

Magic Life Limited

Magic House

Inspection report

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Date of inspection visit:
25 April 2023
27 April 2023

Date of publication:
21 June 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Magic House (commonly known as Magic Life) is a supported living service providing personal care to people with varied physical and mental health needs, including people with a learning disability and autistic people. At the time of the inspection, the service comprised 16 supported living settings in the form of houses and purpose-built flats, most of which were located in North London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the registered manager reported 86 people were using the service, out of whom 46 people received personal care.

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

Right Support:

People were supported by trained staff to take their medicines. However, we found inconsistencies in how medicines were managed, mainly around guidance on some medicines and audits.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so but the management team did not always notify CQC of safeguarding incidents as required. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. The service assessed people's risks and enabled them to take positive risks where appropriate.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People received kind and compassionate care. Staff understood and responded to people's individual needs.

Right Culture:

Managers evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, existing quality assurance systems were less effective in some areas, including medicines management, statutory notifications and staff training.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People and those important to them were involved in planning their care.

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 12 March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about medicines management, assessing risks to people and staff competencies. As a result, we undertook a focused inspection to review the key questions of safe and well-led only to examine those risks. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations

We have identified a breach in relation to good governance.

We have also made a recommendation around the safe management of people's medicines.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Magic 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and 2 Experts by Experience who contacted relatives by telephone for feedback on the care people received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was also partly supported by a medicines inspector who reviewed information relating to people's medicines remotely.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider a short notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25/04/2023 and ended on 27/04/2023. We visited the location's office on 25/04/2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of a monitoring activity that took place on 03/03/2023 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 3 of the largest supported living settings. We observed interactions between people and staff. We spoke with 1 person using the service who was the only person available and willing to communicate with us.

We spoke with 12 staff on duty, including care workers, senior care workers, supported living setting managers, senior managers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care records for 9 people and multiple medicines records.

We looked at 6 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures, staff training records, audits and meeting minutes.

Following our visits to the service, we spoke with the relatives of 16 people using the service and an additional 6 care workers.



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 good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- Staff followed processes to assess and provide the support people needed to take their medicines safely. However, we found some issues around the effectiveness of these processes.
- People who were prescribed 'when required' (PRN) medicines such as painkillers and medicines for anxiety had guidance in place to instruct staff when to administer these medicines. However, in some cases the guidance was generic and did not provide specific instructions. For 1 person who was prescribed an anticoagulant (blood thinner), no information was available around possible side effects which could be quite serious if not monitored closely.
- The service stored people's medicines in locked cabinets either in their own rooms/flats or centrally in the manager's office. We found a bottle of medicine left out of a person's cabinet during our visit to one of the supported living settings. We pointed this out to the manager who immediately returned it to the cabinet.
- While the service investigated and retrained staff following the discovery of a medicine error, we were not fully assured of how effective the learning process was to ensure errors or incidents were minimised, because of the shortfalls we identified. We also found medicines audits were carried out more comprehensively at some of the supported living settings than others.

We recommend the provider consider and implement nationally recognised best practice around the safe management of medicines.

- Information on people's medicines and how they preferred to take them were clearly documented. People who took their medicines covertly (disguised in food or drink) had appropriate documentation in place to make sure this was managed safely. People who were on epilepsy medicines had a clear protocol in place.
- Medicines administration records were completed appropriately. We performed random checks on medicines stocks and found quantities to correspond with records.
- Staff were trained and assessed as competent to administer medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. If they were concerned about a person, a staff member told us they would "Raise the alarm, raise with manager, and raise with higher authority if the manager is involved."
- The service worked closely with local authorities when dealing with safeguarding concerns. However,

outcomes of safeguarding incidents were not always clearly documented which meant there was a risk the service did not effectively reflect on what went wrong to ensure lessons were learned and shared appropriately within the team. Also, while the provider usually notified CQC of notifiable incidents when they occurred, a number of safeguarding concerns, which were being or had been investigated by local authorities, had not been reported to CQC. This meant there was a lack of understanding around statutory notifications or systems were not always effective to ensure notifications were submitted to CQC appropriately.

Assessing risk, safety monitoring and management

- The service identified, assessed and mitigated risks to people's health, care and safety.
- Staff knew people's individual needs and completed training in specific areas to support people who lived with certain conditions, such as personality disorder and autism. Staff we spoke with understood what was important to people they supported and how to work with them in a positive way. A staff member told us, "You're not allowed to work with someone who has a specific need if you haven't had training in this area."
- Staff encouraged people to take positive risks to help them live a meaningful life. Each person had a detailed and personalised risk management plan, which provided clear guidance to staff on how to support them safely. The service was also in the process of creating video care plans for people, which instructed as well as demonstrated the steps to take when supporting a person with an activity or a task.
- People received safe care and support. A relative told us, "I don't have any concerns over safety."

Staffing and recruitment

- The service deployed enough staff, including for 1-to-1 and 2-to-1 support for people who had complex care needs and for them to take part in activities how and when they wanted.
- We observed pleasant interactions between people and staff. Most of the relatives we spoke with said there was a good staff team and described staff as "friendly", "confident" and "caring". However, a few relatives felt some staff should engage with people more to make sure they remained stimulated.
- Staff were recruited safely. Staff files showed a completed job application form, employment references, identification checks and a DBS check. 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. However, for 1 former staff member, the management team had not completed a risk assessment around issues on their DBS to demonstrate they were suitable to work with vulnerable people. We discussed this with the registered manager who assured us all assessments would be clearly recorded going forward.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- Staff wore appropriate personal protective equipment when required. They were encouraged to be vaccinated against COVID-19.
- Relatives were able to visit their loved ones without restrictions and felt the service had safe measures in place to reduce the risk of infections. Comments included, "I thought they were quite good through COVID-19", "It's clean and tidy" and "There's a lot of hand sanitiser around."

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The vision for the direction of the service was clear and quality assurance systems ensured the ongoing monitoring and evaluation of the service. However, we found shortfalls around management oversight which internal systems had not identified and/or rectified in a timely manner.
- The provider submitted statutory notifications to CQC regularly but were not fully aware of the fundamentals of this requirement. As a result, a number of notifications regarding safeguarding incidents that took place in the past few months were not submitted to CQC. We discussed this with the provider who acknowledged the issue and told us they would revise their approach to notifications to make sure safeguarding matters are reported to CQC as required.
- We found discrepancies in the way staff from different supported living settings carried out medicines audits. The lack of uniformity around quality assurance systems for medicines management across the settings meant there was a risk errors and shortfalls were not identified effectively. For example, one setting counted medicines stored in their original packages after each administration to make sure medicines stocks were appropriately monitored while another setting only did stock counts at the start and end of a 4-week cycle.
- We reviewed the staff training matrix which revealed a number of overdue training courses. For example, the majority of staff had not completed or refreshed their health and safety and fire safety training. This meant there was a risk staff would not act appropriately during an incident due to a potential lack of awareness of up-to-date guidance.

Based on the above, systems were either not in place or robust enough to assess, monitor and mitigate risks within the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management and staffing structure. Staff, including care workers, managers and office staff, understood their roles and responsibilities.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.

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

- Managers set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed new ideas.
- People received care and support that was personalised to their individual needs. Relatives spoke positively of the care and their feedback included, "I feel that they've got [person's] best interest at heart", "They absolutely keep me informed, the manager is very good and I've had quite a lot of dealings with her" and "I have found this placement to be very friendly, very caring and they certainly have made [person] settle well."
- Staff were supported in their roles. They were comfortable to raise concerns with managers and felt listened to. Comments included, "Everyone works together", "Management is very welcoming" and "Every concern raised is responded to promptly, easy for us to communicate." A manager told us, "The registered manager is very supportive, I can talk to him about anything."
- However, some staff felt more could be done around ensuring their personal safety when supporting people who displayed aggression when agitated. We raised this with the provider who told us they had regular conversations with staff on how best to support them. The provider also told us they were developing a new system which would enable staff to report incidents more effectively and capture their feedback.
- The registered manager was aware of their duty to be open and transparent when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people as much as possible to capture their views on the care they delivered while respecting people's differences and upholding their rights.
- People who were able to take part had the opportunity to engage with staff in regular discussions about different aspects of the service. The supported living setting managers maintained a close relationship with relatives and sought their feedback routinely. However, some relatives told us they had not been asked for feedback. We raised this with the provider who told us they were in the process of developing a new, more accessible, electronic system to seek feedback from those involved in people's care.
- Staff had the ability to voice their opinions with managers informally through regular conversations, as well as formally through team meetings.
- The service worked in partnership with other organisations, such as local authorities, multi-disciplinary teams and healthcare professionals, to provide effective joined-up care to people.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess and monitor, and mitigate risks within the service.</p> <p>Regulation 17(1)</p>