

Magnolia Court Limited

Magnolia Court

Inspection report

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London
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Magnolia Court is a residential care home providing personal care to two people with autistic spectrum disorders and learning disabilities in a purpose-built building, comprising of two flats.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service had comprehensive risk management plans in place to keep people safe from avoidable harm. People continued to be protected against abuse as staff received ongoing safeguarding training. Medicines were managed safely and in line with good practice. Sufficient numbers of suitably vetted staff were deployed. Infection control measures in place, minimised the risk of cross contamination. The registered manager was keen to ensure lessons were learned when things went wrong.

Staff continued to receive training that enhanced their skills. People were supported to have access to healthcare services to monitor and maintain their health and well-being. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

People spoke positively about the care provided. Staff were observed being respectful and supportive of their diverse needs. People's independence was regularly monitored to ensure care provided met their needs. People continued to be encouraged to make decisions about the care they received.

People continued to receive care and support that was personalised and reflected their needs and preferences. The provider had a complaints policy that was in pictorial format. People's communication needs were clearly documented in their care plans. People continued to be encouraged to participate in activities both in-house and in the local community. The registered manager was developing further ways to document people's end of life care wishes.

People and staff spoke positively about the management of the service. Staff continued to receive guidance and support from management readily. Audits undertaken ensured issues identified were acted on swiftly. People's views were regularly sought to drive improvements. Records confirmed the registered manager worked in partnership with stakeholders.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service placed an emphasis on supporting and encouraging people to remain independent. People had their privacy respected and were treated equally. Staff were compassionate towards the people they supported and treated them with respect. People continued to be supported to make decisions about the care they received and had their decisions respected.

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

Rating at last inspection

The last rating for this service was Good (published 13 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magnolia Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Magnolia 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. 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.

Service and service type

Magnolia 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service since their last inspection. We used the information the provider sent us in the provider information return. 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 support our inspections.

During the inspection

During the inspection we spoke with two people and five staff members. These included care workers, the deputy manager and the registered manager. We reviewed two care plans, medicines administration

records, policies and procedures and other records relating to the records management.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at monthly log sheets and preadmission assessments.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of their roles and responsibilities in relation to safeguarding. One member of staff told us, "I have done my safeguarding training. We have also spoken about safeguarding in my supervision."
- All staff had completed safeguarding training and records confirmed this. Each staff member confirmed they knew what to do and who to tell if they had concerns about the welfare of anyone living at the home. One staff member commented, "We make sure people are safe here."
- The provider had a safeguarding policy in place.
- At the time of the inspection there were no on-going safeguarding.

Assessing risk, safety monitoring and management

- People continued to receive support from staff that had sound knowledge of risks posed to people, and how to keep them safe from harm.
- Risk management plans were comprehensive and covered for example, communication, personal safety, behaviour and emotional support and accessing the community. All risk assessments were up-to-date and regularly reviewed to reflect people's changing needs.
- Since the last inspection there has been a marked decrease in the level of incidents occurring at the service.

Staffing and recruitment

- There continued to be adequate staff employed to keep people safe. During the inspection there were sufficient numbers of staff available to provide support to people. For example, one person told us, "Usually someone here [staff members] go out with me when I want them to." A staff member said, "There are enough staff."
- Staff were recruited safely. The provider completed checks to ensure staff working at the home were suitable. These included criminal record checks, references and identity confirmation. Staff confirmed they had not started work until the required checks had been completed.

Using medicines safely

- People received their medicines as prescribed. The service followed safe protocols for the ordering, storage, administration and disposal of medicines. Records seen were up to date and quantities of medicines stocked were correct when checked against these.
- People confirmed staff supported them with their medicines. For example, one person told us, "They [staff] give it [my medicines] to me in the morning and explain what it's for."

- Staff were trained in administering medicines. Their competence to do this safely was assessed regularly by their managers. Guidelines informed staff when 'as required' medicines were to be given which ensured they were given consistently and only when needed.
- Regular audits were carried to make sure medicines were given safely. These included full monthly audits by managers and weekly spot checks. A senior organisational manager also visited regularly to carry out quality audits including the medicines administration.

Preventing and controlling infection

- Staff completed infection control training and understood their responsibilities in relation to this. Staff used protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.
- Appropriate measures were in place in response to the recent outbreak of Covid-19 including up to date guidance for care staff, risk assessments and contingency planning. The home scored 100% in a recent internal infection control audit.

Learning lessons when things go wrong

- The registered manager confirmed she was keen to ensure lessons were learned when things went wrong, to minimise repeat incidents.
- This was demonstrated through records, which identified where people had engaged in behaviours that others may find challenging, had significantly decreased following the review of people's risk management plans and staff knowledge.

Is the service effective?

Our findings

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

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

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

- Pre-admission assessments were undertaken where possible, to ensure the service could effectively meet their needs.
- Pre-admission assessments covered, for example, health and wellbeing, cultural needs, sexuality, communication and daily-living skills.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started work in line with the Care Certificate. This is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Induction included working alongside experienced staff to help them understand what was expected of them and to get to know people. A newer member of staff confirmed that they had been well supported and showed us the induction pack they were completing.
- Staff spoke positively about the training they received and felt confident they had the knowledge and skills to meet people's needs. Mandatory training included both face to face and electronic learning areas such as safeguarding, medicines, nutrition and food safety. Records showed real time compliance for each member of staff for their mandatory training.
- One staff member told us, "We have a lot of training." Another member of staff commented, "The [registered] manager is always booking us on training. We discussed it in my last supervision."
- Staff had regular one to one meetings with their managers which gave them opportunities to discuss and reflect on their practice.

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

- People confirmed they were supported to access food and drink that reflected their cultural needs and preferences.
- One person told us, "[The food], it's okay, I like it. My favourite is mash and mince. I have my own kitchen and cook my meals."
- People were supported to plan their meals and shop for the ingredients. People's dietary needs were taken into consideration and catered for.

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

- People's flats were decorated to reflect their preferences. For example, one private lounge area had pictures and decorations of the person's choosing. One person told us, "My room is decorated how I like it to be."

- Where people had physical requirements, the service had adapted the building to ensure these met the person's needs. For example, one flat had an open plan bathroom that allowed the person to move more easily during personal care.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- Records confirmed people continued to be supported to access healthcare services to monitor and maintain their health and wellbeing.
- One person told us, "I would get one of the staff to call the doctor if I was unwell." Healthcare services included, social workers, GP, psychologist, dentist, psychiatrist and the learning disability team.
- People had a keeping healthy plan, which detailed 'important things you need to know about me', and a record of health appointments they had attended. The keeping healthy plan was provided in pictorial format, enabling people to have a clearer understanding of the document.
- Where guidance had been given by healthcare professional services, this had been quickly implemented into people's care plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training to help them understand the MCA, including the principles of the Act. Staff worked in people's best interests and gave us examples of how they applied the principles to protect people's rights. For example, always asking people for their consent and allowing people to make their own decisions where at all possible whilst keeping them safe.
- Information about the MCA was displayed for staff to reference.
- The registered manager ensured DoLS authorisations were in place in line with legislation. The registered manager was aware when DoLS were due to expire and had processes in place to reapply prior to their expiry.

Is the service caring?

Our findings

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

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

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

- People continued to speak positively about the care and support they received. One person told us, "They [staff members] are good and decent people and they are helpful."
- During the inspection staff were observed speaking respectfully towards people and people appeared at ease in their company.
- People's diverse needs continued to be respected and where possible encouraged. One person said, "I know where to go to places of worship, my friends take me."
- Staff attended training in equality and diversity. They understood how to support people's rights, and this was embedded in the day to day practice at Magnolia Court.

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

- Staff encouraged and supported people to express their views and make decisions about the care and support they received, through verbal communication and Makaton. Makaton is a series of signs and symbols that helps people to communicate.
- People's care plan contained a support plan, 'communication and decision making, which gave staff guidance on people's preferred communication method and how to aid them in making informed decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person told us, "They [staff members] come up and knock on the door and they wait for me to say they can come in."
- Records confirmed people were encouraged to maintain their independence. For example, people were supported to clean their rooms, prepare meals, access the community and attend day centres. People were spoke with confirmed this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care delivered continued to be personalised to people's unique needs. Care plans were comprehensive and included all aspects of people's lives. For example, support plans, health and wellbeing, behaviour, communication and medical needs.
- People confirmed they were involved in the development of their care plan and were aware they could access their care plans, which were in pictorial format.
- Care plans were regularly reviewed and contained a one page profile, which detailed people's diagnosis, 'what people need to know about me',

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.

- People's communication needs were clearly documented in their care plans. People had a communication passport. A communication passport is a personalised way in sharing information with people in a way they understand.
- The provider had an AIS policy in place that staff were familiar with.

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

- People continued to be supported to participate in activities that met their social needs and preferences. One person told us, "I like going to the park and walking around, cinema, swimming, bowling and cafes and most of the time I like sleeping."
- Records confirmed people accessed activities both in-house and in the local community. At the time of the inspection one person was preparing to access the community for their daily activity and another person was using building blocks to engage with staff.

Improving care quality in response to complaints or concerns

- People confirmed they were aware of who to contact should they wish to make a complaint.
- The provider had a three stage complaints process, that detailed how to complain, what to do if the complaint has not been resolved and action to take should you be dissatisfied with the outcome of the complaint.
- Since the last inspection, there had been one complaint received by the service. The complaint had been

thoroughly investigated in a timely manner and a positive outcome for those involved pursued.

End of life care and support

- At the time of the inspection, the registered manager was in the process of further developing people's end of life care plans.
- The provider had an end of life care policy in place, which staff were familiar with.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People and the staff told us the service was well managed. One person told us, "[The registered manager's] nice, she is busy sometimes. There's nothing I would change about this place." A staff member said, "The managers are very good. I am able to talk to them."
- The registered manager had developed positive relationships with people and the staff and throughout the inspection staff sought guidance and support from the registered manager.

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

- Staff were clear about their roles and responsibilities. Staff had allocated areas of responsibility and systems were in place to make sure daily tasks and checks were completed on each shift.
- Staff attended meetings to discuss all aspects of the service. Staff told us they received formal handovers and supervisions in addition to the daily contact with other team members.
- Quality assurance processes demonstrated good governance and effective risk management. Audits addressed important areas such as medicines, health and safety and care planning. A senior manager visited the home regularly to complete audits against CQC outcomes. Their findings were shared with the registered manager and we saw any required actions had been taken.
- The registered manager was aware of their responsibilities in line with the Duty of Candour. For example, the registered manager told us, "It's about being honest and apologising if something has gone wrong." Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The service continued to seek people's views through regular keyworker meetings, questionnaires and general discussions to improve the service.
- Records confirmed discussions were centred around how people were feeling, what they had planned and done during the month, what hadn't taken place, what support they'd needed and what they had done independently.

Continuous learning and improving care

- Records confirmed where issues were identified action was taken swiftly to ensure continuous learning and improvement. For example, where a keyworker planning document had not been completed, the registered manager ensured this was updated immediately.

Working in partnership with others

- Records showed, the registered manager continued to work in partnership with stakeholders to drive improvements. For example, psychiatrists, psychologists, the learning disability team and G.Ps. Guidance given was implemented into the care provided. For example, guidance in relation to managing behaviours was incorporated into the risk management plans.