

Mulberry Care Limited

Mulberry Care Limited

Inspection report

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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?

Good ●

Summary of findings

Overall summary

About the service

Mulberry Care Limited is a residential care home providing personal and nursing care to people aged 65 and over who may also live with dementia. Mulberry Care Limited accommodates 35 people across two separate wings, each of which has separate adapted facilities. At the time of inspection, 22 people were living at the service.

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

People knew how to raise concerns and they felt they would be listened to. People felt that staff were caring. An activity coordinator had recently started at Mulberry Care Limited and regular activities had been made available for people to take part in if they wished to.

The service had ensured that medicines were stored and given to people safely. People's risks assessments were clearly written and gave clear instructions to staff meaning that people were less likely to suffer harm. Regular maintenance checks of the home were undertaken. People had personalised evacuation protocols in place in the event of an emergency. Effective infection prevention control measures were in place to keep staff and people safe.

People's care was individualised in order to best meet their needs and stimulating social activities enriched the quality of their lives. Care plans were person centred and included the input of the relevant person. 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.

A small number of people in the home lived with a learning disability and needed some additional support with communication and managing anxiety. The provider was working at ensuring that their care plans and communication support was developed in accordance with national best practice guidance.

The service had an open and transparent way of working to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems had improved to ensure the quality of the service was maintained. People felt there were enough staff at the home and felt safe living there. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

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

Rating at last inspection

The last rating for this service was good (published 6 April 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 Care Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mulberry Care Limited 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.

At the time of inspection, the service did not have a manager registered with the Care Quality Commission however, the new home manager had submitted an application to register. They will be referred to as the home manager throughout this report. This means that the provider is 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 held about the service, including notifications received from the provider. We sought feedback from the local authority. The provider was not asked to complete a provider information

return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven staff including the home manager, operations manager, deputy manager and care staff. We spoke with four people who use the service and six relatives about their experience and the care provided.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three 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 contacted two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding training. They knew how to recognise abuse and what actions to take if they felt people were at risk including to contact the outside organisations.
- Staff reported they felt confident the management team would act on any concerns reported to ensure people's safety. When safeguarding concerns were raised, the home manager had dealt with them appropriately and recorded all actions taken.
- People felt safe in the home and liked the staff who supported them. One family member said, "Safe yes. I think the staff are really caring, everything I have seen is good, the care with [person] is very good and they engage very well. It is obvious that she feels safe. She feels unsafe when it comes to standing and they assist her with that." One person told us, "I feel safe. Because the staff look after me, they get me washed and dressed and that. They're okay to me."

Assessing risk, safety monitoring and management

- A COVID-19 policy had been introduced to protect residents and staff and a business continuity plan was in place to ensure people were supported in the event of emergency.
- The environment of the home and the equipment used were safe, well maintained and regularly reviewed.
- The maintenance team along with staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards. Any concerns were raised to maintenance and the home manager.
- Risks to people's individual health conditions and abilities, such as risk of falls or risk of malnutrition and dehydration had been assessed. Staff were aware of people's risk and could describe how to mitigate these to ensure safe care.
- Support plans and risk assessments were updated with recommendations from professionals, however, the 'hazard control measures in place' were not always specific to the individual. For example, "GP visits when required", and "drink always available within reach". This was raised to the home manager who reported this would be reviewed and improved.

Staffing and recruitment

- Appropriate employment checks, including satisfactory evidence of conduct in previous employments and a Disclosure and Barring Service criminal record check had been obtained to ensure safe employment of staff.
- From the recruitment files reviewed, a full employment history had been sought and obtained.
- Both staff and people felt that there were enough staff on a day to day basis to support people's needs.

Staffing numbers were also regularly reviewed by the management team and the home manager through a calculating system. At the time of the inspection, the number of staff at each shift was above the required level.

- We saw staff responded to people's requests in a timely manner for support during the day of the inspection.

Using medicines safely

- Detailed and individualised 'when required' (PRN) medication guidance was in place to explain to staff when the medication was necessary.
- We reviewed people's medicine administration records (MAR) charts and no recording gaps were seen.
- People's medicine records included how they liked to have their medicine given to them. For example, one person's record said, "[Person] likes to have their medicines in a pot and tipped into their mouth."
- Where covert medicines (medicines given to people without their knowledge) were prescribed, there was clear guidance in place and there was evidence of best interest meetings with other professionals.
- Medicines were stored securely in a locked medicine trolley and checked by the senior staff daily; this was regularly reviewed by the management team. We reviewed the stock of specialised drugs kept in a separate locked cabinet and accurate records had been kept.

Preventing and controlling infection

- 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 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

- There was a policy in place for recording accidents and incidents and this appeared up to date.
- The home manager explained how incidents and accidents would be investigated.
- A recording system had been created to document all lessons learned and how these were shared with staff to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's likes, dislikes and preferences for care and support were recorded and respected by staff.
- With the assistance of the service's care workers, people and families set their care goals. For example, this included being able to perform their personal hygiene, or at least some parts of it independently.
- Prior to admission, people's opinions were considered when an assessment took place. These were clearly recorded in the assessment documentation.
- People's preferences were updated at regular intervals. Staff knew people well, and were observed to ask their preferences, for example for drinks and activities.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to ensure people received effective care.
- Records confirmed that staff had received an appropriate range of training, including the ongoing training they needed to meet statutory and mandatory requirements.
- All staff completed training aligned to the Care Certificate and as part of their induction when they were first appointed. This is a nationally agreed set of modules for staff new to working in adult social care. Care workers then worked with and shadowed experienced staff members to learn about their role.
- Staff were supported by the home manager and deputy manager to develop advanced skills and knowledge in care practices. The support provided included supervision, teaching and team working approaches with other professionals to deliver support.

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

- Appropriate risk assessments were in place to determine whether people were at risk of weight loss. Where they were, appropriate interventions such as high calorie diets were in place and dietitian reviews were completed.
- People were assisted and provided with enough food and drinks to ensure a balanced diet was maintained.
- People were asked what they would like to eat and drink on a daily basis, ensuring they were provided choice.
- Care workers and kitchen staff knew people's dietary preferences. They were aware of any cultural or faith-based restrictions for food and drink and respected them.
- The provider told us they would be completing regular dining room audits to ensure people had a positive dining experience, this included checking that people did not have to wait too long for their food to be served

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

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- Appropriate health information was shared with stakeholders which promoted good health outcomes for people. This included on weekends when hospital discharges still needed to take place.
- Professionals involved in promoting people's healthcare were available upon request or in a planned manner. For example, this included optometry or podiatry.
- Staff knew the importance of oral care. Oral care was included in the care plans. The deputy manager was not familiar with the best practice guidelines pertaining to oral health. We signposted them to relevant materials they could review to further improve staff practice.

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

- The environment was redecorated for comfort and relaxation. There were communal areas, as well as quiet areas. A landscaped garden ensured people had access to outdoor areas without leaving the care home.
- The service had followed best practice guidelines for designing and decorating the premises to ensure good care for people living with dementia. This included appropriate signage, lighting, planned toilet and bathroom layouts and choices of textures and colours of furniture.
- People's bedrooms were uniquely tailored to their preferences and provided a homely setting. Personal touches such as photographs and ornaments were appropriately displayed for people to remember and reflect on important aspects of their lives.
- There was effective mobility access inside and outside the service. Corridors and door entries were wide, allowed access for hoists, walking equipment and wheelchairs. Surfaces and pathways were even and the service ensured trip free access.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's consent was obtained in the correct way. Where needed, the service acted in people's best interests if valid consent could not be obtained.
- Staff received training in the MCA, and this was repeated at regular intervals to ensure their knowledge and practice was maintained.
- People's care and support documents showed they consented to receiving care and support.
- The deputy manager stated that some people who used the service had an appointed attorney or attorneys (set out in a 'lasting power of attorney' document). We asked how they checked this. The deputy manager stated they would ask for copies at the point of admission, but due to the short timeframe of support, the service did not always receive the documentation.
- We signposted the deputy manager to the Office of the Public Guardian, where they could independently and quickly check whether there was a valid, registered 'lasting power of attorney' document which contained details of alternative decision-makers.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people demonstrated people benefitted from a caring team. Comments from people regarding if staff were caring included, "Yes, very... I am very happy." And, "Yes, they are very [caring] and we have a laugh... they are very nice to me."
- Throughout the day we observed a warm, caring and relaxed atmosphere. Staff told us the new [management team] had created a culture that promoted a caring approach. One staff member said, "They [management team] are very supportive, treat people and staff with kindness, we [staff] are very happy that he is the manager."
- People's relatives were positive about the care provided. Comments from relatives included, "The staff are very caring, and they love him. They respect his privacy and dignity. The staff support me as well."
- The provider promoted equality and diversity. The team was respectful of any cultural differences. Staff told us they respected people's cultural and spiritual wishes. This was also evident in people's care plans.

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

- Relatives told us they were involved in decisions about people's care and support and told us they felt valued and that their opinion mattered. One relative told us, "I am involved... The home consulted me when they wanted to bring [person] downstairs because she was wandering to others rooms, and now if she does that on the ground floor then she is right near where the carers [staff] are."
- However, some people said they did not always feel involved in the decision-making process. One person said, "No I am not, I leave it to my family". This was raised with the home manager who reported they will look into this and improve their documentation in relation to the involvement of residents in the care planning process.
- The home manager reviewed people's care plans and risk assessments monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence. A staff member told us, "We support people with making their own choices."
- Care plans contained guidance for staff to help support people's independence.
- People's personal, confidential information was protected. We saw documents were stored in secure, lockable cabinets in the office and where any information was stored electronically, staff used secure passwords to access it.
- People's care plans included information on how people would like to receive personal care including

their likes and dislikes and where they may struggle. The information allowed staff to understand the needs of the person. When asked if people are treated with dignity and respect, one relative told us, "Yes, just the way they [staff] talk to her. They [staff] consult her, even when she doesn't have capacity and they have said that they will always ask her regarding any decision, whether she has capacity or not."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care documentation was detailed, individualised and contained up to date information about people and the care they required.
- Care plans were updated whenever there was a change in a person's needs. For instance, where there was a change in need around a person's hydration or food intake, the care plan was amended with new information.
- Changes to care plans were communicated between staff during team meetings and at shift handovers.
- Positive behaviour support plans for two people living with a learning disability were not completed in accordance with current best practice. Staff, however, were able to explain how to meet the needs of the people and the provider told us they would review these two care plans.

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.

- The service recorded people's communication preferences and any associated impairments.
- There was an appropriate policy in place for the AIS requirements which was regularly reviewed.
- The home manager and deputy manager understood the requirements set out in the AIS document. They were aware of different methods that could be used to ensure older adults received information in an accessible way.
- Appropriate signage was in place on the walls and doors. For example, there was directional signage and large font wording with pictures. Examples included the dining room, bathrooms and bedrooms.
- A small number of people in the home lived with a learning disability and needed some additional support with communication. Staff knew how to communicate with people but apart from an 'easy-read' booklet in reception limited material was available to support these people's understanding and communication.
- The management team told us they would work with people to determine what additional materials such as signs, symbols, pictures and communication boards might be needed to ensure people living with a learning disability received information in a way that met their needs.

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

- The service had a selection of leisure, welfare and activities events always planned and completed; this included modified social activities during the pandemic lockdowns.

- The service ensured that people's psychological and emotional health was promoted using a busy, varied schedule of events and programmes. At the inspection, the activities coordinator was talking about autumn and harvest season. The dining room was decorated in line with the theme. There were harvest vegetables and drinks, and lunch was food associated with root vegetables. People enjoyed the harvest activities.
- A good range of activities was available to people and they were encouraged to join in relevant groups and events. People were also offered individual activities such as pampering sessions, one-to-one chats and individualised experiences.
- There was a clear calendar of events for activities. More pictures and symbols were planned for the calendar, to make it easier for people with communication impairments to understand.
- The service demonstrated they had used every possible opportunity to ensure people had access to social stimulation, had regular contact with others and part of the local community.
- Technology such as video calls was used during lockdowns so that people and relatives could keep in touch with each other. Photographs were also taken to help show people's lives during the periods they were confined to the building.

Improving care quality in response to complaints or concerns

- People and others were satisfied with the support provided by care workers, the office and the management team and expressed no complaints during the inspection.
- There was an appropriate complaints policy and procedure in place. The previous registered manager had used cycles of e-mails to respond to complainants and this showed that the complainants were satisfied with the outcomes in the e-mails. This did not follow the provider's own policy of how complaints investigations were to be recorded and the provider told us they would review their own complaints policy and alter as necessary to ensure the best outcome when complaints are received.
- There was also a minor concerns book, where less formal issues were recorded, and their outcomes logged. This provided a quick way of documenting issues, how they were resolved and was available for all staff to review.

End of life care and support

- At the time of inspection, no-one was receiving end of life care.
- People's end of life wishes were included in care plans, this included people's resuscitation status.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We observed there to be a positive and caring culture amongst staff at the service. Staff knew people they supported well and were regularly observed to be having friendly and person-centred conversations with people.
- The service had a whistleblowing policy in place. We spoke with the home manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.

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 home manager was able to provide evidence that action taken in relation to the Duty of Candour regulation was effective.
- The home manager submitted notifications to us when required and in a timely manner. Notifications are events that the registered person is required by law to inform us of.

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

- Although there was no registered manager in post at the time of the inspection, an application to the Care Quality Commission had been received and accepted from the home manager to ensure the provider met their registration requirements.
- Quality assurance processes included audits of fire safety, staff files, care plans, and infection control. Audits included improvement actions, staff responsible and completion dates. Where an action had been identified, it was clearly marked alongside a person responsible and marked as completed.
- The management team had a clear plan on additional areas they were planning to improve. This included further training for staff and garden improvements.
 - The home manager had action plans in place to ensure the safety of the service, including fire and legionella.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people demonstrated their views were sought.

- There were recent surveys that had been carried out with people and relatives. Overall, the feedback received in 2020 was positive. The survey's completed for 2021 are yet to be analysed.
- Staff were supported via one to one supervisions and regular staff meetings. This included welfare meetings. Individual risk assessment had been carried out with staff around their personal circumstances and the impact COVID-19 could have on them.
- Staff commented positively on improved teamwork, staff morale and communication within the team.
- Where any incidents or accidents had occurred and learning was needed, this was also seen to take place at team meetings as appropriate.

Working in partnership with others

- The service worked in partnership with professionals such as GPs, occupational therapist, social services, mental health teams, community nurses and the local authority.
- One professional we spoke with told us, "The care we observed was excellent and staff worked hard to achieve outcomes for the service user we were involved with."