

Magnolia Court Limited

# Magnolia Court

## Inspection report

62 Leigham Court Road  
London  
SW16 2PL

Tel: 02086966651

Date of inspection visit:  
24 August 2017

Date of publication:  
13 September 2017

### 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 Court is a residential care home split into two flats for two people with autistic spectrum disorders and learning disabilities. At the time of the inspection there was one person living in the ground floor flat and one person living in the upstairs flat.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service did not have a registered manager in place. At the time of the inspection the manager had applied to be registered with the commission. 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.

People continued to be protected against harm and abuse as the service had robust systems in place to safeguard people. Records confirmed and staff demonstrated sufficient knowledge in the reporting and escalating of suspected abuse.

The service had effective recruitment systems in place to ensure suitable staff were employed in line with good practice.

People continued to receive their medicines safely. Regular medicines audits carried out by the service, ensured issues were identified and rectified in a timely manner.

Staff had an adequate understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). The 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.

The service had an embedded culture that encouraged people to make decisions and choices about the care and support they received and have those decisions respected.

People's healthcare needs were monitored regularly to maintain good health. Guidance and support from healthcare professionals was implemented into the delivery of care. People continued to have access to sufficient amounts of food and drink to meet their dietary requirements and preferences.

Staff demonstrated and delivered compassionate care and treated people with dignity and respect. Records confirmed people's equality and diversity were celebrated and encouraged. Staff continued to receive training to effectively meet people's needs.

People continued to receive care and support that was person centred. Care plans were comprehensive and gave staff clear guidance on how to meet people's needs, taking into account their preferences and wishes.

The service encouraged people to access the community and enhance their independence where possible. People were supported to raise their concerns and complaints. The manager was aware of the provider's process in responding to complaints in a timely manner for seeking a positive resolution.

Audits were carried out regularly by the service to improve the service delivery. Feedback on the provision of care was sought and action taken to address concerns raised.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Magnolia Court

## **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 checked 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 and took place on 24 August 2017 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the service, for example, feedback from health care professionals and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with one person, one care staff, the manager and the area manager. We looked at two care plans, four staff files, training, health action plans and other records related to the management of the service. We also observed staff interacting with people who use the service.

After the inspection we spoke with two relatives.

# Is the service safe?

## Our findings

People and their relatives confirmed they liked living at the service and felt safe. One person we spoke with told us, "I'm happy [living at the service]." Another person we spoke with used hand gestures to indicate they were, "very happy" living at Magnolia Court.

People continued to be protected against the risk of harm and abuse. Staff and the manager were aware of how to identify changes to people's behaviours indicating suspected abuse. Staff confirmed they would raise their concerns with the manager immediately and had sound knowledge of their roles and responsibilities in safeguarding people from abuse. Staff confirmed they'd received on-going safeguarding training and would whistleblow to healthcare professionals should the manager not act swiftly to address their concerns.

The service had systems in place to identify risks and mitigate the risks. Risk assessments covered self-care, behaviours that others may find challenging, finances and activities both in the home and in the community. People had personal risk assessments which gave staff clear guidance on how to manage risks safely and in line with the provider's guidance. Staff were able to identify how to report any changes in people's behaviours that resulted in new risks being identified. Risk assessments were reviewed regularly to reflect people's changing needs, then shared with all staff to ensure they delivered safe care. Where appropriate external health care professionals were involved in the development of risk management plans, and guidance given was implemented by staff.

People received support from staff that had access to person centred Personal Emergency Evacuation Plans (PEEP)s'. A PEEP details the steps and level of support staff should take to safely evacuate people in an emergency, for example, during the event of a fire. Where accidents and incidents had taken place at the service and when accessing the community, these were recorded to ensure lessons were learned and plans put in place to reduce the risk of repeat incidents.

People received on-going support from suitable numbers of staff that had undergone robust employment checks. Staff told us there were adequate numbers of staff to meet people's needs. Records confirmed newly appointed staff had received satisfactory references and satisfactory Disclosure and Barring Services (DBS) checks. A DBS is a criminal records check that providers can obtain to make safer recruitment decisions. Staffing levels were determined by people's needs and adjusted accordingly. We reviewed four week's rotas and found where shortfalls in staffing were observed, familiar and consistent agency staff covered the shortfalls. At the time of the inspection the area manager confirmed there was an on-going recruitment drive with new staff going through the recruitment process.

People continued to receive their medicines safely and in line with good practice. Staff were aware of the providers procedure in reporting medicine errors and escalating their concerns. We reviewed the medicines stock and balance and found these were accurate. Medicine Administration Recording (MAR) sheets were completed accurately, giving clear indication of what medicines had been administered and by whom. The service undertook regular medicine audits which meant that any errors were identified and action taken to

minimise the impact on people in a timely manner.

## Is the service effective?

### Our findings

People received support from staff that received training to enhance their skills and knowledge. One staff member told us, "I've worked in other services and this one is second to none when it comes to training. The training is really good. They [the management] put a lot of importance on training and I could ask for more and I'm confident I would get it." We looked at the training records and found that people received training in all areas the provider deemed as mandatory, for example, safeguarding, Mental Capacity Act (2005), first aid and fire safety. We identified training records that had elapsed and shared this with the area manager who confirmed their awareness of this and confirmation training courses had been scheduled. The area manager also told us, supervisions would be used to refresh staff's knowledge of elapsed training. Training available to staff consisted of both E:Learning and classroom based training.

Staff confirmed they received a comprehensive induction that enabled them to deliver effective care to people living at Magnolia Court. One staff member told us, "I was introduced to the company and the policies and procedures. I was supported by the management and introduced to the people living here and how to meet their needs. My induction and shadowing lasted two weeks." Records confirmed all newly employed staff underwent a series of competencies prior to working unsupported. Competencies included, for example, fire procedures, medicines management, care plans, aims and the philosophy of the company.

People were supported by staff that reflected on their working practice to drive improvements. Although appraisals were not always documented, staff confirmed these took place. One staff told us, "I don't really think I am unsupported. I could always ask the manager if I needed support." Records confirmed supervisions were held regularly and gave staff the opportunity to spend time with the manager on a one-to-one basis. Supervisions covered, communication, team work, training needs, supporting people and professional development.

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. We checked whether the provider was working within the principles of the MCA. Staff had sufficient knowledge on their roles and responsibilities in line with the legal framework. Records confirmed where people's liberty was required to be restricted, legal documentation had been completed and submitted to the local authority DoLS team for authorisation.

Staff continued to seek people's consent to care and treatment prior to care being delivered. During the inspection we observed staff speaking to people and seeking their consent for support with meal preparation and entering their flats. Staff were seen waiting for permission to continue with the support offered. Where consent was declined, staff were respectful of people's decisions.

People were encouraged to maintain a healthy diet that met their dietary requirements and preferences.



One person told us, "They [staff] help me in the kitchen." One relative said, "Staff help prepare meals for [relative], they [people] get enough food and there's no concerns there." During the inspection we observed people being supported to prepare their lunch where staff gave praise and encouragement. Where possible people were supported to purchase ingredients. Where people did not like the food provided they were offered an alternative.

People continued to have access to health care professionals to meet their health care needs. Records confirmed people were supported to attend appointments based in the community to monitor and maintain their health. For example, dentists, G.P, opticians, psychologists and behavioural specialists. When guidance and support was given by healthcare professionals, this was then implemented into people's health action plans. A health action plan is a personalised document that details people's healthcare needs and the levels of support required to meet those needs in both pictorial and written format.

## Is the service caring?

### Our findings

People continued to be supported to maintain relationships that were important to them. People confirmed they saw relatives often. One relative we spoke to told us, "The staff welcome me [at the service] and I can visit anytime I want to. I need to just let them [staff] know." Care plans detailed who was important to people's lives and who they wished to remain in contact with. The service maintained contact with people's relatives and kept them abreast of information.

People's decision to the care and treatment they received was respected and adhered to. During the inspection we observed people being supported by staff who offered them choices in a manner they understood. This ensured people had sufficient information to make decisions. For example, during the lunch period, one person was offered a choice of meals, by staff showing them the options available to them. The person then indicated their decision by pointing to the food they desired. Staff then respected their decision and prepared the meal of their choice.

The service had an embedded culture that treated people with respect and promoted their dignity. One person told us staff knocked on the door to their flat prior to entering. During the inspection we saw examples of staff knocking on the door and awaiting permission to enter before doing so. Staff were also observed speaking to people respectfully in a way they understood. Staff would speak to people in their preferred communication method as indicated in their care plan.

People were encouraged to be as independent as possible in a safe and controlled manner. One staff member told us, "By giving people choices and the power to choose [things that effect their life], this supports their independence. It could be by asking them what it is they want to wear that day, if they want to help prepare their meal and all other daily living skills." Staff were aware of the importance of people maintaining their independence and the wider impact this can have on their well-being. Detailed care plans contained information on the levels of support required to complete tasks and how to enhance people's skills.

People were supported by staff that actively promoted people's equality and embraced their diversity. A staff member told us, "Equality and diversity is about me knowing people are individuals and making sure I support people's individual needs. We [staff] respect people's cultural and religious beliefs."

## Is the service responsive?

### Our findings

People continued to receive personalised care and support from staff that had sufficient knowledge of their needs and requirements. The service had developed comprehensive care plans that were regularly reviewed to reflect people's changing needs. Where possible, people were encouraged to be involved in the development of their care plans. A record was maintained to reflect if and to what level of involvement had taken place. A relative told us, "I've seen the care plan recently." A staff member told us, "The care plans guide us [staff members] to help us meet people's needs. When there are changes to the care plan or these are updated we [staff members] are informed." Care plans detailed people's preferences to the care and support they received, medical and health needs, people's dreams and aspirations and a section 'About Me'. The 'About Me' document described people's cultural and religious preferences, communication needs and how to identify if people were content or agitated.

The service actively encouraged people to engage in activities both in the service and in the community. At the time of the inspection one person was attending a day centre. Activities were based on people's preferences and included, cooking, shopping trips, meals out, educational programmes and trips to the park. One person we spoke with told us, "I do the cooking in my kitchen, I listen to the radio, go shopping [locally] and go for meals out." Where staff had worked closely with people and knew them well, they had been able to identify further activities for them. . This enabled people to enhance their activities programme and spend more time in the community integrating with the public.

People were protected against the risk of social isolation. A staff member we spoke with told us, "People may change the way they [present]. They might be withdrawn. We [staff] look at the different types of activities available to people and try to engage them more. If I had a concern I would report it immediately to the manager."

People and their relatives were supported to raise their concerns and complaints. A relative we spoke with told us, "I do know how to complain." During the inspection we observed one person expressing their dissatisfaction regarding a planned activity. Staff displayed a clear understanding of how to effectively listen to people's concerns and to support them to find a positive resolution. We looked at the complaints file and found there had been no complaints received by the service in the last nine months. The service had a complaints policy which detailed the process in responding, recording and escalating complaints received. Although the manager was new in post she was able to demonstrate the procedure in investigating complaints received to ensure these followed the provider's complaints procedure.

# Is the service well-led?

## Our findings

The service did not have a registered manager in place. At the time of the inspection the manager had applied to be registered with the commission. 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.

People and their relatives told us they were pleased with the care and support provided by Magnolia Court. One person indicated to us using adapted Makaton and other gestures that they were "very happy" living at the service. Another person told us that Magnolia Court is a nice house. A relative we spoke with said, "I haven't got any problems with [relative] being there. I haven't at all." Another relative said, "They [management and staff] carry out the service quite well."

The service delivered a person centred approach to supporting people and had a maintained culture of inclusiveness and empowerment. One staff member told us, "We [the service] are always looking to improve the care we provide. We take on board suggestions from others [healthcare professionals] and make sure we [staff] put people first."

Staff confirmed the manager in post was supportive and approachable. A staff member told us, "She's [manager] very approachable and she's present in the service a lot." During the inspection we observed staff approaching the manager for guidance and clarification.

Although the manager for the service was newly appointed, she confirmed she had worked for the provider for four years and was aware of how the service was run. The manager told us she felt supported by her line manager and the locality manager who offered support and guidance both during the working week and outside of office hours.

The service carried out regular audits to drive improvement and enhance the care people received. For example, audits covered, medicines management, care planning, maintenance and training. We observed that in addition to the in-house audits undertaken by the manager, the area manager completed bi-monthly audits of the service. Where issues were identified through the auditing process, an action plan was developed to address the concerns in a timely manner. For example, an audit had identified maintenance work that needed to be completed. This had then been addressed swiftly.

The service worked in partnership with other health care professionals to improve the care and support people received. Records confirmed the service actively sought guidance and where this was given, was then implemented into the delivery of care. For example, support and guidance from a behavioural specialist had been implemented into one person's care plan and risk assessments.