Magnolia Domiciliary Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 15 December 2015. Magnolia Domiciliary Care Limited provides a care and support service to people who live in their own homes. This is a small service and at the time of our inspection 10 people were receiving care and support.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. People received the level of support they required to

Summary of findings

safely manage their medicines. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to ensure visits were made when they should be and to meet people's care needs.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People received the assistance they required to have enough to eat and drink.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People received the care they needed and staff were aware of the different support each person needed. Care packages were changed to meet people's changing care needs and staff recognised the importance of making sure people did not become socially isolated. People felt able to make a complaint and knew how to do so.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. The manager assessed how well the service was running to identify if any improvements were needed.

Summary of findings

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.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received the support needed to manage their medicines and there were enough staff employed to ensure they received their visits when they should.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported with nutrition and staff responded when people's health needs changed.

People made decisions in relation to their care and support.

Good

Is the service caring?
The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good

Is the service responsive?
The service was responsive.

Care and support was planned to meet people's needs and changed when this was needed. Staff recognised the importance of making sure people did not become socially isolated.

People felt comfortable to raise concerns and knew how to do so.

Good

Is the service well-led?
The service was well led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

People's views of the service were sought and the manager assessed the quality of the service.

Good

Magnolia Domiciliary Care Limited

Detailed findings

Background to this inspection

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

We inspected the service on 15 December 2014. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. This was the first inspection the service had received since being registered at this address.

During the visit we spoke with four people who used the service, two relatives, two members of care staff and the registered manager. We looked at the care records of two people who used the service, staff training records, as well as a range of records relating to the running of the service including surveys sent to people to gain their views of the service. Following our visit we spoke with two health and social care professionals to get their views of the service.

Good

Is the service safe?

Our findings

The people who used the service told us they felt safe with the care staff. They said they knew the staff well and felt comfortable with them. They told us that if they were concerned about anything they would talk to a member of staff, or the manager. One person said, "They staff] make sure I am safe and secure." Another person told us, "Staff have explained to me what it is to be safe." The relatives we spoke with told us they felt their relation was safe with the staff who supported them. One relative told us, "They are very good. [Relation] feels comfortable with them."

People could be assured that there were systems in place to protect them from harm. Staff had received training in protecting people from the risk of abuse and the staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the processes for reporting concerns and escalating them to external agencies if needed. The manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team, although she had not yet needed to share any information.

People felt staff protected them from risks and felt assured the service would respond to any emergency. One person told us, "I had a fall and I phoned [manager] and they came straight over." One person had a health condition and this resulted in them having seizures. The person's relative told us, "If [relation] has a seizure I call [manager] and they get here quicker than the ambulance."

Plans were in place which detailed risks involved when visiting a person's home and staff were made aware of these risks prior to delivering care and support. Staff were also given training on health and safety in people's homes to ensure they knew how to recognise any risks and report them to the manager. We spoke with an external professional who had recent involvement with a person who used the service and they told us, "They (staff) are very safety conscious."

People felt there were enough staff working in the service to meet their needs. They told us that staff were usually on time for their visits and if they were going to be late then they received a call to let them know. One person told us, "They (staff) are usually on time but if someone else needs a bit more doing for them then I get a call to say they will be late." The manager told us that if a person needed extra support during their visit, for example if they were unwell, then staff would stay as long as needed. They told us that the ethos was that staff should not rush people if the visit went over the allocated time. People who used the service and staff we spoke with confirmed this was the case and said that if they asked for anything extra when the staff visited they had the time to fit this in.

People were supported by adequate numbers of staff and if needs increased staffing levels were increased to match this. Staff told us they had enough time to complete the tasks they needed to when they visited people and that they had enough time between visits to ensure they arrived on time at the next call. They told us the owners of the service also delivered hands on care and if they needed to stay late with a person then the owners would go out and do the next visit to allow them the time to do this. If there was a shortfall of care staff due to staff sickness then the registered manager would also carry out visits to ensure people received the care and support they needed. One member of staff told us about one person who used the service who wished to increase their visit times and told us the registered manager was recruiting another member of staff to support this.

People received the support they required to safely manage their medicines. One person told us, "They (staff) remind me to take my medication and I feel quite satisfied with the way they check." Staff knew how to safely support people to manage their medicines and had a good understanding of the different levels of support people needed. Some people needed staff to prompt them to take their medicines and others did not require any prompting as their significant others supported them with this.

People's care plans contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. The registered manager ensured that staff received training and support before administering medicines and they had their competency assessed during 'spot checks' of their practice.

Good

Is the service effective?

Our findings

People were happy with the care they received from the staff and felt staff knew what they were doing. They told us the manager observed staff whilst they were working to check how well they were performing. One person said, "I can't fault them. They are very good." Another person said, "I am well cared for and happy with the care from Magnolia." Relatives we spoke with also commented positively on the staff and their working practices. One relative told us, "Everything is done right."

People were supported by staff who were trained to care for them safely and were supported by the manager. Staff told us they received training which helped them to do their job such as safe food handling and infection control. They told us that if they wanted any training which was not given they could ask for this and it would be given. Records we saw confirmed training had taken place.

The registered manager told us that new staff would complete an induction and be shadowed by other staff until they felt confident to work alone. Staff we spoke with confirmed this was the case and told us they had felt confident to work alone by the end of the induction and shadowing. One member of staff told us, "I had an induction and then shadowed other staff for two weeks and I felt confident with what I was doing but if there was a problem I could just ring [registered manager or provider]."

Staff told us they had discussions daily with the manager and that they met up regularly for supervision meetings. These were used to appraise staff performance and any training needs. Records we saw confirmed the supervisions had taken place.

People felt they were supported to make decisions and be in control of their care and support. One person told us, "They (staff) do what I ask them to do and they do it just the way I want them to." Another person told us, "I feel staff listen to the choices and decisions I make."

The manager displayed an understanding of the Mental Capacity Act 2005 (MCA)and told us there was no one who currently used the service who needed support to make decisions. She told us that if staff raised concerns about a person's capacity deteriorating then she would discuss this with the person's doctor and family. Staff had received training in the MCA and understood the importance of raising any concerns with the manager if a person started to display a lack of capacity to make decisions. They described how they supported people to make decisions and understood the importance of gaining consent.

People were supported to eat and drink enough to help keep them healthy. People who needed support from staff to prepare meals told us that staff supported them appropriately with this and supported them with food choices. One person told us, "They (staff) made some pies for me to freeze so I had some meals in when I needed them." We saw staff recorded what food and drink they had prepared for people and whether the food had been eaten. A health and social care professional we spoke with told us they had observed staff giving person choices about what they ate.

One person had lost some weight and the manager told us they had discussed this with the person and their significant other and this had resulted in the person's doctor being contacted. The manager had also been resourcing products to support the person to stabilise their weight.

People were supported with their healthcare and changing needs. People told us staff knew about their health needs and supported them with these. One person told us, "They (staff) take me to the doctors and the hospital." Another person told us, "If I had an emergency they (staff) would come straight away." Staff were informed by the manager verbally of any health risks to people, such as risks of developing a pressure ulcer. Staff we spoke with knew about these and how to recognise and respond to changing health needs. These risks were recorded in support plans but did not give guidance on recognising changes. The manager agreed to record these and provided us with evidence that they had done this within a few days of our inspection.

Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. We saw the contact details were recorded in people's care plans, which were kept in their homes.

Good

Is the service caring?

Our findings

People felt they were supported by staff who were kind and cared about them. One person told us, "They (staff) are very kind and caring. I had an operation and they were marvellous. They took extra time and helped me through this." Another person told us, "They are very understanding and caring." People told us that caring went both ways and told us they cared about the staff. One person told us that they always warmed the staff members coat whilst they were having a visit to ensure they were warm when they left. We spoke with two health and social care professionals who had recent involvement with two people who used the service. One told us, "(Staff) are attentive." Another said, "Everything has been centred around the service user. We have a mutual understanding of how best to support [person who used the service]"

Staff we spoke with felt that caring was what the service did best and that this came from the ethos of the provider and registered manager. One member of staff told us, "You wouldn't get anyone more caring than [Registered manager] and [provider]. They are a caring couple and they pride themselves on making sure the most important thing is the client and making sure they are well cared for and happy."

Staff also told us the registered manager and providers caring ethos also extended to the staff and their wellbeing. One member of staff described when there was thick snow in a rural location and told us, "They (Registered manager) called us and told us not to go on the visits and they went instead. I believe they got stuck and had to walk but they still did the visits so we didn't have to. The client comes first but staff are looked after too."

We observed a member of staff supporting a person during a visit and we saw the staff member clearly had a good relationship with the person and the person's significant other, with whom they lived. The staff member was kind and patient with the person and when we spoke with the staff member they spoke with warmth about the people they supported.

People were supported by staff who knew their likes and dislikes and got to know them as a person. People felt it was important to be supported by staff who knew them well and they told us that they had the same staff who visited them and knew how they preferred to be supported. The service was small and so people were supported by a small team of staff. One person said, "I get on well with all the carers and get on well with one in particular, who feels like a friend." People we spoke with spoke of the staff warmly, saying they had time to listen to them. We saw that people's likes, dislikes, how much support they needed and what they could do for themselves was detailed in their care plans.

People we spoke with told us that staff respected their privacy and dignity. People told us that staff were respectful of their property and always took off their shoes when they arrived, in order to protect people's flooring. One person told us, "They always make sure I have privacy and they are very respectful." We observed a member of staff supporting a person and we saw they were mindful of their privacy whilst supporting them.

Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. Staff were also clear on which service users preferred a certain gender of staff member to support them and confirmed this was respected. For example we saw in one person's care records that they had asked for one gender of staff to support them. Staff we spoke with offered information on this to confirm this was the case, without us needing to ask. The registered manager told us part of their observations of staff practices in people's homes was to assess if staff were respectful of privacy and dignity. The registered manager's records of their observations confirmed this to be the case.

The registered manager told us that there was no-one currently using an advocate but that discussions were held with people to ensure they were aware of advocacy. One person had recently been given leaflets to support them to contact an advocate if they wished. Advocates are trained professionals who support, enable and empower people to speak up.

Good

Is the service responsive?

Our findings

People felt they were including in planning their own care and support. All the people and their relatives we spoke with were aware of their care plan and said they had been involved in the implementation of them. People had an initial assessment with the registered manager prior to being supported by the service. During the assessment people who paid for their own care chose how many visits they wanted, what support they wanted and how long the visit should be. Where people received funding then the authority paying for the care would allocate the time needed but if staff reported this time was not the right length or extra visits were needed then the registered manager made the requests for changes.

People were supported to make any changes to their care and support when needed. One person told us, "I have, on occasion, had to ask for changes in my care and they have responded quickly." Another person told us, "If I am worried about anything I call and they (staff) come to see me." We spoke with a health and social care professional who had recent involvement with a person who used the service and they told us, "Changes are made to the support package straight away if this is needed."

We saw staff responded to people's needs. For example one person was at risk of developing a pressure ulcer and we saw staff had noticed when the person's skin changed and this had been passed on to other staff who monitored the person's skin over a period of 24 hours and then contacted the district nurse to get advice. Records showed staff had acted on this advice and the person's skin had improved.

We saw people were supported to maintain their independence. People told us that staff supported them with their independence and helped them to go into the community and do their own shopping. Care records reflected what people could do for themselves and what they needed support with. Our observations and discussions with staff evidenced that staff knew what people were able to do for themselves.

Discussions with people showed that staff working in the service understood the importance of people not becoming socially isolated. One member of staff described how people were supported with social visits and took people out into the community and spent time chatting with people. One person told us that staff regularly took them to an event they enjoyed attending. Another person told us, "They (staff) take me out shopping or anywhere I want to go." We spoke with a health and social care professional who had recent involvement with a person who used the service and they told us that staff supported the person to go out on for social appointments.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person said, "[Registered manager] often talks to me and asks me if I am happy and if I have any concerns." Another person told us, "[Registered manager and provider] come and talk to me if I have any worries at all." A relative told us, "If there is a problem I can just ring [registered manager]."

People could be assured their concerns would be responded to. There was a procedure in place informing people how they should make a complaint and for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to report concerns to the manager. The manager told us there had not been any complaints made and so we were unable to assess how the manager responded and resolved complaints.

Good

Is the service well-led?

Our findings

People felt they were well cared for and commented positively on the service they received. One person we spoke with told us, "I am very happy. I feel lucky to have them." One relative told us the service was, "Very good indeed." We spoke with two health and social care professionals who had recent involvement with two people who used the service. One of them said, "I have been really impressed. [Provider] has been easy to get in touch with and has dealt with everything in a professional manner." The second told us, "Excellent. More personal because it is a small service."

There was a registered manager in post and she understood her role and responsibilities. The provider was also an integral part of the service and worked alongside the registered manager supporting staff and giving care and support to people who used the service. People were clear about who the registered manager and provider were and felt they could approach them if they wanted to talk about anything and that they would listen and make changes as a result of this. One person told us, "They (registered manager and provider) come and visit me and ask if I am happy with everything."

The registered manager and provider were on call at any time if staff needed any support. Staff told us the registered manager and provider were a part of the team and felt they were both approachable and listened to them if they raised any concerns or suggestions for improvements. One member of staff told us, "You wouldn't find anyone more approachable than [registered manager] and [provider]. I have never heard a bad word about them. Any issue and you can go straight to them."

People were given the opportunity to have a say in what they thought about the quality of the service they received. We saw that when the registered manager observed staff practice in people's homes, they took this opportunity to speak with people and ask them if they were happy with the service. They checked that people were happy with the staff supporting them, if they were communicated with if staff were going to be late and if they had any concerns.

People told us that the registered manager and provider regularly observed staff delivering care and support in their homes. They told us that the registered manager and provider was part of the care team, supported staff and gave care and support themselves. Staff confirmed that their practice was observed regularly by the registered manager and said that following the observations they met up with the registered manager to discuss the observations and any learning needed.

We saw there was an annual survey sent to people to gain their views of the service received. The questions in the survey were based on the CQC five key questions of whether people felt the service was safe, effective, caring, responsive and well led. We saw the most recent survey and saw that the comments about the care and support delivered were all positive. The manager told us an action plan would be used to address any negative comments but as there had not been any there were no actions arising from the survey.

The provider used a 'compliance tool' to audit and assess the quality of the service. This was an online system which was supplied by an external company and kept up to date automatically to ensure the provider knew about changes to legislation and working practices. The provider used this to monitor many aspects of the service such as staff training, reviews of people's care and ensuring health and safety was assessed and monitored.

The provider had not had cause to send CQC any notifications but was aware of the events that require a notification. Providers are required by law to notify us of certain events in the service.