

The Fremantle Trust

Mulberry Court

Inspection report

Gold Hill East
Chalfont St Peter
Buckinghamshire
SL9 9DL

Tel: 01753886613
Website: www.fremantletrust.org

Date of inspection visit:
03 June 2019
04 June 2019
06 June 2019

Date of publication:
23 July 2019

Ratings

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

Summary of findings

Overall summary

About the service

Mulberry Court is a residential care home that was providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service is registered to accommodate 28 people.

People's experience of using this service

We found medicines were not being managed in line with current best practice.

Some people had not received their medicines due to lack of stock. Systems in place had not identified the issues we found in relation to the management of medicines.

Staff received safeguarding training when they first joined the service. Staff we spoke with told us they knew what abuse was and they would report any concerns following the correct procedure. Relatives we spoke with told us their family member was safe living at Mulberry Court.

We looked at records of equipment checks such as slings used for hoisting people. Records of sling checks were not always completed to confirm checks of equipment had been carried out.

Staff did not always receive the training they needed to carry out their role. We saw several members of staffs training had expired. However, we saw the deputy manager had arranged for future training dates following our inspection.

Staff had not always received supervision and appraisals in accordance with the provider's policy. Staff reported, "Although there have been several changes in management the 'core group' are still here. We all support each other."

Some people were being deprived of their liberty for the purpose of receiving care and treatment without lawful authority.

Systems and processes in place, such as regular audits to assess monitor and improve the quality and safety of the service were not effective; they had failed to identify the issues we found during our inspection

Assessments of people's needs were in place, and care and support were reviewed regularly and updated when required. People and their families had completed a life history this included information about choices and preferences.

A registered manager was not in post at the time of our inspection. However, an interim manager was managing the service until a new manager had been appointed.

People were treated with kindness and compassion. People and relatives praised the staff and said they were happy living at Mulberry Court. People were supported and treated with dignity and respect; and involved as partners in their care.

There was a wide range of activities for people to engage in and to follow their hobbies. The service encouraged people to take active roles in their community. For example, communities visiting the service including a local parish church, local cub scouts, primary schools and the pharmacy to enable people to buy gifts and cosmetics.

Rating at last inspection

At the last inspection the service was rated Requires Improvement. The report was published (23 March 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this report.

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, good governance and unlawfully depriving people of their liberty.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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

Details are in our Well-Led findings below.

Requires Improvement ●

Mulberry Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mulberry Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Mulberry Court accommodates 28 people across two floors each of which has separate adapted facilities. At the time of our inspection there were 21 people receiving care.

The service did not have a manager in post registered with the Care Quality Commission. However, the service had an interim manager who was managing the service until a new registered manager had been appointed. We were told following our inspection that a new manager had been appointed.

Notice of inspection

The inspection was unannounced on the first day.

What we did

Before the inspection we reviewed the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps us support our inspections. In addition, we reviewed notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and included

significant events such as accidents, injuries and safeguarding notifications.

During the inspection we reviewed each person's medication administration record (MAR) and controlled medicine records. We looked at six people's care records and documentation relating to the records such as food and fluid charts. In addition, we inspected four recruitment files, supervision records, the training matrix and other records relating to the way the service was run.

We spoke with the regional manager, the interim manager, the quality manager, the deputy manager, the assistant manager and several members of the care team. In addition, we spoke with the assistant chef, two visiting families and three people using the service. We completed a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed meal times and activities carried out.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was in relation to using homely remedies inappropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found correct procedures were in place and homely remedies were used in accordance with best practice. However, at this inspection we found people had not received their medicines as the prescriber intended.

- The system for ordering medication between the local surgery and the pharmacist was not effective. This meant some people had not received their medicines due to lack of stock. We saw that three people had not received their medicines due to lack of stock.
- The medicines were for treating anxiety, dementia, osteoporosis and iron deficiency. The range of unavailability were from two days up to 10 days.
- This meant people were at risk of their health deteriorating. The provider failed to ensure people received their medicines as the prescriber intended.

People not receiving their medicines as the prescriber intended was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Staffing and recruitment

• We inspected staff recruitment files during our inspection and found, with the exception of one file, all the required pre employment checks had been completed to ensure only suitable staff were appointed. The interim manager was taking action to complete the remaining checks for the one staff member identified. All staff files demonstrated that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks enable employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

• We inspected the staffing rota during our inspection and found overall that adequate staffing had been deployed. From our observations during our inspection we saw staff were able to spend time with people

without rushing. For example, call bells were answered in good time and the lunchtime experience for people was calm and relaxed. This demonstrated people's needs were being met.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included individual risk assessments for moving and handling, pressure care and nutrition and provided staff with guidance on actions to take to reduce these risks. However, we saw that one person had behaviour that may challenge staff and other people and according to the mental health team, bad smells triggered this behaviour. We did not see this referred to in the person's care plan. However, staff understood what these triggers were and how to manage this risk safely. We discussed this with senior staff who said they would update the care plan to ensure that any agency staff who were unfamiliar with this risk could refer to written guidance.

- We viewed the monthly sling checks and saw these had not always been completed by the team responsible for carrying out sling checks. We also saw a note written on one of the recording checks relating to a person's sling which was not in good order. We asked the team what had been done about the sling and they could not tell us. We asked for this to be investigated. We were assured by senior staff the sling was no longer used to hoist people. Slings are used to move people from one position to another who are unable to safely move themselves. If a sling is damaged or in need of repair the person would be at risk of falling from the sling and injuring themselves.

Preventing and controlling infection

- The service recently had an outbreak of an infection and the home was closed to visitors to prevent the spread of the infection. The service followed good practice guidelines and advice from the public health authority to safely manage this outbreak. .
- Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves, we saw these were used by staff when supporting people with personal care.
- Domestic staff were engaged in cleaning duties throughout our inspection.

Learning lessons when things go wrong

- Accidents and incidents were responded to and investigated appropriately. A post fall protocol was followed to ensure the comfort and safety of people. Feedback was given to staff to identify suitable solutions to address and prevent any further incidents. However, senior management had not acknowledged and signed off the accidents and incidents. By carrying out this procedure senior management would be able to identify trends and take action to prevent reoccurrences.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training when they first joined the service. Staff we spoke with told us they knew what abuse was and they would report any concerns following the correct procedure.
- Relatives we spoke with told us their family member was safe living at Mulberry Court.
- Statutory notifications were sent to us to inform us of any events that placed people at risk.

Is the service effective?

Our findings

At our last inspection the provider had failed to ensure people received an adequate oral fluid intake. This was a breach of regulation 14 (Meeting hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- We found that the provider failed to ensure all staff had received updates in their training and to ensure staff had received regular supervisions and appraisals. Several members of staff had not received refresher training in fire safety, food safety and manual handling. This meant people may not be receiving support from staff based on the most current best practice guidance, thereby placing them at risk of harm. However, on the second day of our inspection we saw the deputy manager had arranged for this training to take place.
- From the records and speaking with staff, and the interim manager it was unclear whether all staff administering medicines to people had had their medicine competencies checked within the timescales identified by the provider as a requirement. This may put people at risk if staff had not been assessed for their competence in administering medicines to people safely.
- We discussed this with the regional manager and the interim manager during our feedback and they told us they would take action to address this.
- Regular supervisions are important to ensure staff feel supported to enable any development needs to be identified and addressed to improve the quality of care people receive.

Failure to ensure staff were supervised, skilled and had training to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments of people's needs were in place, and care and support were reviewed regularly and updated when required.
- People and their families had completed a life history this included information about choices and preferences. We saw one person was offered specific food due to their culture.

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

- Care plans detailed information about people's dietary needs and included information about people who

required fortified or modified food.

- The chef we spoke with during our inspection had a good understanding how to support people who needed a specific diet due to swallowing difficulties. Information about dietary requirements was displayed in the kitchen.
- We saw that referrals were made to Speech and Language Therapists (SALT) when required.
- Our observations of meal time demonstrated staff were patient and spent sufficient time with people to encourage them to finish their meal.
- Snacks and drinks were available throughout the day.

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

- Staff worked together as a team. One member of staff told us, "Although there have been several changes in management the 'core group' are still here. We all support each other." We saw evidence of this throughout our inspection.
- Where people required support from other healthcare professionals such as GPs and community nurses' referrals were made, and advice was incorporated into the support people received.

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

- The service was designed to meet people's needs. We saw the corridors were themed. For example, one area was designed to look like a garden and had plants and a bird watching area.
- People had memory information on their bedroom doors to enable them to recognise their rooms. There was a quiet area for people to sit and the corridors were tastefully decorated. We were told the upstairs lounge was due to be refurbished.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw where people met the criteria for a DoLS for not being free to leave the premises unaided, they did not have current authorisations in place. This meant people were being deprived of their liberty unlawfully. We saw three people's DoLS had expired and re-applications had not been submitted in time before the current application had expired.
- For example, one person's DoLS expired on 27 April 2018 and had not been re-applied for until 13 December 2018.
- We saw a letter from the local authority stating 'as a provider the safeguarding team must receive the application no less than 21 days prior to the end of the current authorisation. If it is found the deprivation of liberty is still occurring after the authorisation ends you will be accountable for the unlawful deprivation'.
- We discussed this with the deputy manager and they told us due to the instability of management things have been missed. We spoke with the interim manager who told us they will be addressing this as a

priority.

People being deprived of their liberty unlawfully was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented.

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 good.

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

- Relatives we spoke with were positive about the care and support their family member received. One relative told us "They [staff] are very good, and mother has settled in well, she has more activities here, the staff are all very kind and welcoming." Another relative commented, "We went through it at the beginning, but it's all settled down now, [my family member] eats better here than at home and we can visit any time."
- Staff spoke positively about the people they supported and told us, "We treat them like a member of our family." We observed positive interactions between people and staff.
- We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Staff gave us examples of how consideration was given to people's individual, religious and cultural needs. For example, one person had visits from their church and attended Bible groups.

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

- We saw that people were given choice in their daily lives. Care records indicated that people had been involved in the assessment and planning of their care. Where required people and those important to them were involved in reviewing and updating their care.
- One relative told us how staff will always 'pop in' and chat to their family member even though they (staff) are always busy.

Respecting and promoting people's privacy, dignity and independence

- We saw staff respected people's privacy and dignity. We observed staff knocking on people's bedroom doors before entering and people were discretely supported when receiving personal care.
- The service promoted dignity in care and staff attended training in dementia awareness.
- People were supported to be as independent as possible. We saw specialist equipment was provided to enable this. For example, we saw one person had a specific chair on order that would enable them to join in group activities.

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 good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We observed that staff had a good knowledge of people and knew how to support them.
- Relatives told us they had been involved in care planning and told us staff knew their family member well. We spoke with one relative and they told us staff were very patient with their family member and although they (family member) had not lived at Mulberry Court very long staff seemed to know how to respond to them well.
- We spoke with the person who had recently moved into the home and they told us they were happy and liked their new home.
- The provider was meeting the requirements of the accessible information standard. Staff assessed any needs people had in relation to their ability to communicate with others. For example, in one care plan we saw staff had recorded, 'eye sight is fair, but requires support to identify small items' and '[name] has poor hearing and environmental factors need to be taken into account'. In addition, we saw pictorial versions of information was displayed on notice boards for people who had difficulty in reading print.

- The service had a wide range of activities available for people to engage in. The service encouraged people to take active roles in their community. For example, communities visiting the service including a local parish church, local cub scouts, primary schools and the pharmacy to enable people to buy gifts and cosmetics.
- Visits to cinemas, local shops, theatres and pubs were also available for people to attend.

Improving care quality in response to complaints or concerns

- The service recognised that feedback in the form of complaints concerns comments provided an opportunity to improve the service.
- We saw complaints were responded to appropriately. There was one open complaint at the time of our inspection.
- Relatives told us they knew how to make a complaint. People and their families were provided with information on how to make a complaint in a format appropriate to their individual needs. In addition, advice about independent advocacy services was available where required.

End of life care and support

- At the time of our inspection the service was not caring for anyone at the end of their life. However, we were told the service had previously supported people during this time. Advice and support was provided to the

service from other agencies such as the palliative care nursing team. We saw people's end of life wishes were documented in their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same requires improvement.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There had been five changes in management since our last inspection. This had led to inconsistencies in the running and the management of the service. Comments from staff were. "We are feeling deflated with management, but we are all pulling together", "Meetings are not taking place as they should be due to management", "There is no support from above I have already handed my notice in." We could see throughout our three-day inspection staff worked tirelessly to meet the needs of people they were supporting, this was in addition to completing essential paperwork. All staff we spoke with were very positive about the interim manager who we were told following our inspection would be applying to become the new registered manager.
- The interim manager was committed to driving improvements at the service and was receptive to our comments and feedback.
- Audits were the responsibility of the management and due to the instability of management at the service audits had either not been completed or had failed to identify the issues we found during our inspection. For example, audits had not identified lack of stock of medicines, current and up to date authorisations for Deprivation of Liberty Safeguards, regular supervisions with staff, ensuring equipment checks had been carried out and ensuring staff were up to date with their training. This meant people were at risk of receiving unsafe care and treatment.

Not operating effective systems and processes to assess monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The deputy manager had managed the service in the absence of a registered manager and understood and acted on their duty of candour responsibility.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to CQC as required.

- Staff told us although they did not have regular supervisions due to management issues they all supported each other. We saw this clearly during our inspection when nothing was too much trouble, staff responded to our requests in collecting documents and records we requested, and all staff were open and honest with us about the challenges that they had faced over recent months.
- Families reported they were not sure who the manager was but told us it had not made any negative impact to the care and support their family member received.

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

- Staff meetings and these as an opportunity for staff engagement and the provision of feedback about the service had not been taking place on a regular basis due to inconsistent management. However, we saw the deputy manager continued to have morning meetings with each head of department. This ensured care staff were aware of any changes to care or important information about the service.
- We were told residents meetings were taking place periodically. However, during our inspection we were not provided with any evidence to confirm this. The interim manager was keen to ensure residents and family meetings were planned regularly going forward.

Continuous learning and improving care

- Accidents and incidents were recorded; information relating to the incident was followed up and what steps had been taken following the incident were documented by care staff. However, the accidents and incidents had not been signed off by senior management to indicate they had reviewed them and used this information to identify any possible trends to enable them to take preventative measures across the service.

Working in partnership with others

- The service had good relationships with professionals such as the local GP, Community nurses and physiotherapists. Referrals were made via the individual person's GP. In addition, regular visits from the optician and the podiatrist were available when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured there were sufficient quantities of medicines available to ensure the safety of service users and to meet their needs.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were deprived of their liberty of receiving care and treatment without lawful authority.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes in place such as regular audits to assess monitor and improve the quality and safety of the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not supported to undertake training, learning and development to enable them to fulfil the requirements of their role. Staff did not receive appropriate ongoing supervision in their role to make sure

competence is maintained.