

Buckland Care Limited

Mulberry House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mulberry House is a residential care home providing personal care to 42 people. There were 16 people living there at the time of the inspection, although one person was in hospital. The home is spacious, and purpose built with a large garden, accommodating people across two floors with adapted facilities accessed by a lift.

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

Since the last inspection, there have been various changes in the management structure as a new management team was recruited. At this inspection, there was a peripatetic manager who will remain in post until the new manager starts at the home in August 2022. The peripatetic manager will then become the area manager for two South West Buckland services. An interim home manager has been in place since February supported by a permanent deputy manager since March 2022. A new permanent home manager has been employed to start in August 2022.

The service had received extensive support from the local authority and quality assurance team during the unstable period since the last inspection. This support had enabled the service to improve along with the service management team changes. The service was beginning to embed the learning and new systems with positive results for people. The management team were now working with reduced local authority support using effective new systems.

Although the quality assurance governance systems were new and had not yet had time to fully embed to show sustainability, the current management team had worked hard. They had ensured the breaches found at the previous inspection had been addressed with a more stable and supported staff group. The provider had put more effective and robust governance systems in place to improve their oversight of the service and the work of the home and area management team.

We saw examples of how the positive improvements had impacted on ensuring people's needs were well met. There had been substantial investment to further promote good quality care at Mulberry House.

People were safe at the service. Staff had been trained to safeguard people from abuse and understood how to manage risks to people to keep them safe. Risks had been identified and addressed to ensure people remained safe. Staff had up to date information and actions taken were reflected in daily records. The service was still being supported by the local authority and the processes and training to keep people safe were still new, they needed to be embedded to ensure people continued to be safe in the service.

There were enough staff to support people, with staffing levels regularly reviewed and increased in relation to people's dependency levels. The staff worked well as a team, including agency staff and were clear about what they needed to do. Recruitment checks had been undertaken to make sure staff were suitable to support people.

People chose to spend time in a choice of comfortable places, with staff supervision, if necessary. The provider had adapted the premises to meet people's needs, for example creating a homely library area, a room for family and friends to meet in, attractive outside spaces and a large, welcoming communal area.

The premises were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections with effective systems in place, including a designated laundry person and new housekeeping team. Visitors to the service were given information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

Peoples' care and support needs were assessed prior to them using the service. There had been no new admissions since the last inspection. The peripatetic manager said care would be taken to ensure staff could meet peoples' needs before admissions in the future using a robust format.

Peoples' care plans set out for staff in detail how their needs should be met; all care plans had been reviewed and were up to date. Staff understood peoples' needs and how they should be supported with these. They received relevant training with ongoing competency checks to help them to do this.

Because staff had detailed and up to date information, they knew people's care needs well. People received personalised support based on their assessed needs and preferences. A range of activities took place and people were supported to maintain their relationships and interests.

Staff were calm, kind and respectful of people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions promptly.

People, relatives and staff feedback indicated that since the previous inspection there had been great improvement in the way the service was run. Staff approached us throughout the inspection to tell us how much the service had changed for the better.

People and relatives were satisfied with the quality of care and support they received. The managers reviewed accidents, incidents and complaints to identify how the service could improve further and had taken action based on peoples' views.

People were encouraged to have their say about how the service could improve and there was good communication. Resident and relatives' meetings had re-commenced alongside regular communication by telephone and email and a newsletter. The service worked with other agencies and healthcare professionals. We received positive feedback from visiting health professionals. The provider and management team had acted on their recommendations to improve the quality and safety of the service for people and had worked closely with the local authority and quality assurance team since the last inspection, thanking them for their support.

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 the service was Inadequate, published on 7 February 2022. We identified breaches in relation to safe treatment and care, safeguarding, risk management, person centred care, need for consent,

infection prevention and control, meeting nutrition and hydration needs, staff training and competency and good governance.

This service has been in Special Measures since February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. We also 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 coronavirus 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 reinspection 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 not always safe. This meant the systems needed to continue to be embedded to ensure consistent leadership and to mitigate the risk of the issues we found at the last inspection happening again across Safe, Effective, Caring, Responsive and Well Led.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led. This meant the systems needed to continue to be embedded to ensure consistent leadership and to mitigate the risk of the issues we found at the last inspection happening again across Safe, Effective, Caring, Responsive and Well Led.

Details are in our well-Led findings below.

Requires Improvement ●

Mulberry House

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

The inspection was carried out by two inspectors, a member of the medicines team and two Experts 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 House 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was no registered manager in post. However, a new manager had been employed and was commencing the role at Mulberry House in August 2022. At the time of this inspection there was a peripatetic manager, interim home manager supported by a deputy manager in place, whose work was overseen by an area manager.

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, including their action plan and monthly report. We sought feedback from the local authority and health professionals who work

with the service. The provider was not asked for a provider information return. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with ten members of staff, including the current home manager, peripatetic manager, deputy manager, senior care workers, care workers, housekeeping staff and the cook. We reviewed a range of records. This included four people's care records and multiple medication 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 received feedback from three professionals who regularly visited the service and further feedback from four staff via email.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, poor safeguarding systems, processes and practices at the service from abuse and improper treatment had also placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- During this inspection, people said they were safe at the service. However, at the time of this inspection, there had been continued oversight support from the local authority and quality assurance team to ensure people were safe. Relatives' comments included, "No concerns about safety and he's treated extremely well, and he is happy. He chats to all of the staff and they seem to like him. He has had falls in the past but recently they've got a plan and moved the footrest to keep him safe" and "I'm not concerned now. It's improved an awful lot since this time last year. I can't really fault it now. Mum's really settled there. They've changed the call button so if she needs help, she can get I help when she needs it; even when she's in the bathroom."
- The new management team reviewed safeguarding issues daily, discussing any issues within the morning and afternoon staff meetings. After the previous inspection, robust systems and auditing had been put in place by the new management team. However, these systems were new and needed to continue to be embedded. There was evidence of staff advocating for people and working in their best interests to keep them safe. The management team were clear about their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. There were no open safeguarding processes with the local authority. Appropriate responses and notifications had been made by the management team.
- Staff had been trained to safeguard people from abuse. There was a new training matrix to ensure all staff had the skills to identify and act in relation to safeguarding issues. Staff told us if they witnessed or suspected abuse they would report this to the manager, and they felt confident action would be taken. However, these processes and training were new and needed to embed into the system to ensure people continued to be safe with consistency.

Preventing and controlling infection

At the last inspection, the lack of robust infection control and prevention practice also put people at risk of

harm. This was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Following the last inspection, robust infection control and prevention measures had been put in place immediately. These processes needed to continue to be embedded into the system, but during this inspection we found risks associated with infection control and hygiene were now well managed with regular checks. Staff had all been trained by external health professionals and followed current guidance, using personal protective equipment (PPE) safely and effectively. There were PPE stations throughout the home and staff washed their hands appropriately.
- Visitors were given clear and detailed information to help reduce the risk of them catching and spreading infections.
- The provider's infection prevention and control policy was up to date. The provider had plans in place if there was an infection outbreak at the service and had sought appropriate advice during outbreaks.
- The premises were clean, and cleaning took place at regular intervals throughout the day to prevent the spread of infection, including touch points, for example door handles. Housekeepers were in place seven days a week. A new housekeeping team had worked hard to improve cleaning schedules and rotas. They had refurbished an area for cleaning product storage, cleaned the staff room and deep cleaned all the carpets, training staff in the use of the commercial carpet cleaner. Rooms were generally deep cleaned every month following the introduction of a new deep cleaning schedule. Rooms were then identified as 'ready to view'. The new head of housekeeping said, "There have been a lot of improvements. The management is helpful and when problems arise, we all listen to everyone's input, to solve problems that may arise. The cleaning team is working very well together and everything that we have achieved we have achieved together. I am proud of every member."
- Improvements in continence management meant there was less soiled laundry and any slings used for moving and handling were used separately for named people. This reduced the risk of cross infection.
- Areas that required maintenance had been noted on the maintenance plan, including call bell checks so people were able to call for assistance and people lived in a comfortable and safe environment.
- Staff followed current food hygiene practice to help reduce risks to people of acquiring foodborne illnesses when preparing, serving and storing food. The kitchen was clean and organised.
- 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, due to the lack of risk assessments and safety monitoring systems people were placed

at risk of harm. The lack of monitoring and learning from incidents at the service put people at risk of harm. These were breaches of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There had been improvements ensuring people were safe and risks identified and addressed. These processes needed to be embedded into the system to ensure risks continued to be well managed consistently. Immediately following the last inspection, the new management team had ensured people had clear and detailed records about their care needs and risks. Staff knowledge checks ensured they understood these risks and people's needs, and risks were discussed thoroughly in each handover meeting. The electronic system also enabled any issues to be shared with the staff team via alerts on the handheld devices.
- People's records contained information about identified risks to their safety and wellbeing. There were measures in place to manage these risks to reduce the risk of harm or injury to people and others. For example, daily records reflected actions described in peoples' care plans such as re-positioning and skin care. Staff, including kitchen staff, knew what diets people required and ensured these were given.
- Bed rail assessments and mattress checks were in place to ensure people were safe. People who chose to spend time in their rooms or were unable to use a call bell were monitored regularly and this was documented. Oral care was also well recorded as being attended to ensure peoples' oral health was maintained.
- The management team had begun a good relationship with health professionals which needed to continue in this positive way and records included clear plans and reviews around community nurses' input. For example, people had body maps and regular pressure care checks. Records were detailed and showed peoples' current skin integrity status and actions taken. We saw prompt referrals were made to community nurses and because staff knew people well, they recognised any changes and referred them to external health professionals. People had good skin integrity with topical medicines used as prescribed.
- Falls management was good with a new system and each person had been risk assessed. An occupational therapist had provided input to maximise peoples' independence safely. Records clearly showed how people needed to be safely supported in relation to moving and handling and what equipment to use.
- Staff had been trained to support people living with dementia and told us what steps they would take when people became anxious or distressed to reduce the risk of harm to people and others. People living with dementia were monitored to ensure they were safe. We were told their needs would be taken into account when assessing potential admissions to ensure staff could meet the needs of people living in the home as a whole.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and were safe for use.
- There were clear systems in place for staff to report and record accidents and incidents and these needed to continue to be embedded into the system.
- The management reviewed accident and incident reports and took appropriate action when needed to reduce the risks of these events reoccurring. For example, the electronic reporting system had been audited to ensure the correct information was recorded consistently by staff.
- Accidents and incidents were discussed with staff to help them learn from these and improve the quality and safety of the support provided to people.

Staffing and recruitment

The failure to ensure the effective deployment of suitably competent and experienced staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing and recruitment were well managed with a new robust system that was checked regularly. Immediately after our previous inspection the provider had begun to employ a new management team. By March 2022, this team had become more stable with a peripatetic manager, interim home manager, permanent deputy manager and an area manager. The staff team was no longer relying on agency staffing so there was a more permanent team. A dependency tool was used to ensure staffing levels could meet peoples' needs. Peoples' dependencies were assessed, and staffing levels monitored, for example to manage a person who required one to one support. These systems needed to be embedded further to ensure long term consistency.
- The new staff team knew people well and had been trained in delivering person centred care. For example, there were always staff allocated and available in the lounge to support people and each staff member had an up to date handover sheet to refer to during their shifts.
- Continence management was good and there were enough staff allocated each shift to ensure peoples' particular needs were met. People and relatives said staff were available when they needed their support; call bells were not ringing for long periods of time.
- We observed staff were present and accessible to people and responded promptly when people required their support. On both days of the inspection, staff were enjoying time with people and we saw how people were supported to spend their time as they wished. One person preferred to stay in their room but liked to talk about clothes and going out. Staff gave plenty of notice about outings and offered going into the garden but the person was too anxious. Staff continued to encourage them and popped in for chats taking them their favourite perfumes.
- More staff had been trained as team leaders and were able to lead a shift ensuring all shifts were covered by a senior staff member. The new deputy manager was well organised and knew their role. There was clear line management responsibilities to monitor shifts. Staff said they were happy about the increase in stable staffing, up to date accessible information and organised management of shifts.
- The provider carried out the relevant checks required on staff that applied to work at the service to make sure only those suitable were employed to support people. Staff records contained evidence of the checks made by the provider. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

At the last inspection, people did not always receive their medicines as they were prescribed which put them at risk of ill health. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There have been improvements to the way people's medicines were managed and systems needed to continue to be embedded. People received their medicines in the way prescribed for them.
- Staff recorded on an electronic system when they gave medicines. These records showed that people

were given their medicines in the way prescribed for them.

- Ordering and stock systems had improved, and people's medicines were available when they needed them.
- There were improvements to the way 'when required' medicines were managed. There were now person-specific protocols to guide staff when these needed to be given.
- There were suitable arrangements for storage and disposal of medicine. This included medicines needing cold storage and those needing extra security.
- There were new systems for recording the application of external preparations such as creams. Staff were continuing to work with the pharmacist and GP surgery to make sure these are updated with full directions for staff.
- If issues or errors occurred, these were reported and investigated to reduce the chance of reoccurrence. Medicines audits were completed, and we saw that areas for improvement were identified and actions put in place.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Supporting people to live healthier lives, access healthcare services and support

At the last inspection, due to the lack of knowledge and skills, training and supervision of staff at the service, people were put at risk of harm. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were able to meet the range of peoples' needs. They had completed relevant training and competency checks to ensure they knew how to safely support people. Training was scheduled to be refreshed at regular intervals, so staff stayed up to date with current practice and knowledge.
- New staff successfully completed a newly devised period of comprehensive induction to demonstrate they had the appropriate skills to support people at the service. New staff were complimentary about the training and support they had received. One said, "I feel I've had enough training to do my role, I enjoy it. It's nice to get to know the residents. I am not rushed and have enough time to do my job properly."
- Staff told us training helped them understand peoples' needs and how these should be met. One staff member said, "I feel I have enough training and if I'm not sure of something I will check with senior. I love my job, I really enjoy it and feel supported by my team." For example, staff were well managed 'on the floor' during each shift and clear about how to care for people using a catheter or living with diabetes. Staff discussed any changes in each handover, which were recorded for reference. This meant staff had easy access to up to date information about how to meet peoples' needs.
- Staff were supported to learn and improve in their role. They had regular supervision (a one to one meeting) with the manager. They were encouraged to discuss their working practices, concerns they had about their role and any further training or learning they needed to help them provide effective support to people. Staff all commented on how they felt listened to and well supported by the management team. Where there were any issues staff had a supervision meeting to discuss how they could be supported further.
- New staff went through a new induction programme following national guidance with shadowing shifts until they were competent in their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the lack of person-centred care was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care and support needs had been assessed prior to them using the service. Covid-19 guidelines on admission were followed. There had not been any new admissions since the last inspection but there were clear systems in place to ensure peoples' needs could be met before admission. The peripatetic manager said going forward particular attention would be paid to ensure peoples' needs as a whole could be met and individual needs at Mulberry House were currently less complex in general. This meant people could be assured staff could be prepared and meet peoples' needs.
- Since the last inspection, people's care plans had all been re-written and reviewed using an electronic system. Comprehensive electronic care plans contained information about peoples' lives and medical history, healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided. People were reviewed by staff who knew them well to ensure their care plans were up to date and they were delivering person centred care. Daily records showed peoples' care had been provided. These were regularly reviewed; staff received training and guidance on effective record keeping.
- Health information could be easily accessed to see progress. This meant health professionals could monitor progress and treatment efficacy.

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

- All areas of the home were clean, tidy and homely. There were pictorial signs helping people living with dementia to be orientated and personalised door name plates.
- The layout of the premises gave people flexibility about how they spent their time at the service. In addition to their own bedrooms, people also had use of various communal lounges with lovely views and a large secure courtyard and garden.
- There were items to promote discussion and interest for people, activities laid out and. People were able to watch the television in comfort, which had subtitles in place. People were kept informed by a notice board detailing events in the home and displaying menus.

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

At the last inspection the lack of knowledge and understanding about peoples' mental capacity to ensure support was delivered in a way that met their best interests was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Assessments of peoples' capacity to make and consent to decisions about specific aspects of their care and support had been undertaken and recorded in peoples' records. For example, people were able to mobilise around the home as they wished, and staff knew which people others liked to sit next to or go and visit. People were able to get up and go to bed when they wished.
- Where people lacked capacity to make specific decisions, staff involved peoples' representatives and healthcare professionals to ensure decisions were made in people's best interests. Records showed how people had been involved. Care plans now all showed peoples' choices and preferences about how they liked support to be given.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were reviewed by the registered manager to check they remained appropriate.

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

At the last inspection the failure to meet peoples' nutritional and hydration needs was a breach of regulation 14 (Meeting nutritional needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Staff understood peoples' specific dietary needs and prepared meals that reflected these requirements. Staff, including kitchen staff, were fully informed about what diets people required. Staff had clear information about peoples' special diets and the International Dysphagia Diet Standardisation Initiative (IDDSI). This meant they knew what meal consistency people needed to have to keep them safe. They were aware of meals that people liked, to help them eat well. There were home cooked meals and cakes and pastries. People all said the food was good. There was a board in the kitchen showing what people liked and did not like. Relatives said, "[Person's name] says the food is very nice. We've eaten there a couple of times and [person's name] is right the food is very nice" and "I think they do really well with the food. They have a good choice and they take pride in their food."
- Peoples' preferences were listened to, to ensure mealtimes were a positive experience. For example, one person liked to assist other people during the meal as they had at home, so staff served them last so their food did not go cold. Staff bought additional food items if people fancied them.
- We observed the lunchtime meal service and people were unhurried and able to eat at their own pace. Staff were calm and respectful when providing support to people who needed help to eat their lunch. The dining room was laid up with fresh flowers and background music played to create a welcoming environment.
- Peoples' wellbeing and weight was monitored, with appropriate actions taken to manage weight loss and dehydration. Outcomes for people were good. For example, one person was reluctant to drink. Staff had access to a range of drinks to tempt them including ice lollies and specialist hydration sweets. High calorie items were available, and the kitchen staff had a folder of ideas to tempt people with to maintain a healthy weight. There were now hydration hostesses who monitored people's hydration needs each shift. Hydration stations were located around the home with snacks and a variety of drinks for people to have whenever they wanted, including a vitamin enhanced refreshing drink.
- Peoples' records contained current information about the support they needed to manage their healthcare needs. Staff understood how to support people with these needs and obtained external support

for people when they became unwell. Staff were knowledgeable and identified changes in peoples' needs.

- Staff worked with healthcare professionals involved in peoples' care and followed their recommendations to help people achieve positive outcomes in relation to their healthcare needs.
- Information about people's' current health and wellbeing was shared and discussed by the staff team each day. This helped keep all staff well informed and updated about any specific concerns about a person and how these were being managed.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has 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 looked comfortable and enjoying engagement with staff and each other. Most people were living with dementia and unable to directly comment. One person said, "Everything seems better now. The staff are all very kind." All relatives' comments about the home were positive, especially about the new management team and how communication had improved with the staff group. This has been especially important for some families when they could not visit either because of distance or due to Covid-19. Relatives said, "The staff are caring. Some are better than others on the whole, they're very caring" and "Staff always say hello and use mum's name. They smile. The home has a nice energy to the place now. I've not had many conversations, but I do feel listened to. I don't have to go back and have a repeat conversation."
- Staff now knew people well, this meant they were able to build relationships and enjoy time with people. Staff were encouraged to sit and have a drink with people, and we saw this happening. The new hostess role and a second activity co-ordinator further enabled people to spend time with staff unrelated to tasks. One relative said, "The staff have a very good understanding of mum and what she likes. They take a lot of care with her. I think the staff are very caring and compassionate, they work really hard. The staff definitely listen to me 100%."
- Staff were now encouraged to be more involved with people and their activities. For example, staff were also able to have lunch with people and there was a manicure table which was being used by all staff to create a nail salon feel for people. The activities co-ordinator said staff involvement with people was 100% better with staff feeding the birds with people and offering warming aromatherapy hand massages.
- Staff and the activity co-ordinator worked to ensure people had a good day, and particularly noticed how people were reacting to their environment. For example, offering a quieter area if communal areas become noisy and one person had moved rooms so they could see the garden better.
- Positive and caring relationships were being made between people, staff and relatives. One staff member told us how they had made hospital appointments into social occasions. They had noticed that people often opened up to them during outings so now incorporated time for coffee and cake. This time out had resulted in a person sharing their views on an issue so staff had been able to improve their experience at the home.
- Staff showed they also valued each other. Staff often brought in treats for the team and ensured the staff room was welcoming. One staff member told us how the staff relationships were important, saying how they had praised another staff member on seeing how gentle and compassionate they were with a person who was anxious.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and people were supported by staff to maintain their appearance. Staff ensured they knocked and waited for a response before entering peoples' rooms. Relatives said, "I think the staff know what [person's name] likes. [Person's name] chooses clothes, food and they like to go to bed early and so [person's name] is first in line. Staff know roughly what time they like to get up. The staff are very friendly and caring. They listen to me" and "The staff are friendly and they kind. Now it's more settled at the home everything's so much easier. The staff do listen to me."
- People were supported to be independent and we heard staff gently encouraging people and responding in a caring way. Staff were patient with people living with dementia and responding kindly to repetitive questions or offering reassurance. Care plans included specific detail for some people about how to manage their anxiety. A relative told us, "The staff have a very good understanding of mum and what she likes. They take a lot of care with her. I think the staff are very caring and compassionate and they work really hard."
- Care records had been re-written with people and contained peoples' preferences and how they liked to be supported. For example, one person liked to look at clothes catalogues, so staff brought them in. Staff were able to describe peoples' individual needs.
- At the last inspection continence management had been poor. This was now well managed, and people were attended to discreetly. Staff knew who needed support or prompting to remain as independent as possible and the electronic care system alerted staff to people's needs so responses could be monitored. People had the correct continence aids stored out of sight to maintain their privacy. There were no odours and support was offered regularly and recorded.
- People were able to reach their calls bells where they could use them and due to the electronic check system, which raised checks due, people in their rooms unable to use a call bell appeared comfortable and calm when we saw them. One staff member said, "The level of care has improved due to us working more efficiently and our residents seem a lot happier and I feel they're getting their needs met."
- People's confidential information was stored securely in locked rooms or held securely on computers that could only be accessed by people who needed to see it.

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

- Staff ensured people and their relatives were involved in making decisions about their care and people told us staff listened to them.
- People and all the relatives confirmed they had been more involved in the care planning process and this was evident from the level of detail recorded and staff knowledge.
- There were regular care plan reviews where people and their family could be involved, this could be virtually if needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has 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

- Electronic care plans had all been reviewed and were detailed giving information to staff so they could support people safely and appropriately. Care plans continued to be regularly reviewed with people and their families to ensure they reflected people's current support needs and preferences.
- People received person-centred care because the more stable staff team now knew them well. The peripatetic manager said this had been the focus of improvement since the last inspection. Staff demonstrated their in-depth knowledge of people's histories, their likes and dislikes and how they wished to be supported. For example, one person had a history of working in care. They enjoyed helping the staff and were given roles to do which helped them feel valued. After helping with the Platinum Jubilee celebrations staff presented them with flowers. Another person had a clear care plan to manage their anxiety, this included chatting about their family and looking at photographs together.
- The service was responsive to people's changing needs. For example, one person had been sliding down their chair. They had seen the occupational therapist for advice, which had enabled them to be safer in a suitable chair. One person's relative told us, "I had spoken to them about a cough and antibiotics were not helping. They arranged for [person's name] to see the GP."
- Staff told us the service ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings twice a day. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Alerts could be shared immediately through the electronic care system.

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.

- Staff discussed any specific communication needs or preferences people had when they began supporting them. For example, using large print, pictorial signage and recording how people communicated in their care plans.

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

- There had been a full review of how meeting peoples' leisure and social needs could be improved. There were now two activity co-ordinators with weekends also covered and staff were encouraged to spend time

with people unrelated to care tasks when they had time. The activity co-ordinator was very knowledgeable about people's needs. They had spoken to each person and/or their relatives and recorded the findings, so people were now able to do what particularly interested them. They knew about each person's care plan. For example, one person who needed encouragement to eat loved custard, so this was offered as their bingo prize which they enjoyed. Another person really loved the Royal Family but got tired easily, so they had been supported to have supper in bed watching the celebrations. Other people were friends, so staff supported them to write notes to each other during the pandemic and had a celebration when one friend was able to come out of isolation.

- One to one appointments with people were scheduled as well as a variety of group activities. Activities were being included in the regular audit schedule. One relative said, "Mum enjoys the activities, they do loads; soap-making, planting, painting, baking, games, jigsaw puzzles, music, dancing and exercises."
- People, including those who preferred to be in their rooms, received regular support and engagement with staff. One relative praised staff saying, "You can't ask for nicer staff. One person walks round and there's always a member of staff with them. The staff acknowledge everyone in the room. They have quizzes, ten pin bowling, horse races with dice. During the Platinum Jubilee weekend there was a BBQ, big quiz, church service, picnic, music, animal visits and keep fit."
- We saw evidence that people took part in activities such as bingo, arts and crafts, manicures, hand massages and games. The activity co-ordinators reviewed activities to ensure people were enjoying them, including noticing if people were engaged or falling asleep.
- The service encouraged families and friends to visit people in order to prevent social isolation. There were clear, safe processes for people to follow and plenty of inside and outdoor spaces which had been well maintained and planted to make them pleasant places to spend time. One relative said, "[Person's name] watches television and chats to people. They sit in the sun feeding the wild birds, so they call him 'birdman'. They have quizzes. There are a lot of activities."
- Activities were also offered around topical celebrations such as people's birthdays and Wimbledon. Staff had organised a secret 90th birthday party for one person with their family and friends. The service was looking into use of a minibus to further offer trips out. A group of gentlemen had been on a 'Lad's on Tour' day out to a local vintage car museum. This had been particularly successful in enabling a relative to enjoy quality time with their loved one. The staff were now preparing a similar day out "for the ladies". The activity co-ordinator said, "We try to make any outing an event. One person had to go to the dentist recently, so we made it into a nice day out." They said that there had been such an improvement since the last inspection with the whole staff team getting to know people well and wanting them to live a good life.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and there was improvement with the service responses. Relatives told us, "I raised concerns before about communication. I was listened to and they have tried to tackle my concern. I've asked them to make sure that my concerns get to the floor staff, which they did" and "[Person's name] will tell them if they are not happy with something. I raised a concern once, before if I rang them to ask a question, they didn't call back so had to call a second time. But recently they did call me, so now it's happening."
- There had been no formal complaints raised since our last inspection. The management team was encouraging staff to record any smaller 'grumbles' so they could pre-empt any concerns in the future or see any developing patterns of concern.

End of life care and support

- At the time of our inspection, one person was receiving end of life support. There was a clear end of life care plan for them and the person looked very comfortable. Their room environment was enhanced by aromatherapy scents, photographs dear to them were placed where they could be seen and there was a

calming light display in their room. The service worked closely with other professionals to ensure people had dignified and pain free death.

- We heard how during end of life care, families had been able to stay at the home to be near their loved one and visit whenever they wished.
- Staff told us they knew how to support people during end of life care. They talked about how they would maintain people's dignity and support families during such difficult times.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has improved to Requires Improvement. This meant the service management and leadership was not yet embedded to ensure leaders and the culture they created consistently supported the delivery of high-quality, person-centred care.

At our last inspection poor governance placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, systems needed to continue to be embedded to ensure consistent leadership and to mitigate the risk of the issues we found at the last inspection happening again across Safe, Effective, Caring, Responsive and Well Led.

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

- Following the previous inspection, the provider had acted immediately to make changes at the service, including at provider level to ensure the safety and wellbeing of people. This had taken some time as the service initially needed to address the running of the management team, staffing knowledge, care plan and risk assessment information and ensure people were safe. By March 2022, there was a more stable management team and staff team in place with governance processes starting to embed. A new permanent manager had been employed to start in August 2022. The peripatetic manager told us, "I just love it here. Staff are happy and this home is special. I don't normally stay after interim work, but I love it here." However, the service had received extensive support from the local authority and quality assurance team during the unstable period since the last inspection. This support had enabled the service to improve along with the service management team changes. The service was now beginning to embed the learning with positive results for people. The management team were now working with reduced local authority support using effective new systems.
- During the recent whole service safeguarding process, which has been closed, the management team, provider and staff co-operated well with CQC's and the local authority's ongoing monitoring with positive feedback from the attending health professionals.
- The provider oversight and systems needed time to fully embed, but there had been significant positive changes to the culture and peoples' quality of life. Health professionals and the local authority praised the service for their hard work. For example, an effective management 'walk around' system was in place to ensure staff were working well 'on the floor' to benefit the safety and well-being of people.
- Staff communication, knowledge and management had significantly improved to ensure the staff worked

well as a team providing appropriate care and support for people. For example, catheter care and diabetic had improved with staff working closely with the visiting health professionals and following clear care plans. One staff member said, "The manager is brilliant, you can ask anything, and it gets done."

- The provider met virtually with the management on a weekly basis with a recorded agenda and minutes. There had previously been a weekly telephone call, but this had not had a regular recorded format or identified the issues found at the last inspection. They were formalising the agenda to ensure consistent topics were discussed and monitored. For example, the weekly manager report and service improvement plan (SIP) were now formally included and minutes taken. The SIP clearly showed what progress had been made. For example, electronic care record training had been completed and oral care delivery was being monitored.
- The provider and management team were also able to access governance documents online in a shared file at any time to ensure the provider would be aware of any issues arising at Mulberry House.
- Training and supervision had been completed for all staff and was shown on a new matrix which included when updates were next due. Staff had received training relevant to peoples' needs and where people required additional support staff were allocated during each shift. There were staff trained to deliver on site moving and handling training; staff were able to discuss any training needs in supervisions. For example, a virtual dementia care training tour and refresher mental capacity training had been booked.
- Staff said they felt well supported. One staff member had given the manager a card to say thank you for all their help with a training presentation. Another staff member said, "The [management team] are fantastic, they have really turned Mulberry House around." They said that when staff opened the electronic care records a note from management said, 'Fantastic team, you're doing really well' helping staff feel able to approach management and feel valued. Certificates were awarded to staff for particular good work such as the Platinum Jubilee catering and for being 'upbeat and positive on shift'.
- The manager understood their responsibility for notifying CQC of events or incidents involving people. This helped us to check they had taken appropriate action to ensure people's safety and welfare in these instances.

Continuous learning and improving care

- A new comprehensive quality assurance system was put in place and now needed to continue to embed into the service culture. Staff were all aware of what was expected of them and knew about the processes to follow and had been fully involved in the improvement strategy. The management team undertook regular audits and checks to monitor and review the quality and safety of the service. Action was taken to address issues identified through these checks including supporting and encouraging staff to learn and improve their working practices. Staff told us they felt able to raise any issues if staff were not following guidance saying, "It's important Mulberry House is the best it can be for people."
- The management regularly reviewed accidents, incidents and complaints to identify how the service could improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about staff and their experiences of using the service. Relative's comments included, "I go to relatives' meetings. We did have a questionnaire and we get email newsletters. We're having a new manager in August. There's an interim manager who is approachable and very good with [person's name]." Another relative said, "I've been to a family meeting which was informative. We could raise different things. They listened to me. Now that the home is more settled mum is happier now. We also get emails from the manager."
- The management team acted on people's views and suggestions to make improvements people wanted.

They used surveys and residents' meetings to obtain people's feedback and we saw changes had been made in response, for example, re-instating the food menu board and adding activities people enjoyed.

- Staff knew people well and their interactions with people were focussed on meeting their needs. They were calm, kind and respectful when supporting people. Staff were deployed effectively each shift. For example, they were allocated to support named people each shift and staff were available in the lounge to keep people safe.
- Staff were encouraged by the management team to work well together to meet people's needs. All staff spoke of how happy they were with the improvements. One staff member said how they felt valued and able to discuss any concerns. For example, whilst doing a foot pamper with one person, they had noticed and reported a toe issue that had been addressed promptly.
- The peripatetic manager was staying with the provider as area manager for Mulberry House when the new manager started employment in August 2022. This would allow for a handover period and consistent progress. The peripatetic manager said the systems in place were now working well and they would advise the new manager not to make any early changes.
- The management team worked with a range of healthcare professionals involved in peoples' care and had developed effective relationships. They made sure recommendations and advice from healthcare professionals were used to design and deliver care and support that met people's needs and were keen that any issues were raised with them at the time.
- Health professional feedback was positive and praised the home for their hard work. A visiting health professional told us, "On a manual handling review I witnessed personal care with hoisting and the care provided by one of the carers was excellent, her personal skills, professionalism and interaction with the resident were outstanding." They added that staff were following their recommendations; there was good communication and staff were receptive to the support offered.