care is so good and the staff are so professional." Relatives were also reassured about this matter. One of them remarked, "I think it's a well run outfit. The visits are normally on time and the staff know what they're doing – what else do you need."

However, we found that some quality checks had not always been completed in the right way to ensure that people continued to enjoy a positive experience of using the service. In their Provider Information Return the registered persons did not tell us in any detail about the systems they used to check on the quality of the service people received. Nevertheless, the registered manager told us that sometimes a senior care practitioner completed checks when a member of staff was providing care. This was so that they could see first-hand how well assistance was being provided. However, we found that in practice this system was not well organised. This was because there was no clear plan to ensure that all care practitioners were included in the arrangement. In addition, no documents had been set up to describe how the audits should be completed. Furthermore, there were no records of any checks that had been done.

We were told that another system involved the registered manager auditing records completed by staff to show the care they had provided during each visit they completed. This was done to ensure that people were reliably provided with all of the care they needed. However, we noted that the completion of these audit checks was not recorded at all. This oversight had increased the risk that problems might not be quickly identified and resolved.

We raised our concerns about these shortfalls with the registered manager who assured us that they would strengthen the way in which quality checks were completed. They said that the changes in question would address the problems noted above. They also said the new checks would be introduced in response to the problems we noted earlier in this report relating to the recruitment, training and support of staff.

The registered manager said that because staff worked remotely it was particularly important to engage them in developing good team working practices. They commented that this was necessary to ensure that staff were able to work in a coordinated and consistent way to provide people with the right care. However, we found that some of these arrangements were not working well. The registered manager acknowledged that it would be helpful for staff to have the opportunity to attend regular full team meetings. They said that this would be helpful so that staff could be updated about developments in the service and could quickly iron out any problems that may occur. However, although smaller, informal meetings had been held, we noted that there had not been any full staff meetings since the service was registered by us.

We noted that people had been invited to give feedback on their experience of using the service. This included having the opportunity to complete a quality questionnaire twice a year to say how well they considered the service to be doing. We looked at several of the most recently completed questionnaires and saw that the people concerned had been very complimentary about the assistance they received. In addition to the questionnaires, we noted that the registered manager every now and then sent people a

newsletter. This correspondence gave people information about a number of interesting things such as when new care practitioners had been appointed.

People and their relatives said that they knew who the registered manager was and that they were helpful. We noted that the registered manager knew about important parts of the care people were receiving. In addition, they knew about points of detail such as which members of staff were allocated to complete particular visits. This level of knowledge helped them to effectively manage the service so that people reliably received the assistance they needed at home.

We found that there was an open, relaxed and friendly approach to running the service. Staff said that they were confident they could speak to a senior colleague and to the registered manager if they had any concerns about the conduct of another staff member. Staff told us that this reassured them that robust action would be taken if they raised any concerns about poor practice.

We saw that the registered persons recognised the importance of ensuring that people who used the service benefited from staff acting upon good practice guidance. An example of this was the registered persons paying for staff to have access to regularly updated policies and procedures. This guidance was designed to further develop care practitioners' ability to provide responsive care in ways that respected each person's wishes and expectations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered persons did not operate a robust recruitment procedure and as a result they had not had not completed some of the necessary background checks before new care practitioners had been appointed.</p> <p>This was a breach of regulation 19 (2) (a) (3) (a) Schedule 3 (4) (a) (b) and (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>