

C.T.C.H. Limited

# Magnolia House

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Magnolia House is a residential care home providing accommodation to persons who require nursing or personal care, to up to 67 people. The service provides support to older people; some of whom live with dementia. At the time of our inspection there were 48 people using the service. People are accommodated in one adapted building.

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

The registered manager and provider had implemented new systems following our last inspection to ensure people received care that reflected their needs and preferences.

Effective action had been taken in relation to infection control, which protected people from the risk of infection, including COVID-19. The registered manager sought the guidance of professionals and acted on their recommendations.

People and their relatives spoke positively of Magnolia House and the registered manager. They told us that the service was improving.

Staff told us they had the training, support and skills they required to meet people's needs. Staff had differing views on communication within Magnolia House. The registered manager and provider were aware of these views and taking action to engage with all staff.

People and their relatives told us Magnolia House was a safe place to live. There were enough staff, who had the training, support and skills they required, to meet people's needs.

People's needs had been clearly assessed. Since our last inspection, the provider and registered manager had reviewed their care planning systems. Each person had a clear and concise care plan. Care and nursing staff understood people's needs. Professionals provided positive feedback on the improvements made at Magnolia House.

People were supported with their nutritional needs. People were supported with choice and enjoyed a varied diet.

### Mental Capacity Act

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

Since our last inspection, the registered manager and provider had ensured records in relation to people's mental capacity had been reviewed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 7 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent, safe care and treatment, and good governance.

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and Regulation 17, and the requirement notice in relation to Regulation 11, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For the 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 requires improvement to good. This is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magnolia House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will work with the local authority to monitor progress. We will 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?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

# Magnolia 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and two Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Magnolia House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Magnolia House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We inspected the care home on 20 and 21 October 2022.

#### 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. We used the information the provider sent us in the provider information return (PIR) from May 2022. 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 spoke with 10 people who used the service, to learn about their experiences of the service provided to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 10 people's relatives.

We spoke with 16 members of staff. This included seven care staff, two housekeeping staff, an activity co-ordinator, the chef, a nurse, the clinical lead, deputy manager, registered manager and a representative of the provider. We also spoke with three healthcare professionals who visited the service.

We inspected the care records of six people. We inspected three staff recruitment files and a selection of medicine and maintenance records. We reviewed records pertaining to the management and quality monitoring of the service.

# 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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's needs and risks had been reviewed and there were clear and concise care plans for each person which provided appropriate guidance to staff. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise risks relating to people's care.
- Since our last inspection, the registered manager and provider had implemented a new system to ensure people received safe care and treatment. This included providing clear information to staff on people's nutritional needs, skin integrity and falls risks. One visiting professional was positive about the service and told us, "I fed back during my visit on the quality of the documentation."
- Staff knew the support people required to maintain their safety and wellbeing. We saw people were supported with their mobility needs when accessing the communal areas. Staff were aware of people's risk assessments and the individual support they required. Where people were supported with their mobility, there was clear information on how they should be assisted including any mobility equipment required.
- Where possible, people were supported to take positive risks. One person had equipment which could enable them to move around the home independently, including using the lift. There were clear risk assessments in place which focused on the person's individual choices.
- People could be assured that the premises and equipment were appropriately maintained and suitable to meet their individual needs.

### Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may have required a response to keep people safe. The clinical lead reviewed people's risks, to ensure staff received appropriate information and referrals were made to health services in a timely manner.
- Following our last inspection, the registered manager and provider had implemented new systems to ensure they were working in accordance with the regulations. They had actively sought the advice of professionals and acted on their advice. The provider had ensured that any improvements learnt at Magnolia House were shared with other services they operated.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The service had an outbreak in August and September 2022 which they managed effectively. They sought the guidance of professionals and acted on their recommendations.
- We were assured that the provider's infection prevention and control policy was up to date.

## Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. People's visitors were able to freely visit Magnolia House in accordance with government guidance.

## Staffing and recruitment

- Safe recruitment processes and checks were followed in line with the provider's recruitment policy and legislation. The provider had ensured any discrepancies in staffs' employment, right to work in the UK and criminal checks, had been resolved prior to employment.
- People were supported by a consistent staff team who knew them well. The service had enough staff to support people. We observed staff had time to engage with people in a calm and supportive way. One member of staff told us, "I think we have enough staff. It can be busy at times, however we do work well as a team." An agency member of staff told us, "I like working here, we have enough time to meet people's needs."
- People and their relatives confirmed there were enough staff to meet their needs. Comments included, "Find that the staffing level good for my needs. Staff very helpful, trained to deal with [specific health need] things like that"; "When I use the call bell, I don't have a long wait at all."

## Using medicines safely

- Staff managed people's medicines in accordance with national guidelines. People received their medicines as prescribed and checks were completed to identify and protect people from medicine errors. One person told us, "I was on all my pills before I came here. If I didn't take them, I would be in an awful lot of pain. I've not been in the position when I've needed any extra painkillers. Nurses very efficient."
- Since our last inspection the home had recruited a clinical lead who, alongside nurses, had implemented new systems in relation to the administration and storage of people's prescribed medicines. These systems enabled staff to ensure people received their medicines as prescribed, including people who were prescribed time sensitive medicines.
- Guidance for staff was provided in relation to one person's specific support needs to ensure they received their medicines in a safe manner.

## Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. The registered manager and provider took appropriate action to protect people from harm when safeguarding concerns had been raised.
- People and their relatives felt the service was safe. Comments included "Never had anything happen that would make me feel unsafe" and "Absolutely safe, absolutely, so wonderful here. Always somebody looking out for you."

- Staff had completed training on how to recognise and report abuse and they knew how to apply it and when to report any concerns in line with the provider's safeguarding policies and procedures. One member of staff told us, "If I had a concern, I would raise it immediately."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Ensuring Consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure people's ability to consent was documented. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People told us they were supported to make decisions on their care. Comments included, "The staff do respect one's dignity, always knock before coming in, don't just barge in, ask if I am alright and do I need anything"; "I always say is it alright to help me. They are all very nice and polite."
- People's ability to consent to their care had been appropriately assessed and recorded. Where people had been assessed as not having the capacity to make a decision, staff had clear guidance on the support they required. A relative said, "I think [relative's] decision making is and has always been a concern. My belief is that the care would be with my [relative's] safety in mind."
- The registered manager and provider had implemented systems to ensure when people were being deprived of their liberty this was done in accordance with DoLS. The registered manager maintained a clear record of where people's liberties were restricted, why and when authorisations to deprive people of their liberties were due to expire.
- Where people had a Power of Attorney (a nominated person who can make decisions in relation to their finance and affairs and/or health and wellbeing) this had been documented. There was evidence these

family members were involved in discussions around their loved one's care and treatment.

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

- The registered manager had a clear understanding of ensured the service could meet people's needs before they were admitted to the service. They completed pre-admission assessments which documented the support people required, including potential risks.
- Guidance from healthcare professionals informed needs assessments and the delivery of care. Staff followed one person's specialist moving and handling assessment, which included assistance with exercises to improve mobility and specific measures to manage risk of choking.
- One person was assisted to communicate their needs through a communication book. This book contained pictures and words which the person used to enable staff to understand and act on their choices. Staff understood in the importance of the book and encouraged the person to use it regularly.

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

- People and their relatives told us they enjoyed the food they received at Magnolia House. People had a choice of meals and drinks, which met their nutritional needs. Comments included, "The food is excellent, really good, not like being in a nursing home. You get a good choice, and I couldn't want for more. Home cooked food, tastes like it too, The home made cakes are lovely", "Food, good choices, food is very nice, absolutely lovely. I have a cooked breakfast, so have sandwiches for lunch and a cooked meal in the evening."
- Staff took effective action where people were at risk of malnutrition. Where people had been assessed at risk of malnutrition, clear management plans were in place which included frequent monitoring, high calorie food and snacks for the person to enjoy.
- The chef sought people's feedback. They told us they took time to speak with people and identify the different meals they liked. The chef spoke positively about working at Magnolia House and the information they received about people's dietary needs and preferences.

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

- People were supported to orientate themselves around the home where possible. The home had a floor designated for dementia care. People's front doors had been decorated to enable them to identify their own bedroom as well as bathrooms.
- People were supported to personalise their rooms. Some people had brought their own furniture and items which were important to them. One person told us, "Lovely room, love the garden and I'm pleased I have this one because I can see the garden and the birds. My room is just right."
- The home had a variety of communal spaces and secure outdoor areas for people and their relatives to enjoy. This included a bar room and garden room.

Staff support: induction, training, skills and experience

- Staff told us they had the training and support they required to meet people's needs. Comments included, "Oh I have all the training and support I need" and "I can ask for support. I have all the training I need. The training is good."
- The registered manager had a training matrix which tracked completion of the provider's mandatory training for all staff. The registered manager discussed how training needs were identified and had plans in place to ensure staff training needs were maintained.
- Staff were being supported through group and one to one supervision. The registered manager had carried out group supervisions following our last inspection, to ensure staff had current knowledge and were informed and involved in the changes the registered manager was implementing. Staff we spoke with felt they received appropriate support to carry out their role.

- People and their relative's spoke positively about the care staff and the support they received. Comments included, "Certainly the staff are superb, I cannot fault them", "No problems staff know my needs and they are good at helping me. Day and night staff are very good" and "I believe them to be competent."

# 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 requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not operated effectively. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, the registered manager and provider had implemented new systems to ensure a good quality of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents and health and safety. The results were analysed and shared with staff to determine trends and introduce preventative measures.
- The registered manager and clinical lead had implemented detailed clinical governance systems to ensure people received care and support which met their changing needs. This included monitoring needs in relation to falls, skin integrity and malnutrition. Where actions had been identified, care plans were updated and appropriate referrals had been made
- People and their relatives spoke positively about the service and the care their loved ones received. Comments included, "I am happy for [relative] to be there. It meets her needs at her stage of life. Yes, I would recommend it", "I would definitely recommend it. She is in a safe place and that is paramount for us."
- The provider had informed the CQC of significant events in a timely way. This meant we could check appropriate action had been taken for example in relation to any significant injury or allegation of abuse.

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

- The registered manager and provider understood requirements in relation to duty of candour and had an open and honest approach.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The registered manager and provider shared learning from concerns and complaints with staff to continually develop the service. This included learning from their last inspection, where a range of actions had been carried out to ensure the service met regulatory standards.

Working in partnership with others; Continuous learning and improving care

- Since our last inspection, the registered manager and provider has sought and acted on the guidance of infection control and fire safety professionals. Positive feedback from infection control specialists had been shared with staff, in recognition of their hard work and dedication in implementing specialist recommendations to protect people from the risk of infection.
- Where guidance had been received from external professionals, this had been shared with other services operated by the provider. Fire safety guidance provided at Magnolia House had been shared with the provider's other services. This had been recognised by staff from local fire and rescue services.
- A representative of the provider informed us that learning from the last inspection of Magnolia House had been shared with other services operated by the provider. The aim was to ensure that all services had the correct guidance to ensure people received a good quality of care.
- The registered manager and management team had met with GPs who supported Magnolia House with the aim of improving communication. One professional told us, "Magnolia have implemented changes including having a manager present to discuss / explain concerns regarding residents on our list. This seems to have improved things in recent weeks."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the registered manager and deputy manager were approachable and took time to listen to them. Comments included, "They always listen and give great feedback. I have never come away thinking that question was a waste of time", "Yes. If I have any queries, I get good responses from the team and management."
- Staff had an opportunity to feedback their views about the service through supervision, staff meetings and a staff survey. The registered manager had recently carried out a staff survey and was planning to implement actions plans as necessary. The provider and registered manager spoke positively about engaging with staff and involving them with changes.
- Some staff raised issues in relation to communication within the service. We discussed this with the registered manager and a representative of the provider who spoke positively about engaging with staff and involving them with changes. They had plans to engage with staff and listen, understand and act on their views.