

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 caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Magnolia House is a residential and nursing home which provides care to 67 older people and people living with dementia. The home is based over three floors and has a secure dementia care unit. Magnolia House has a range of communal areas, including a bar and enclosed courtyard. At the time of our inspection 61 people were living at Magnolia House.

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

Through strong leadership the registered manager had instilled a highly person centred culture within Magnolia House. All care and nursing staff (including agency staff) had bought into this culture and shared the visions and aspirations of the registered manager. Since the registered manager had been in post they had instilled and embedded "Magnolia Magic". "Magnolia Magic" is the provider's structured approach for "Transforming cultures of care, creating households and focusing on quality of life matters. This included the use of several tools such as their isolation and loneliness and service culture audits to further develop a highly personalised approach.

Staff felt inspired by the registered manager and told us the management team was approachable and available to support them. People and healthcare professionals told us Magnolia House was managed well. The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. Systems were designed to continuously improve the service and drive positive changes.

People and healthcare professionals felt Magnolia House was a safe place. Peoples received appropriate care and treatment, based on current guidance and best practice. People's risks were known by care and nursing staff. Care and nursing staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

Staff were well trained and had the skills to meet people's needs. Staff had access to training, support and continued professional development they needed and requested. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People told us care and nursing staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. When people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, care and nursing staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed an engaging and varied life at Magnolia House. People were supported to achieve their wishes. The registered manager and provider ensured people's views were acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 23 February 2017). We rated "Is the service responsive" as requires improvement as the provider were implementing a new care planning system to ensure people's records were current and accurate. This system had not been fully embedded at the time of our last inspection.

#### Why we inspected

This was a planned inspection based on the previous rating. At this inspection we found that the service remained "Good".

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Care Act 2014.

### Inspection team

The inspection team consisted of one inspector, an assistant inspector and an 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.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 20 people who used the service about their experience of the care provided. We also spoke with two healthcare professionals who routinely visit the service. We spoke with 11 members of staff including six care staff, two nurses, deputy care manager, deputy manager and registered manager. 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 reviewed a range of records; this included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We reviewed feedback received from local authority commissioners and safeguarding team.



## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

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

- People were safe and protected from abuse at Magnolia House. People told us they felt safe. Comments included: "I am safe"; "I couldn't have come to a better place-I feel safe here" and "All is safe here, absolutely I don't feel threatened in any way at all."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people. The registered manager and provider ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.
- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The registered manager used incident and accident audits to identify possible improvements to staffing arrangements. For example, they had identified that an additional member of staff was required at meal times on the middle floor of the home to help reduce the number of incidents at these times.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks were identified and assessed by nursing and care staff at Magnolia House. Staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was living with a pressure ulcer which nursing staff supported them with. Nursing staff had engaged with healthcare professionals to ensure the support they provided was effective. Prior to our inspection, healthcare professionals had provided nursing staff with guidance and training on a new treatment for the person's pressure ulcer. Nursing staff were following this guidance which was supporting healing and promoting skin integrity. Additionally, care staff had clear guidance on the support the person required including the equipment they required and how often they needed to be assisted to reposition.
- Risks assessments had been completed in relation to people's mobility needs, falls and medicines management. Each person had a detailed mobility risk assessment which included guidelines provided by

healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans. Staff used recognised safe techniques to assess people with their mobility.

- Where people had been assessed at risk of falls, staff followed clear guidance. For example, one person had a sensor mat placed in front of their chair, due to their risk of falling if they attempted to move unaided. Staff ensured this mat was in place, to alert them and help reduce the risk to the person falling. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines, to ensure people's health and wellbeing were promoted.
- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. The registered manager audited the number of infections in the home on a monthly basis. Where necessary they had sought the advice and guidance of Public Health England.
- People could be assured the building and equipment used to assist people with their mobility was safe and routinely serviced and maintained. The registered manager and provider had systems in place to ensure any health and safety and maintenance issues were addressed.
- Staff were provided with current information to support them to identify infections so that prompt action could be taken to seek medical attention. For example, nursing staff had clear information on the safe use and correct disposal of needles.

#### Using medicines safely

- People received their medicines as prescribed. Nursing and care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines.
- Nursing and care staff received training to be able to administer people's prescribed medicines. The registered manager and provider assessed the competency of nursing and care staff regarding medicines to ensure they had the relevant skills.
- People spoke positively about the support they received with their prescribed medicines. One person told us, "What I like here is that my medications are all taken care of. I don't have to worry and it feels safe. They know what I have to take and I know they won't make any mistakes." People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine staff asked if people wanted these medicines and acted upon their wishes.
- People's prescribed medicines were reviewed frequently alongside healthcare professionals. Where people received 'as required' medicines (such as pain relief and medicines used to assist people when they became agitated) there were clear protocols in place.
- People's prescribed medicines were stored securely, and care and nursing staff followed recognised good practice regarding the receipt, storage and disposal of prescribed medicines.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's needs. The service used agency staff to maintain safe staffing levels. The registered manager ensured all agency staff were block booked to promote the continuity of people's care. Most agency staff had worked at Magnolia House for a while and felt as though they were part of the team.
- People told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "There is always a nurse lurking around in the distance- I trust them absolutely"; "I think they (staff) are a good team and that they all support each other" and "I like that the staff have time to sit and talk with me."
- Staff told us that there were enough staff to meet people's health needs and enable them to engage with people and promote their wellbeing. Comments included: "I do feel staffing is good, it's well managed here. I

help out at nights and it is lovely, people are settled there are more staff to support"; "Staffing is not bad, we do have agency, however they keep coming back. Agency staff say they love coming here. There is great teamwork here and we get to spend time with people and really support them" and "I think the staffing here is perfect."

- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.



## 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to meet people's needs. People spoke positively about the nursing and care staff that supported them and felt staff had the skills to meet their needs. Comments included: "I must say they (staff) all understand me and I don't have any issues with them at all"; "They (staff) all know what to do for me" and "The staff really know what to do, I think they're skilled."
- Staff spoke positively about the training and support they received and felt they had the skills required to meet people's needs. Staff comments included: "I get all the training I need. I like to learn and refresh my knowledge and you can do that here" and "We're encouraged to learn. I have the training I need and I'm attending the dementia link worker (a locally accredited course in dementia care) again. We'll help train and advise staff."
- Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "If you want something, any training then you can speak to (registered manager) they will listen and they will sort it." Another member of staff said, "The management are so encouraging, they really promote our development."
- The registered manager and their management team had a clear overview of the training needs of all staff working at Magnolia House. They operated spreadsheets which detailed the training staff had received, where training was due and where training had been completed.
- Staff had access to supervision and support, including regularly one to one meeting with their line manager. Staff told us they had the support they needed. One member of staff said, "Yes, if I had any concern I'd tell them. If you have any questions there's always someone to talk to."

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people. One person told us, "I couldn't cope on my own anymore, so I moved here. You hand yourself over to these people (staff) and they look after me exceptionally well."

- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. Staff at Magnolia House used recognised systems which identified the deterioration in people's healthcare needs to ensure their support remained effective. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.

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

- People had access to a varied and balanced diet. People spoke positively about the food they received. Comments included: "The food here is nice, it is usually reliable and I am always impressed by the wide choices for supper"; "The food here is very good and I am satisfied. You can have other things sometimes if you don't like the options available that day" and "We do get well fed."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. All staff were aware of people who required a textured diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was clearly documented and readily available for staff. The registered manager carried out a monthly malnutrition audit, which clearly identified who was at risk of malnutrition, the support they required from staff, including extra snacks or fortified drinks and how often their weight should be assessed.
- Snacks were available in lounges and the homes bar/dining room for people to enjoy at their pleasure. This included biscuits, crisps and fresh fruit. We observed staff prompting and encouraging people to enjoy food and drink throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Care and nursing staff worked alongside three GP's (who was allocated to the home as part of the agreed local clinical commission group arrangements) and other associated healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One healthcare professional spoke positively about their engagements with the service, they told us, "The referrals we receive are almost always appropriate. The nursing staff are very capable, and they work well with the surgeries to mitigate concerns."
- Advice from health care professional helped inform people's care plans to enable staff to meet people's needs. For example, one person was living with diabetes. There was a clear plan in place of the support the person required to maintain their health and wellbeing, including monitoring of their blood glucose levels. The person had access to appropriate healthcare support, such as opticians and podiatry.
- The registered manager and staff ensured people were aware of additional healthcare services they could access. In newsletters information had been provided about dental services, opticians, chiropodists and hairdressers. One person told us, "I am recovering and have been having some therapy from a community physiotherapist. The girls here help me with exercises, I can walk to the door and they follow me with a wheelchair behind."

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

- The provider and registered manager had carried out a large plan of refurbishment at Magnolia House, which included a secure dementia unit. The home was well presented and redecoration plans were in place to provide people with a sensory environment. This included foliage walls, and activity grab bags.
- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. People spoke positively about accessing the home's contained courtyard. We observed people enjoying the home's "pub "area, garden lounge.
- Magnolia House provided a dementia friendly environment. There are lots of items of interest on walls in

the corridors. There are bright signs such as "This is Our Happy Place" and "I Like Cats More Than People".

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. 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 their choices were respected. Comments included: "They always offer me choice" and "I don't have to do anything I don't want to."
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. Comments included: "We try to encourage them. You need to be calm and remember every person should be listened to; some people don't have a voice but they have a choice. If they refuse we try a different member of staff, explain what we want to do to them and why" and "If people are selecting clothes, I support them and I make sure I always ask them, give them few shirts to choose from."
- Four people living at Magnolia House were being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for people living at Magnolia House which was pending with the legal authority. The service reviewed these applications to ensure they were still current to the support people received.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People's voice, interests and activities were heavily promoted by dedicated and committed staff. A member of staff told us they had started 'chat' sessions for people living at Magnolia House. These sessions were led by people to discuss and debate current events and promote their involvement in discussing current social and cultural events. People and staff spoke positively about these sessions. One person said, "We all sit around chatting, I quite enjoy it." A member of staff said, "It's important to encourage people to have a voice. Too often people, go into care homes and they lose their voice, or are removed from current events. We want to promote people's voice, we talked about (current prime minister) however people directed the discussion where they wanted to go."
- People were actively encouraged to make important decisions in Magnolia House. Following a request from people at a residents' meeting, the registered manager had got a resident cat for people. Staff and the registered manager told us the positive impact the cat had on people living at Magnolia House. The registered manager told us, "The cat has actually been critical in making six people decide to come here as a resident. One person has dementia and they love cuddling and stroking the cat."
- People's wishes, and views were sought and acted upon. The registered manager and staff explained how they were supporting people to follow their individual wishes and creating new memories. For example, one person had been supported to have afternoon tea with a pony and another person had been supported to attend horse racing. One person who was living with a life limiting condition was supported to go on a holiday to Cornwall. The service had identified with the person, that they had fond memories of family holidays and spending time on a certain beach. The management team used their own personal contacts to identify a holiday home and the registered manager supported this person to enjoy a holiday, as per the person's wishes. The person told us, "I went on holiday, I loved it."
- People were supported by dedicated and committed nursing and care staff. People spoke positively about how kind, caring and compassionate the nursing and care staff were. Comments included: "They all look after me very well here, we have a laugh too"; "I have to say I get on well with all the carers"; "I am

appreciative of the care" and "Some of the carers often give me a little hug."

- Staff positively engaged with people and ensured they were comfortable and happy. We observed care, nursing and domestic staff engaged with staff in a respectful and natural way. Staff were always friendly and made time to engage with people and have a positive impact on their day. One person told us, "(staff member) always says hello and we have a laugh." A member of staff told us how they felt working at Magnolia House and spending time with people. They said, "I always have a buzz when I get home. I love chatting with the residents and I think they are chatting with me too because many of them ask me to come back and chat to them later."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them, whether with their meals or their mobility.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.
- People told us their independence and wellbeing were promoted. Staff encouraged and reminded people regularly, including prompting them to have drinks and letting people lead their care. For example, one person was supported with their mobility, staff walked with them, ensuring they were comfortable. One person had a mobility aid which had a large notice with large font saying; "Please remember to use me when walking around."
- People were encouraged to do as much as they were able to. Staff discussed one person who had moved to the home and required a lot of support from staff with their mobility and day to day health needs. One member of staff said, "It was important to encourage them, support them to do things themselves rather than have things done for them. They've become more independent and they get around the home more." One person also told us, "They are always trying to encourage me here. I have recovered very well from my illness".



## Our findings

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

At the last inspection this key question was rated as Requires Improvement. We found the home's new care planning system was now embedded and people received exceptional person centred care. At this inspection this key question had improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People spoke very positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "I have to say it is very pleasant" and "I am happy with the support I receive." People told us how staff knew them and their needs and promoted this confidence and wellbeing. Comments included: "I feel I have fitted in so well. They have looked after me well and I feel relaxed and happy here"; "When I come to the lounge they (carers) find me a seat because I cannot see clearly" and "It is good for me living here, my confidence has increased a lot since I moved here six months ago."
- There was an empowering, inclusive and person-centred culture which was adopted by all staff at Magnolia House. Since the registered manager had been in post they had instilled and embedded "Magnolia Magic". "Magnolia Magic" is the provider's structured approach for "Transforming cultures of care, creating households and focusing on quality of life matters."
- All staff received training on Magnolia Magic with a clear focus on taking opportunities to make a positive impact on people's lives and wellbeing. Training focused on things that needed to change, and the boundaries and barriers they faced to create a whole home approach which engage, empowered and involved people in the running of Magnolia House.
- Following our previous inspection, the registered manager and provider had introduced several tools such as their isolation and loneliness and service culture audits to further develop a highly personalised approach. We found these developments had facilitated an outstandingly person focused culture with staff finding creative ways to support people's emotional wellbeing and social relationships. Staff throughout our inspection were positive and joyful and we saw this helped people to have a good, fun day.
- The registered manager and their staff focused on actively creating and promoting their approach of having 'Shared Life Experiences' that connected people. For example, this could be smaller events such as staff creating a shared mealtime experience with people, creating a lively and positive atmosphere. We saw staff created a vibrant shared dining experience in the home, which everyone could take part in. We

observed people were supported to enjoy social dining experiences, with singing and discussions. It was clear that staff knew people well and there was lots of friendly discussions and laughter. One member of staff started to sing a song which several people joined in and then carried on with. One person told us, "It's like this every day you know, they aren't doing it just for your benefit."

- While there were a range of activities, events and excursions for people to enjoy, the registered manager had taken action to identify those people who may feel lonely and were at the risk of social isolation. They had carried out an isolation and loneliness audit based on one to one discussion with people. Where necessary, an individual action plan had been implemented for people to promote their social inclusion. Actions included arranging a review of people's health and seating needs and encouraging people to enjoy group and one to one activity. Staff were already following this guidance and were actively encouraging one person to enjoy a full dining room experience and going for a walk with other people and staff in the local community.
- The registered manager led by example with creating shared life experiences. They explained how one person had a wish for a family Christmas, however they had no family. The registered manager invited the person to their family Christmas, so they could experience something important to them. Staff brought into this culture, with staff telling us they often came in on their days off to engage with people because it was important to them. People told us that staff who are off duty often visit Magnolia House including one who visits regularly with their dog, which many people like. Other staff come in with their own children or grandchildren. One person told us, "Lots of the girls here have children and bring them in sometimes. The children are wonderful and run around and some give us a hug."
- People received emotional reassurance from care and nursing staff. One person explained how they had received support from staff when a friend of theirs living at Magnolia House had passed away. They said, "The carers knew that made me feel a bit down and the other day I cried and the staff were wonderful and tried to help. They asked me if I wanted someone to talk to." A member of staff spoke positively about how they are encouraged to support people with loss. When one person passed away they ensured people they were friends with were given the time they needed and opportunities to remember their friend.
- People enjoyed a varied and active life at Magnolia House. Comments included: "There are always singers and games and chat here, there is always something going on"; "It has to be special for me to take part- we had a singer and he was good he did a couple of Frank Sinatra songs- I think he will be back" and "Life is very hectic in this place some times and you have got to be prepared to take the flow but if you do, life here is wonderful and you get to know lots of lovely people."
- Staff made extra effort to support people with activities. During our inspection one member of staff had become unavailable. Another member of staff was due to do training, which had become cancelled. They made the choice to work within the home to ensure people had access to the 'Market Street Café'. A staff member told us 'Market Street Café' is organised once a week. We are encouraging people to have coffee together, have a chat, coffee and biscuits." They also spoke positively that everyone from the home was invited, including people living on the dementia unit. They said, "Everyone is together - patients with dementia and without, we don't separate them."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.
- People's communication needs were known, recorded and understood by care and nursing staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. For example, one person had a communication board which they could use alongside staff

to communicate their needs.

- Where people were unable to verbally communicate their needs, care and nursing staff looked for changes in their body language to identify if they were in pain or any discomfort.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which advised people and their relatives what to do regarding concerns and complaints and if they were not satisfied with any outcome. This complaint was on display within the home. People told us they knew how to raise a concern and felt these concerns would be acted upon appropriately.
- The registered manager kept a record of all compliments and complaints they had received. All concerns were acknowledged and acted upon. Where lessons could be learnt these were clearly documented, for example, reflective learning in liaison with healthcare professionals.

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life.
- People's views regarding their end of life had been sought. This included preferences in their end of life care, where they wished to be cared for and any specific religious or cultural needs. One person living at Magnolia House, spoke positively about the end of life care their relative received at the service. They said, "The care was very good and very relaxed and he was extremely well cared for at the end."
- Staff spoke importantly about getting people's end of life care right. They explained how a person would never be left alone at end of life, whether family were available or not. The registered manager had instilled a culture that when a person passed away they were acknowledged by all staff on shift and left the home through the front door. One member of staff said, "It's important, it's their home."



## 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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the culture that had been embedded at Magnolia House. All staff felt inspired by the registered manager. Comments included: "I never want to work anywhere else. (Registered Manager) is promoting giving people a voice. We have a while home approach to identify everyone as an individual"; "I can do nothing by praise (registered manager). She talks about her approach, everyone is involved as much as they can be. Things have really improved. It's inspiring" and "I am thrilled with everything (registered manager) has done. It's inspired all of us to care in a different way. We consider every client, we do our best to open the world up for them."
- Staff discussed the impact this culture had on people. Comments included: "I see lots of positive impact. People are more engaged. We have supported people into the community more, opening the world up for them" and "We have staff doing discussions with people, we're stimulating and encouraging their voice and acting on their views. Some people wanted a night club night. So, we worked with a local pub so people could have that experience."
- People spoke positively about the home and how their involvement was encouraged. People had been involved in interviewing potential staff and had been involved in staff induction training, so staff could understand people's views on care and so people could understand the measures staff go to before they work with them at Magnolia House. Comments included: "This used to be called The Grange, now it's Magnolia House. (Registered manager) has turned this place around and made it what it is"; "The manager and her team are very good and they all seem to get on together well, very well actually" and "registered manager, she does listen to you and does things for you, they listen and are very hands on."

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

- Alongside "Magnolia Magic" the registered manager had a clear business development plan which was

communicated to all staff. The business development plan was implemented in October 2018 and alongside "Magnolia Magic" provided a clear direction for the home. One of the actions of the plan was changing the name of the service and involving people in this change, which had clearly happened.

- The registered manager and management team carried out audits against their vision and development for Magnolia House. The registered manager had implemented a clear vision for the audits which stated, "This is our commitment to improving people's quality of life and culture of care." The registered manager carried audits alongside isolation and loneliness audits against their culture and business development plan. We saw that this approach had facilitated the development of an outstandingly person centred approach
- The registered manager had robust systems to monitor, assess and drive improvements to their service. These audits included medicine management audits, malnutrition audits, health and safety audits, infection control audits and incidents and accidents audits. Where actions had been identified this informed an action plan. Recent medicine management audits had identified clear improvements on people's medicine administration records.
- The registered manager ensured that any actions were clearly communicated with staff to ensure improvements were effectively embedded and sustained. For example, concerns in relation to gossiping and rumours were discussed with staff and clear expectations were communicated.
- Systems had been implemented to ensure staff training and supervision was effective and to identify trends in development. Where staff had raised a development request, this was recorded to ensure it was acted on and to clearly promote their development.

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 was aware of their responsibilities in relation to the Duty of Candour. The registered manager notified CQC appropriately and in a timely manner. Where incidents had occurred, they engaged with people and their family and promoted an open and transparent culture.
- Healthcare professionals spoke positively about the management of the service and the impact the registered manager had had on Magnolia House. One healthcare professional told us, "The service has progressed a lot under (registered manager). They engage with us, receive training. The staff have great knowledge, often they're already doing what we recommend. People's relatives are heavily involved, and staff engage and involve them. They've done a lot with the environment; the dementia unit and the sensory aspects are great." Another healthcare professional said, "The culture here is very open and honest. I have complete confidence in them."

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

- People were actively involved in the home, and their views were listened to and acted upon. The home carried out an annual survey of people's views, alongside monthly resident meetings. People had raised call bell response times and supper menu changes as areas of development. The registered manager had acted on these views, implementing a new staffing shifts and arranging a meeting for people and catering. The outcomes of the surveys were communicated at resident meetings, so people had full understanding of the actions that had been taken in response to their views and to hold the service to account.
- The registered manager used monthly meetings and newsletters to communicate changes and upcoming events with people. Newsletters were also used to communicate new ideas such as a butterfly tree where people could leave messages and words of remembrance when people had passed away. Additionally, important information such as heatwave guidance and the support they should expect from staff.
- Staff surveys were carried out alongside staff meetings. The registered manager had acted on staffing views, such as staff wanting more access to face to face training and less e-learning and implementing a wish tree for residents.

- The registered manager understood the importance of respecting and valuing staff. They had taken initiatives, such as an employee suggestion scheme. They had also taken steps to ensure staff were valued, for example the registered manager had nominated their team for an award at the Gloucestershire Care Provider Association award.
- The registered manager used team meetings to communicate important messages to staff and also listen to and respect their views. Staff told us the registered manager was always open listening to their concerns. For example, some senior staff had raised some issues regarding how staff dealt with an unplanned fire drill. Following this drill, the registered manager ensured staff had clear information and training to ensure all staff followed clear guidance. Staff told us effective action had been taken at this time.
- The registered manager had implemented a clear agency staff information booklet. This contained key information such as management contact details, the layout of the home, fire procedures, staffing levels, the vision and culture of the home and where key equipment was contained. Agency staff felt fully supported working at Magnolia House. One Agency member of staff told us how they were joining the home permanently. They said, "The standard here is very high. They really care for people and staff. They have been so supportive of me, they give me all I need. It's important to work somewhere where you know people get good care."

#### Working in partnership with others

- The registered manager was actively involved in promoting high quality care inside Magnolia House, as well as within Gloucestershire. They were an active member of the Gloucestershire Care Providers Association and were also heavily involved with Proud for Care Gloucestershire. The registered manager showed us a certificate they had received for undertaking a mentorship scheme with Proud to Care Gloucestershire. The aim of this scheme was for the registered manager to mentor new or inexperienced managers from other services as an initiative to drive good quality care in Gloucestershire.
- The registered manager also focused on their own development and undertook training which could assist people at Magnolia House and in the community. For example, they had completed a Mental Health First Aid course with Age UK Herefordshire and Worcestershire, with the focus on providing training for staff
- The registered manager was actively promoting people's engagement with the local community. This included building links with local services, including schools and nursery groups. The service had engaged with local shops and build strong links in promoting people's wellbeing in community.
- The service sought the advice and support of external agencies to help drive their continued development and vision of the service. They had welcomed the involvement of pharmacists to improve how people's prescribed medicines were managed, local authority commissioners and a local charity which focuses on the quality of services. The registered manager ensured any comments were reflected upon and changes made when required.
- The home worked closely alongside other care homes also operated by the provider. This way of working promoted communication and ensured lessons were learnt across both homes. It also acted as a way to provide support between the homes.