

# Mulberry House Care Home Service

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Telephone: 07547104737

**Type of inspection:**  
Unannounced

**Completed on:**  
16 April 2024

**Service provided by:**  
Love @ Care Ltd

**Service provider number:**  
SP2018013216

**Service no:**  
CS2023000148

## About the service

Mulberry House is a registered respite/short breaks service for children and young people with learning disabilities, supporting a maximum of two young people. The service is provided and managed by the LOVE group.

## About the inspection

This was an unannounced inspection which took place on 20 March 2024, 10:00 - 17:00 and 21 March 2024, 10:00 - 16:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two parents of people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- The management of medication within the service compromised the health of the young people.
- Parents and professionals said communication with the service was inconsistent and poor.
- The absence of an established consistent staff team meant that some staff had limited knowledge of the needs of the young people.
- The vision for the service was unclear, leadership lacked stability and direction.
- We found care plans were at times inconsistent, contradictory, and lacked analysis.
- Young people's sense of wellbeing and worth was nurtured with warmth, affection and humour.

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support children and young people's rights and wellbeing?

2 - Weak

### 7.1: Children and young people are safe feel loved and get the most out of life.

We have graded this key question as weak, strengths were identified but were compromised by significant weaknesses.

The safety of the young people was at times potentially compromised. The absence of an established consistent staff team meant that some staff had limited knowledge of the needs of the young people. The rotation of staff and lack of continuity undermined the physical and emotional wellbeing of the young people.

Young people had the support of adults that would advocate on their behalf and to external independent advocacy. The staff were trained in child protection and child sexual exploitation, policies and procedures were up-to-date.

The lack of established relationships and deeper understanding of the individual young people created increased risk in times of crisis. At times, the recording of incidents and restraints was inconsistent and incomplete. Restraints had taken place with no debrief given to the staff or young people and quality assurance had failed to recognise this. This did not follow best practice, and the lack of reflection and analysis led to a higher risk of incidents and restraint. (See Requirement 1).

Young people enjoyed positive relationships with the staff team that they knew. We saw respect of the young people from all of those that supported them with warm and nurturing interactions between staff and the young people. Young people's sense of wellbeing and worth was nurtured with warmth, affection and humour. All staff spoke highly of the young people they supported. This good work was significantly undermined by the transient nature of the staff team, however, and high levels of movement of staff across services. A parent said, 'If its different staff every time my child won't get used to them.' (See Area for Improvement 1).

Mulberry was a clean well-maintained house; however young people's rooms were uninspiring. Staff were taking steps to personalise rooms for young people for the duration of their stay, ensuring that the environment was individualised and supported young people's sense of identity.

We saw limited evidence of young people being involved in making choices about their care and support needs. The voice of the young person should be central to care planning in order to provide a service that is tailored to their needs. (See Area for Improvement 2).

A number of professionals and parents said that communication with the service was inconsistent and poor. Two parents told us that lack of communication was a significant issue causing anxiety, stress and upset for them and the young people. One parent told us 'They don't keep me updated.' The service did provide a phone app for families to access information about their child but a proactive approach to contact from the service would assist better communication with parents and increase their confidence that young people's needs were being appropriately met. (See Area for Improvement 3).

The management of medication within the service compromised the health of the young people. There was inconsistent recording of medication and medication errors which had not been comprehensively investigated. This meant that the medical needs of the young people were not consistently met, potentially impacting on their health. (See Requirement 2).

The young people enjoyed a range of activities however these were insufficiently planned and lacked variety. Two parents told us that they were happy with the level of activities provided for the young people, one was less certain of what activities were taking place and told us that these were not planned in advance. To ensure young people are getting the most out of their time in Mulberry house suitable activities tailored to the individual should be planned in advance and be clear within the care planning process.

## **7.2: Leaders and staff have the capacity and resources to meet and champion children and young people's rights and needs.**

We have graded this key question as weak, strengths were identified but were compromised by significant weaknesses.

The vision for the service was unclear, leadership lacked stability and direction. A new manager had been appointed with the goal of bringing continuity to the service and the modelling of high standards of practice. This would take time to become established and embedded.

The admissions and matching process for young people was unclear and inconsistent. There was limited analysis of what admissions information meant for the young people and the language used was often not child centred. The service had not specifically defined itself through appropriate aims and objectives. This was a significant barrier to ensuring that young people were appropriately matched to the service. (See Requirement 3).

The staffing needs assessment was undefined. The service did not have a specific staff team identified. There was a lack of consistency and continuity in staff provision. This inhibited the young people's ability to develop trusting relationships undermining their sense of safety and identity. (See Requirement 4).

Staff had received induction training and the opportunity to continue to develop their learning online. There were quality assurance processes in place to monitor training needs. Staff delivered warm, therapeutic nurturing care.

Staff received supervision but not necessarily from the manager of the service. This meant there was no consistent co-ordinated overview of staff members performance and the service manager would not necessarily be tasked with supporting developing their practice. A new manager had been employed and was establishing a consistent team for Mulberry House. (See Area for Improvement 4).

Quality assurance systems were in place, the effectiveness of these were limited as they were not service specific. This was recognised and a new system was due to be implemented. We look forward to seeing the impact of this at the next inspection.

We found care plans were at times inconsistent, contradictory, and lacked analysis. Goals were not always SMART (specific, measurable, achievable, measurable, and time-bound). This would impact upon the young people's right to experience a high level of care. (See Area for Improvement 5).

## Requirements

1. By 31 July 2024 the provider must ensure that young people's health and wellbeing needs are met by responsive, knowledgeable staff.

To do this the provider must, at a minimum, ensure that.

- a). Where restraint is identified as a necessary intervention it is conducted by staff with knowledge of the specific needs of the young person as identified in their care plan, and who have an established relationship with the young person.
- b). All incidents of restrictive practice are accurately and consistently recorded.
- c). A robust process of appraisal is in place to ensure appropriate learning and reflection takes place.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational code.' (HCSC 3.14)

2. By 31 July 2024, the service must ensure that the medical needs of the young people are fully met. To do this the provider must as a minimum:

- a). Ensure that all medication is clearly and consistently recorded.
- b). Ensure that all medication needs are accurately recorded on consistent documentation specific to the service.
- c). Ensure that the administration of medication is undertaken by a staff team that knows and understands the needs of the young people.
- d). Ensure that all medication incidents are thoroughly investigated, and learning identified.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained competent and skilled.' (HSCS 3.14)

3. By 31 July 2024 the provider must ensure that children and young people receive quality care and support by the service who has undertaken a thorough matching process.

To do this, the provider must, as a minimum:

- a). Implement matching guidance that follows good practice,
- b). Ensure that staffing ratios identified for individual children and young people are met at all times
- c). Ensure that matching assessments are specific to the service provision of Mulberry House
- d). Ensure that matching assessments are conducted by a qualified member of the Mulberry House Team.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

4. By 31 July 2024, the service must ensure that there is an established consistent staff team. To do this the provider must, as a minimum.

- a). Establish a staff team who have consistent time with the young people and have in depth understanding of their needs and interests.
- b). Establish a staff team whose skills knowledge and values reflect the needs of the young people being supported by the service.
- c). Establish a Staff team that form enduring trusting and genuine relationships with young people being supported by the service.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation'. (HSCS 4.15).

### Areas for improvement

1. The service should ensure the young people's care is provided by a consistent staff team who know the young people and are attuned to their individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity.' (HSCS 4.16)

2. The service should ensure that young people are supported to express their views and choices and that these are clearly recorded in their care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11)

3. The service should ensure that there is consistent and effective communication with young people, their families, and relevant professionals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

4. The service should ensure that staff supervision is provided by the manager with direct responsibility for the service to ensure continuity of staff performance and development needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

5. The service should ensure that care plans are accurate, analytical, and SMART.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak



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