Magnolia House Care Home Limited

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Inspection report

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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

Magnolia House Care Home is registered to provide accommodation and personal care for up to 20 older people, some of whom may have a physical disability or sensory impairment. The house is situated over two floors. There are stairlifts to bedrooms on the first floor. At the time of this inspection there were 17 people living there.

Rating at last inspection
At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

People told us they felt safe. Staff rotas showed sufficient staff were employed. Care had been taken when recruiting new staff. Checks and references had been taken up to ensure new staff were entirely suitable for the post. Risks to people's health were assessed and understood. The home sought treatment and advice from specialist health and social care professionals where needed to ensure people received safe care that met their needs.

Medicines were stored and administered safely. The home used an electronic medicine administration system which reduced the risk of errors and omissions. Medicines were only administered by staff who have received training and had been checked as competent to do so.

The home was clean and safe. All areas were regularly cleaned and appeared fresh and comfortable. Care was taken to ensure laundry was returned to people promptly and to the correct owner. Equipment was provided to assist people to move around the home safely.

People received a service that met their needs effectively. People's needs were assessed before they moved into the home and a care plan drawn up and agreed with them. Risks to people's health and safety were identified and staff knew the care people needed to reduce the risks. The home used a computerised care planning system which enabled the senior staff to monitor people's care and ensure essential tasks were carried out in accordance with the care plans.

Staff training was given a high priority. New staff received a thorough induction at the start of their employment. Staff received regular ongoing training on a range of topics relevant to the needs of people living there, and were supported to gain relevant qualifications.

The staff team had a good understanding of their legal requirement to uphold people's rights. People were offered choices and supported to make decisions about their lives.

People's nutritional needs were well met. People were offered a choice of meals. Mealtimes were a pleasant social occasion. Menus were displayed on the notice board and discussed regularly with people.

People told us the staff were caring. We saw staff interacting with people in a warm, friendly and caring manner. Staff knew people well and understood their preferences and daily routines. Comments from people included "(The staff) are absolutely spiffing. Smashing. The staff are wonderful. If you want anything they will try and get it for you, go out of their way to help you" and "There is nothing wrong with the home, believe me, staff very good, can't do enough for you".

People's social needs were understood and met. Three activity organisers were employed. They understood the things people were interested in and provided a range of activities to suit each person. These included visiting entertainers, games, quizzes, arts and crafts. They also spent time sitting and talking to people.

People knew how to make a complaint and were confident any concerns would be listened to and addressed. Their views on the home were sought in various ways such as questionnaires and resident's meetings. People told us the home was well led and praised the registered manager and staff. There were checks and audits in place to ensure the home ran smoothly. There was a clear management structure in place and staff understood their roles and responsibilities.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Magnolia House Care Home

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 12 December 2018. The inspection was unannounced by one hour.

The inspection was carried out by one inspector, one assistant inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since it was registered, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals.

During the inspection we spoke with the registered manager, the supervisor, the provider, a senior care assistant and two care staff. We also spoke with 14 people who lived in the service and one relative. We looked at the care planning system including two care plans in detail. We also looked at four recruitment records, training records, medicine administration systems, records of money held on behalf of people living in the home, audits, checks and quality monitoring systems. We looked around the home.

Good

Is the service safe?

Our findings

People told us they continued to receive safe care.

There were systems and processes in place to protect people from the risk of abuse. All staff had received training on safeguarding adults. Staff had easy access to information on safeguarding including the provider's safeguarding policy and procedures. The topic was also covered in staff meetings and supervisions. Staff understood the various forms of abuse and neglect and told us what they would do if they had concerns about a person.

Three people had requested that some cash should be held securely on their behalf for day to day items such as toiletries. Records of the balances held and all transactions were maintained. The balances were not regularly checked by a second person to reduce the risk of financial abuse. The registered manager told us they will make sure all transactions were witnessed by a second member of staff in future and balances also double checked by a second person.

Safe recruitment procedures were followed. Care was taken when recruiting new staff. References were taken up and checks were carried out to ensure applicants were entirely suitable for the job they were employed to do. We noted one member of staff had started work before checks had been completed. We were assured the member of staff had shadowed an experienced member of staff until they received confirmation that the person did not have any criminal convictions or had been barred from working with vulnerable adults.

Risks to people's health and safety were assessed and staff knew how to support people to reduce the risks where possible. Care plans contained assessments on all potential risks such as weight loss, dehydration, constipation and falls. Where risks were identified, the care plans explained how staff should support the person to reduce the risk. Staff had sought medical advice and treatment appropriately where risks had been identified.

Where people needed assistance to move safely their needs had been assessed and equipment was in place where required. Staff had received training on safe moving and handling procedures. We observed staff assisting people to move from their chairs following safe practice. Equipment, such as assisted baths, stair-lifts and fire safety equipment had been regularly checked and serviced by an external contractor. We noted some people had worn ferrules on their walking aids. The registered manager told us they will ensure these are regularly checked in future.

There were sufficient numbers of suitable staff employed to meet people's needs. Staff rotas showed there were enough staff employed each day to meet the needs of the people living there. The registered manager used a dependency tool to help them determine safe staffing levels. Call bell records showed that call bells were answered promptly when people asked for assistance. During our inspection we saw staff were not rushed, and staff were available throughout the day to give people the support they needed. There were no staff vacancies at the time of the inspection and there was a low turnover of staff. Staff told us there were

enough people on duty to meet people's needs at all times, and if it was busy the manager would also provide care.

However, some people told us that staff were sometimes busy. Comments included, "(The home is) pushed for helpers. Short of staff. Staff individually are great, but it's fact that there is a shortage of them," and "(The home is) short of staff in the mornings". A visitor said, "Sometimes staff are a bit scarce." We discussed people's concerns with the registered manager. After the inspection they spoke with staff to find out why some people felt the home was short staffed. They found that staff felt busy when staff are unexpectedly off sick. They told us they always try to cover shifts in these circumstances, but they had not always been able to do so at short notice. The manager told us they were looking at ways of improving sickness cover in the future.

Medicines were stored and administered safely. Medicines were only administered by staff who had received training on safe administration of medicines and had their competence checked. The home used an electronic medicine administration system to record medicine administration. The system provided additional safeguards to alert staff to any errors or missed dosages. Medicines were stored securely in locked trolleys. Medicines which required additional security were kept in a strong metal cabinet. This cabinet was very full, with no space for any additional medicines. The registered manager agreed to review the items such as 'Just in Case' for end of life care to ensure these were still needed, and to consider the possible need for larger or additional secure storage. Information on medicines prescribed on an 'as required' basis was not always clearly explained in the medicines administration records. After the inspection the registered manager sent us evidence to show this had been addressed.

The home was kept clean and people were protected from risks of infection. All areas of the home were clean and free from odours. Gloves and protective equipment was available around the home. Daily health and safety and infection control checks were being carried out to ensure the home remained safe. These checks included observations to identify any odour in the home, fire doors being propped open and staff using safe moving and handling. Documents showed where issues had been identified and what had been done to rectify them.

The kitchen was clean, modern and well equipped. Personal Evacuation Plans (PEEPs) were kept up-to-date and in an accessible place. At the most recent inspection by the Environmental Health service the home was awarded five stars, which is the highest rating and shows good standards were maintained in relation to food hygiene.

There were efficient systems in place to ensure people's personal laundry was washed, dried and ironed if necessary and returned to the correct person promptly. Laundry equipment was in good working order. There were safe systems in place to ensure soiled items were washed following safe procedures to reduce the risk of infection. Some walls in the laundry were damaged and not easy to clean. The registered manager said they will ensure action is taken to ensure walls and floors can be kept clean.

Good

Is the service effective?

Our findings

People received an effective service that met their assessed needs. Comments from people included, Staff are "… absolutely spiffing. Smashing. Staff are wonderful. If you want anything they will try and get it for you. They go out of their way to help you," and "Nothing wrong with the home, believe me, staff are very good, can't do enough for you."

People's needs and choices were assessed before they moved into the service. Discussions were held with people and their family or representatives to find out how they wanted to be supported, their health needs, daily routines and preferences and a care plan was drawn up and agreed with them. Care plans contained signatures which confirmed the care plans had been discussed with the person.

Staff had the skills, knowledge and experience to deliver effective care and support. New staff received comprehensive induction training from senior staff and an in-house trainer. Records showed staff had completed a wide range of topics. They had also read the policies and procedures and signed to confirm they had understood. New staff 'shadowed' an experienced staff member on three occasions before providing care independently. Staff new to Health & Social care were supported to complete the Care Certificate. This is a nationally recognised qualification which ensures care staff have the basic skills and knowledge needed to meet people's needs.

All staff received ongoing training and regular updates on topics relevant to people's needs. Staff were also supported and encouraged to gain relevant qualifications. A member of staff told us the provider and registered manager placed a high priority on good training. They said "They are very hot on that. You have to do your courses". Staff also received regular one-to-one supervision.

People were supported to eat and drink enough to maintain a balanced diet. Staff knew each person's preferences and dietary needs. People were offered choices for each meal and if people did not like the choices offered staff would find a suitable alternative. We observed staff being attentive and supportive to people at lunchtime. Staff gave people time and encouragement to make their choice. We saw one person who chose to have 'a bit of everything' and another said, 'I like the sound of the first one'. Most people told us they enjoyed the meals, although comments were mixed. Comments included, "The food is pretty fair. Not wonderful", "The food is excellent. I have put on weight since I've been in here" and "The food is more than adequate. Great variety which is lovely, I don't get bored with it". Food and menus were discussed in residents' meetings. One person who was a vegetarian told us their dietary needs and preferences were met.

The registered manager and staff worked closely with other health and social care professionals to deliver effective care, support and treatment. People had access to healthcare services and received ongoing healthcare support. Care plans showed that the home sought assistance from other professionals when required and worked together with them. Good records were kept in relation to visiting professionals such as GP's and District Nurses. People told us they had visits from health professionals such as doctors, nurses and chiropodists when needed.

Consent to care and treatment was usually sought in line with legislation and guidance. The registered manager and staff had a good understanding of the Mental Capacity Act and they supported people to make decisions about their care and about things that mattered to them. Where people were unable to make decisions, the staff ensured assessments were carried out and best interest decision processes were followed. People were asked for their consent on a wide range of issues such as medication, photographs, and if they wished to be checked by staff at night. People's personal choices were respected.

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 Safeguarding (DoLS). At the time of this inspection there were no people living there whose liberty was restricted.

The design and decoration of the building met people's needs. There were stairlifts to the first floor and handrails along corridors. People were encouraged to bring items of furniture to make their rooms feel homely. There was a large orientation board in the hallway featuring the time, date, day and season and doorframes were painted bright colours to aid people orientate around the Home. The lounge and dining room were spacious and homely with furniture and items that might remind people of things they would have had in their own homes in the past. The rear garden had been re-laid in recent months with paths and seating areas for people to use safely.

Good

Is the service caring?

Our findings

People continued to receive a service that was caring. The provider told us in their PIR, "Residents are always involved in all aspects of home life; this is paramount to help them feel comfortable and cared for and at ease to be able to talk over any worries in a happy relaxed environment, set around their individual personalities and choices".

People were treated with kindness, respect and compassion, and given emotional support when needed. We observed a staff member comforting a person who had become upset. It was evident the staff member knew this person well, and they talked about the person's previous jobs, their parent's jobs, where the person grew up and the things the person liked to do whilst offering comfort by holding their hand. This visibly reassured the person who told us "We're friends, we are" and "I love her, she's fascinating".

Staff shared details about their own lives to form friendships with people. One person told us "I was in the Girl Guides and she was in the Girl Guides" and another talked with a staff member about what preparations they were planning to make for Christmas. Staff knew people well; staff and people were often local so were known to family members and others in the community and were able to discuss local issues.

A staff member told us they were proud of "The overall care provided by every staff member. We all try our best and do our best". We heard examples of how staff had carried out special acts of kindness for people, such as helping a person to buy stamps, envelopes and writing paper so that they could send letters to friends and family. Staff spent time with people, listening to them, offering comfort and reassurance when people were upset or worried. The registered manager told us, "I feel we treat the residents as part of our own family".

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. The Home's policy on Sexuality detailed how people would be supported in this area of their lives, including respecting those in same sex relationships and protecting them from discrimination. People were supported to follow their religious faith. For example, a religious service was held in the home every month.

People's privacy, dignity and independence were respected and promoted. We heard that personal care was always carried out in the privacy of their bedrooms, behind closed doors.

Good

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs.

People received personalised care from a stable staff team who knew them well and understood the care they needed. The home used a computerised care planning system which provided a wide range of information about each person's health and personal care needs. The care plans were reviewed monthly. People were asked if they wanted to be involved in the review, and the records showed people often said no.

Care plans contained details of people's likes and dislikes. For example, '[Name] likes to have a marmalade sandwich for supper most nights, but offer a choice in case they feel like a change'. A 'red flag' system was used to communicate to staff when people's needs changed, or something important happened. The computerised care planning system did not provide an overview of people's daily care needs. However, a hand-written care plan summary had been drawn up for each person and a copy placed in their wardrobe for staff, including agency staff, to check if they needed information quickly on the person's needs.

Social needs were met by three activities organisers who worked in the home six days a week. We met one activities organiser who told us they spent time with people on an individual basis, and by providing group activities. People who chose to remain in their rooms were visited twice each day by the activities organiser to sit and chat, or help them with any activities they liked on a one-to-one basis. Staff knew each person well, their preferences and interests, and tailored the activities to people's preferences. There was a list of the coming month's planned activities displayed on the notice board. This included arts and crafts, musical entertainments, parties and a pub lunch. A pantomime was performed in the home. People told us about activities they enjoyed including regular visits to the home by a poet, quizzes and games. One person said that they enjoyed colouring in and books were supplied for them.

People's concerns and complaints were listened to, responded to and used to improve the quality of care. We asked people if they knew how to raise a complaint and they told us they would speak with the registered manager or a member of staff. There had been no formal complaints since the last inspection.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had spoken with people and drawn up a plan setting out the care they would like before, during and after their death. There were no people close to the end of their lives at the time of this inspection.

Staff understood each person's individual communication needs. We were assured that information would be provided to people in a format suited to their needs. For example, important information such as the complaints procedure and the minutes of residents' meetings was printed in large print. The provider told us in their PIR, "If a resident is registered blind we would support them by seeking specialist equipment, such as talking books. Reading the local paper aloud to them. If a resident/staff is registered deaf we would support them by seeking specialist documents/signage to help us with communication barriers".

Good

Is the service well-led?

Our findings

The service continues to be well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had worked in the home for many years and was well liked by staff and people living in the home. Staff felt the manager was approachable, and that they would feel very comfortable approaching them with any concerns. A member of staff told us about the registered manager, saying "She's good. She's lovely". They also praised the senior staff.

The provider had an office in the home and visited daily. They were well known to people living in the home. Relatives, staff and people could speak with them easily if they had any concerns. The registered manager told us they were well supported by the provider. They attended management meetings and received support and advice from the registered managers of other care homes owned by the provider.

There was a clear organisational structure within the management and staff team and responsibilities were clear. Since the last inspection the provider told us they had promoted a senior member of staff to supervisor after they had gained a qualification in higher management. They had also promoted a further three members of staff to senior position after gaining a relevant qualification in care. Regular staff meetings were held and senior staff meetings were held in advance of full staff meetings to enable senior staff to feedback to management and contribute to the agenda.

There were systems in place to monitor the quality performance, risks and regulatory requirements of the service. A range of weekly and monthly monitoring checks were carried out on essential areas of the service such as medicines, staffing, and care planning. These were discussed in management meetings and any improvements or actions needed were agreed. The provider told us in their PIR, "Quality Assurance is necessary to maintain on going improvement and risk assessment for best practice, quality assurance is carried out regularly and tailored for the most constructive use".

People who used the service, the public and staff were engaged and involved in a variety of ways. Residents meetings were held regularly. People's views on the service were sought through annual questionnaires.

The service continuously learned, improved, innovated and ensured sustainability. The registered manager kept themselves up to date on current good practice through attending training sessions, meetings and forums, for example they had attended a recent data protection meeting. They also kept up to date by reading magazines and newsletters by national care organisations. There were systems in place to record and monitor accidents and incidents. A 'post incident employer log' was used to record learning from any incidents, and monthly audits of accidents and incidents were used to identify any themes or trends.

The provider understood their responsibility to notify the Commission and other relevant organisations of any significant incidents or concerns. The service has notified the Commission promptly of any accidents, incidents or events which might affect the smooth running of the service. The service had a Duty of Candour policy. The provider told us in the PIR they ensured staff were protected from any repercussions if they report an incident. They told us any incident would be investigated in line with The Duty of Candour Policy. Staff training covered the service ethos of openness and transparency.