

C.T.C.H. Limited

# Magnolia House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# 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 whom live with dementia. At the time of our inspection there were 55 people using the service. People are accommodated in one adapted building.

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

People were not always protected from avoidable harm. People's care plans and associated records were not always current, accurate and did not provide staff with the correct information they required to safely meet people's needs.

People's care plans did not detail where people could make a decision and the support they required. Where people were living under restrictions, there was not always a clear record of where decisions had been made in their best interest, or if the person had capacity to consent to the decision.

Infection prevention and control was not always effective. This placed, people, visitors and staff at risks of infection.

Monitoring systems were not always effective as the records supporting the management of the service were not always reliable. These systems had not identified or addressed concerns found during our inspection, including concerns in relation to people's care records, infection control, recruitment and mental capacity act. The management had a system to monitor staff training, however there was limited evidence of action being taken to address the training needs of staff.

Staff told us that communication was not always effective. Staff told us they did not always have the information, training or support they required.

People told us they felt safe and well looked after. They told us the staff were tolerant, patient and friendly. Although there had been challenges in recruiting staff, there were enough staff to ensure people's care needs were met.

People's medicines were managed safely. However there had been times where medicines had not been checked or removed in accordance with the providers medicines policy.

The provider, registered manager and staff had learnt from a situation where an incident was not reported appropriately, and they had adjusted their risk management strategies accordingly.

People and their relatives felt able to approach managers and the staff as needed. People's complaints had been acted upon.

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 good (published 9 October 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This included information about the people's assessed care needs, associated risks and falls management.

As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, good governance, person centred care and reporting incidents at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

#### Follow up

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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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

Three inspectors and an Expert 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 13 April and 14 April 2022.

#### What we did before 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). 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 eight 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 spoke with three relatives during our visit. We spoke with 13 members of staff. This included eight care staff, two housekeeping staff, an administrator, the chef and a nurse. We spoke with the registered manager and a representative of the provider. We also spoke with a healthcare professional who visited the service.

We inspected the care records of eight 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. We requested and received copies of additional information, which included policies and procedures, the staff training matrix and the service improvement plan.



# 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 for this key question has change 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.

### Assessing risk, safety monitoring and management

- Information about people's risks, including textured diets, had not always been documented. One person required their drinks to be thickened to protect them from the risk of aspiration. The person's care plan and daily staff handover information documents did not reference the person requiring thickened fluid or the texture they required. Similar issues were identified within other care files viewed. We spoke with two members of staff who couldn't tell us how this person's drink needed to be provided.
- Risks associated with the use of care equipment had not always been carried out effectively. Where people had been assessed as requiring bed rails, there was not a clear and current assessment to ensure people were protected from the associated risks. Regular safety checks on bed rails had not been carried out as expected by the registered manager and provider to ensure they were still safe to use.
- Staff did not always follow people's care assessments. One person required a sensor mat in place to alert and enable staff to support them to reduce the risk of falling. We observed this person attempting to mobilise independently. There was no sensor mat in place and no staff were present. Staff had not followed the persons care plan to protect them from the risk of avoidable harm.
- Where people required support to protect them from the risk of skin damage an accurate record had not always been kept. One person was assessed as "high" risk of skin damage and required support to reposition in bed. There was no repositioning record for this person or assessment of how regularly the person needed to be supported.
- One person was being supported to eat and drink at risk. The person was supported with drinks orally, as well as through a Percutaneous Endoscopic Gastrostomy (PEG) tube (a way of supporting people when they are at risk of taking food or drink orally). There was no clear guidance for staff to follow on their care plan regarding oral support and protect the person from avoidable harm.

### Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. Staff were not always removing PPE as per national guidance. PPE storage bins were throughout the home, however these were not stored or disposed of in accordance to national guidance.

The provider and registered manager did not always assess and do all that was reasonably practicable to mitigate the risks to people who received care. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were audits in place in relation to infection control, however these had not always documented where actions had been taken.
  - We were somewhat assured that the provider's infection prevention and control policy was up to date.
  - We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
  - We were somewhat assured that the provider was meeting shielding and social distancing rules.
  - We were somewhat assured that the provider was admitting people safely to the service.
  - Visiting arrangements had followed government and local health protection team (HPT) guidance. People's relatives confirmed they had been able to visit. This had included unrestrictive visiting when people were at the end of their life.
- We have also signposted the provider to resources to develop their approach.

#### Using medicines safely

- People received support with their medicines from suitably trained staff. Staffs' knowledge and their practice in this area was regularly checked to ensure people remained safe.
- Appropriate arrangements ensured people's medicines were available when they needed them. This included medicines required and prescribed in between the service's monthly order cycle, such as antibiotics and end of life medicines.
- Reviews by the attending GP ensured people received the medicines they required, and which had been prescribed for them.
- Processes had not always been followed regarding when medicines had been provided to the home. One person came with a box of anticipatory medicines. Staff had not checked the contents of this box, and further medicines had been prescribed by the persons GP following their admission. For some people there was a high medicine stocks in place. We discussed this with the registered manager who told us they would take action to address this.
- We also identified that medicines were not being disposed following the providers policies and national guidance. People were protected from the risk of this as medicines were stored in the clinical room. We discussed this with the registered manager who told us they would take action to address this concern.

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

- People and their relatives told us they felt the home was safe. Comments included; "Very happy, not bothered by anyone, not shoved around, treat you like you would want to be treated" and "Yes safe here, looked after and care really nice."
- The registered manager and senior staff were visible and regularly worked alongside staff and met people's visitors.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour.

#### Learning lessons when things go wrong

- The registered manager had taken learning from a situation where one person's incident had not been responded to as per the providers expectations. Staff were aware of the action to take following any future incident, including a fall, to ensure that people received appropriate support.

#### Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. The home used agency staff when required to ensure there were safe staffing levels. The registered manager also worked on the floor when required. The registered manager had made some changes to staffing in the home and had implemented a shift leader role to promote leadership and effective working. Shift leaders were responsible for directing staff and ensuring checks were carried out as required,
- People told us there was enough staff to meet their loved ones needs, however they did feel staff were busy. Comments included; "Looked after first class, appreciated" and "Some carers are so kind, unbelievable, they are just so busy but I am only one of many."
- Appropriate recruitment checks had not always been completed prior to staff starting work. Reference checks from staff's previous social care employers were not always sought to gather assurances around staff conduct. One staff personnel file did not contain references from people's previous employment in care services.
- Interview records were not always in place to support managers' decisions to employ staff. The records were needed to evidence that managers had explored the previous employment histories of staff and their suitability to work at the home. The registered manager confirmed they carried out the interviews and made recruitment decisions.

We recommend the provider, review their recruitment processes and documentation to ensure they have the appropriate records to evidence where they sought assurances about potential staff good character.

# 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 Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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's capacity to make decisions was not always recorded. There was no record of mental capacity assessments for people where they had been identified having impaired capacity. There were then no records on when staff may need to make decisions in people's best interests, or how they should support people to make a choice.
- Where people were living under restrictions, such as increased monitoring there was not always a record detailing if the person had capacity to consent to this arrangement or if other actions could be taken that would be less restrictive.
- Where people were being deprived of their liberty an application had been made to the legal authority. While the service waited for an outcome to this application, there was not always a clear record of whether the DoLS was still necessary, or if there had been further restrictions to a person's care.
- One person had a Respect form (a document relating to advanced care decisions, such as admission to hospital and resuscitation) in place, where the person had not been involved in this decision as they had been noted as not having capacity. We discussed this form with the registered manager who informed us they were challenging this form as they believed the person had capacity. There was no record of this or discussions the registered manager had, which may place the person at risk of not having their decisions respected.

We discussed this concern with the registered manager who informed us action would be taken to ensure people's ability to consent was documented. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had Power of Attorneys (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 family members were involved in discussions around their loved one's care and treatment. One member of family had been involved in discussing giving their relatives medicines covertly after they stopped taking them. One relative told us, "They ask for my consent if they try him with other alternative methods."

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

- The registered manager had a clear understanding of the support the service could provide. They completed pre-admission assessments which documented the support people required, including potential risks.
- One person living at Magnolia House was supported with a specific feeding regime, the registered manager and care staff worked with healthcare professionals to ensure the support the person required was effective. Where required the person's support was changed and evaluated to ensure it remained effective.
- One person was admitted to Magnolia House with a PEG tube feeding regime. With support from staff and healthcare professionals this person was now being supported to eat, drink and take their medicines orally. Clear guidance had been sought from healthcare professionals to ensure this change was managed safely.

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. One person told us, "Really good food will make you things you like."
- Staff took effective action where people were at risk of malnutrition. Staff had identified one person had some unplanned weight loss. They implemented more frequent monitoring, high calorie food and snacks for the person to enjoy. Since these actions had been implemented the person's weight has increased.
- The chef sought people's feedback. They told us they took time to speak with people and identify the different meals that they liked. The chef spoke positively about working at Magnolia House and discussed the importance of celebrating special days with different menu options so people enjoy meals from other cultures.

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

- People's health needs were supported through liaison with health care professionals. People were supported to access additional services such as chiropody and dentists. Where required staff would assist people with hospital appointments.
- One healthcare professional spoke positively about Magnolia House and the care people received. They told us, "Care staff are clued up about the people being supported. There is good care here."
- Staff used recognise systems to recognise where people's needs were changing or if they required additional healthcare services and support. This included support from social workers and Rapid Response (a service used to assist people in their own homes rather than admitting them to hospital).

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.
- On the first day of our inspection, we identified notices on people's doors or on furniture which could be

viewed from outside of the room. A number of these notices contained information that people may not wish to be shared. We discussed this with the registered manager and deputy manager who took immediate action to remove these notices to ensure people's confidentiality and dignity was protected.

- 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 shared mixed views about the training they received. Another member of staff said, "Induction was not as thorough as other places I have worked." One member of staff told us, "I have everything I need to do my job."

- The registered manager had a training matrix which covered mandatory training for all staff. The training matrix identified a number of staff who had not received all mandatory training in accordance with the providers expectations. The registered manager was aware staff required further training as was arranging for this to be provided.

- Not all staff were supported in their role through meetings with the registered manager and senior staff. We reviewed three staff files and found limited record of one to one meetings for staff. Staff we spoke with felt they received appropriate support to carry out their role.

We recommend the provider, review their supervision processes to ensure how they evidence they are meeting the developmental needs of their staff.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- One person had been supported to make decisions around their personal care alongside their GP. The person was supported to have a thickened fluid as per their choice, which promoted their wellbeing.
- Care staff understood the importance of an inclusive and accepting culture. Staff cared for people and respected their individual characteristics, including sexual orientation, religion and ethnicity. Staff spoke positively about treating people as individual and ensuring they received support tailored to their needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a range of activities provided by activity and care staff. On the day of our inspection, there was limited activities due to staff absences. Care staff where possible provided engagement to people, including one to one support such as reading and going for walks outside. The registered manager was aware of this and was taking action to ensure there was consistent activity coverage.
- Activity staff and the registered manager kept a record of the activities and events people enjoyed, this included special activities for events such as Mother's Day. There was an activity schedule for the home, and this included a range of Easter related activities. Activity staff also produced a monthly newsletter for residents and their relatives to enjoy.
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic. Relatives told us how staff supported them with this. One resident told us; "We have used technology to help me keep in touch with [family]."

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. One relative told us they had raised a concern. The registered manager confirmed they had responded to this concern.
- The registered manager acted on complaints and concerns in a timely manner. A member of staff had raised a concern to the registered manager. Action had been taken to learn from this concern to improve the quality of care people received.

#### End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Staff spoke positively about end of life care and ensuring people receive the care and support that is important to them, including being visited by their loved ones.
- Where people had recorded their wishes for their end of life care this was known by the service. One person had clearly documented their views on the end of their life and the medical support they required.
- The service worked with healthcare professionals to ensure people were comfortable at the end of their life. Where relevant, anticipatory medicines had been prescribed by people's healthcare professionals.

# 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.

- Audits were not always effective at identifying concerns and addressing them. Staff carried out care review documents, however these reviews had not identified where care plans did not reflect people's current care needs. On four people's files we found reviews had been carried out, however concerns found at this inspection had not been identified.
- Audits and management systems had not identified concerns we had found at this inspection in relation to recruitment processes, infection control and people's mental capacity assessments.
- The registered manager had identified that bed rail safety checks were not being carried out as required. They had raised this, however there was no clear record of the action required to resolve this concern, or how the risk to people were being mitigated while action was taken.
- The registered manager and a representative of the provider confirmed that there had been no audits or checks carried out from the provider in relation to Magnolia House. The provider had no current systems in place to ensure the quality of care people received was meeting their expectations.
- Some staff felt they did not receive effective communication to carry out their role. Staff said that handover information was not always passed to them and they had to rely on other staff or handover notes to provide care. We reviewed handover notes which did not reflect people's current needs. One member of staff told us, "Sometimes I don't have current information and it's hard to know how [people] have been."

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we identified occasions where staff were talking in groups for 5-10 minutes rather than engaging with people. We discussed this with the registered manager. The registered manager and deputy manager explained worked alongside care staff. They had made changes which included a shift leader to improve day to day leadership to ensure staff were working effectively.
- Management were visible in the service and approachable. One resident told us, "Manager is a lovely lady, she knows me very well." One staff member told us; "I can go to manager with any concerns I have."
- Staff told us they felt able to raise concerns with the registered manager without fear of what might happen as a result.

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 understood their responsibilities to be open, honest and apologised if things went wrong. Records showed relatives were contacted appropriately to inform them of incidents or near misses affecting their family member. Where learning had been taken following incidents, this had been shared with people's relatives and their views sought.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

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

- The service worked closely with external health care professionals and we heard examples of how this joint working had enhanced people's care, including complex care needs. One healthcare professional spoke positively about the service. They told us, "There has been a few changes in management. I was concerned that might cause problems, however that has been managed smoothly."

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                                                                                                          |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent                                                             |
| Treatment of disease, disorder or injury                       | The service had not always ensured that people's ability to consent to their care had been recorded. Regulation 11. |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity                                             | Regulation                                                                                                                                       |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment                                                                                   |
| Treatment of disease, disorder or injury                       | The provider had not ensured people's risks had been appropriately assessed and managed. Risk had not been reviewed to protect people from harm. |

### The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 12 in relation to the care provided at Magnolia House.

| Regulated activity                                             | Regulation                                                                                                          |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance                                                              |
| Treatment of disease, disorder or injury                       | The registered person had failed to apply effective governance to ensure quality of care for people was appropriate |

### The enforcement action we took:

The Care Quality Commission (CQC) has issued a warning notice for breach of Regulation 17 in relation to the care provided at Magnolia House.