

Magic Care Solutions Limited

Magic House

Inspection report

5-11 Green Lanes, London, N13 4TN
Tel: 0208 826 4359

Date of inspection visit: 7 April 2015
Date of publication: 29/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 7 April 2015 and was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

This inspection was the first inspection for the service since it was registered with the CQC in 2013.

The service provides personal care for people living in two supported living schemes and people living in their own home. At the time of our inspection, Magic House HSCA was providing care to nine people with mental health needs.

There was a registered manager registered with the Care Quality Commission 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. However at the time of our inspection, the registered manager no longer worked at the service. Instead there was another manager in place at the service who was in the process of going through the process of becoming a registered manager.

Summary of findings

On the day of the inspection, we visited the service's main office and both supported living schemes. We saw that there was a calm and relaxed atmosphere in living accommodations.

The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse. During our inspection, we saw suitable arrangements were in place in relation to the recording and administration of medicines.

There were recruitment and selection procedures in place to ensure people were safe and not at risk of being looked after by people who were unsuitable.

There were enough staff available at the service and staffing levels were determined according to people's individual needs. Staff we spoke with told us that there were enough staff and they had no concerns in respect of this.

Emergency procedures were clear and staff knew what to do in the event of an emergency.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also reflected.

Staff had the knowledge and skills they needed to perform their roles. Care staff spoke positively about their experiences working at the service and felt well supported by their peers and the registered manager. However, whilst supervision meetings had taken place, these had not been carried out consistently and on a regular basis in accordance with the service's policy.

People were able to make their own choices and decisions. The manager was aware of the requirements of the Mental Capacity Act 2005. Staff we spoke with were not fully aware of the requirements of the Mental Capacity Act and deprivation of liberties and we have made a recommendation in that respect.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity. Staff provided prompt assistance but also encouraged and promoted people to build and retain their independent living skills.

We found the service had a clear management structure in place with a team of care staff and the manager. The service had a system in place to monitor and improve the quality of the service.

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. Staff were aware of different types of abuse and what steps they would take to protect people. The service identified when people were at risk and risk assessments had been completed.

There were enough staff with the right experience to meet the needs of the people living in the service.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

The provider had appropriate systems in place to manage emergencies.

Good



Is the service effective?

The service was not always effective. Some supervision meetings had taken place however these had not been carried out consistently and on a regular basis in accordance with the service's policy.

Staff had completed relevant training to enable them to care for people effectively. Staff felt well supported by their peers and the manager.

People were provided with choices of food and drink.

People were able to make their own choices and decisions. The manager was aware of the requirements of the Mental Capacity Act 2005. Staff had a basic knowledge of the MCA.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Requires improvement



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the service was calm and relaxed.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were being treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were reflected.

People were encouraged to provide feedback about the quality of the

Good



Summary of findings

service they received. We saw evidence that reviews were being held between people and staff and that a satisfaction survey had been carried out.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well-led. We saw that the provider had a quality assurance system to monitor and improve the quality of the service. The provider had carried out recent audits.

Staff were supported by the manager and felt able to have open and transparent discussions with him through meetings and staff meetings.

The home had a clear management structure in place with a team of care staff and the manager.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

Good



Magic House

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, and to provide a rating for the service under the Care Act 2014.

The inspection of Magic House HSCA took place on 7 April 2015. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The provider also completed a

Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During this inspection we observed how the staff interacted with and supported people who used the service. We reviewed five care plans, four staff recruitment files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with one person who used the service, one relative, the manager, four members of staff and one care professional. At the time of our inspection people who used the service were engaged with their own activities and therefore we spoke with a limited number of people on the day of the inspection.

Is the service safe?

Our findings

One person we spoke with told us, “I generally feel safe here.” One relative told us the care provided was safe. One care professional we spoke with told us they were confident that people in the supported living schemes were safe and had no concerns in respect of this.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw evidence that care staff had received training in how to safeguard adults and training records confirmed this. Staff we spoke with were able to identify different types of abuse that could occur in a care service. We asked staff what they would do if they suspected abuse. They said that they would directly report their concerns to the manager. Staff were aware that they could report their concerns to the local safeguarding authority and the CQC. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Risk assessments had been completed and they were individualised according to people’s personal, behavioural and specific medical needs. They included preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as smoking, aggressive behaviour, absconding and self-neglect. Staff we spoke with were familiar with the risks associated with people’s support and knew what steps needed to be taken to manage them. The assessments we looked at outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We looked at the staff duty rotas and the manager explained how staff were allocated on each shift. The manager told us staffing levels were assessed depending on people’s needs and occupancy levels. On the day of our

inspection, we saw that there were two care staff on duty at each of the supported living accommodation. We observed that staff did not appear to be rushed or unable to complete their tasks. The staff rota indicated that there was one member of staff on duty at night and this was confirmed by the manager. The home had a lone working policy in place which provided guidance for staff when working alone. Through our discussions with staff, we found there were enough staff with the right experience to meet the needs of the people living in the service. One member of staff told us, “There are enough staff during the day, If I need more staff, I can make a request.” Another said, “There are enough. No issues.”

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for four care staff and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

There were arrangements for ensuring the safe administration and recording of medicines by care staff. The service had a policy and procedure for the management of medicines to provide guidance for staff. We looked at a sample of MAR charts and found that there were no unexplained gaps. Some people kept their medicines in their rooms and others had requested that their medicines were kept in the staff office in each supported living scheme. We spoke with the manager about this and he explained that some people did not want to keep their medicines in their rooms.

The service maintained an on-call system whereby the manager and service were available for support and guidance in the event of an emergency occurring outside office hours. Emergency procedures were clear and staff knew what to do in the event of an emergency. Evacuation plans were displayed in the service accommodation.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles. One person told us, “The staff do a good job. They listen.” One relative told us, “The care is good. Staff do listen.” One care professional involved with people who used the service told us that they were satisfied with the care provided and said that staff were accommodating.

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with told us that they received supervisions and confirmed that these sessions gave them the opportunity to raise any queries and concerns. We looked at the supervision records for six members of staff and found that staff received supervision sessions. However these were not consistent for all members of staff. We discussed this with the manager who explained that they aimed to ensure that staff received a supervision session at least every six to eight weeks but that there were occasions where this had not happened. The manager told us that at present they were working towards ensuring that supervisions occurred regularly for all members of staff. We saw evidence that some staff received an annual appraisal in order to review their personal development and progress. However we noted that this was not consistent for all members of staff. We raised this with the manager who confirmed that they were still in the process of carrying out appraisals for members of staff who were due an appraisal.

Training records showed that care staff had completed training in areas that helped them when supporting people. We looked at training records for a sample of four members of staff. The records showed that staff had received training in various areas such as safeguarding adults, medication, challenging/personality behaviour, infection control, manual handling, health and safety and dementia. Staff we spoke with were positive about the training received and confirmed that the training was a combination of online and classroom based training.

The records showed that all staff received an induction. Care staff told us that the induction had been beneficial. One member of staff said, “It was very helpful and I learnt a lot.” Another member of staff told us, “The induction was good. Made me clear about my role and work.”

We saw care plans contained information about people’s mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this through key worker sessions with staff. When speaking with the manager, he demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that staff had received MCA training. Staff we spoke with had basic knowledge of the MCA and were aware that they should inform the manager of any concerns regarding MCA. They were also aware of the importance of ensuring people were involved in decision making and where people were unable to make decisions, the importance of involving their relatives. One care professional we spoke with told us that they thought staff would benefit from further training in respect of MCA and this was also confirmed by a member of staff we spoke with.

Whilst we saw evidence that staff had received some training to understand issues in relation to deprivation of liberty, some staff demonstrated a limited knowledge of what might constitute a deprivation of liberty. The provider had appropriate policies and procedures in relation to the deprivation of people’s liberty but had not ensured staff had a good awareness of the arrangements to help protect people’s rights in situations where they might have been deprived of their liberty unlawfully.

People were not restricted from leaving the supported living accommodation and were encouraged to go out into the community. We saw evidence that people went out to various places and people identified as being of risk when going out in the community had risk assessments in place. We noted that one person who used the service required staff support when they went out. This person had signed their risk assessment to confirm that they agreed to being supported when leaving the supported living accommodation. We spoke with the manager about this and he provided evidence to confirm that they had contacted the local authority for further guidance in respect of this person and was awaiting further guidance from them.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with care professionals.

Is the service effective?

People were supported to get involved in decisions about what they wanted to eat and drink. The manager explained that people were encouraged to cook their own meals and that they did their own shopping. On the day of our inspection we noted that one person had prepared their own lunch and confirmed this when we spoke with them. We spoke with the manager about how staff monitored people's nutrition and he explained that as the service was supported living, they encouraged people to cook their own meals and be independent in respect of this. He said

that if they had concerns about people's food intake, they would contact their GP and monitor their food intake. In one person's care plan there was a detailed record of their food intake because they were diabetic.

We recommend that the provider review the implementation of national guidance in relation to the requirements of the Mental Capacity Act 2005 within the service so staff were fully aware of these.

Is the service caring?

Our findings

When prompted to tell us about the service and how they felt about living there, one person told us, “I am settled here. Staff encourage me to be independent.” One relative we spoke with said, “Staff have been good.” One care professional we spoke with told us that they had no concerns about the care provided and said that the manager and staff come across as professional.

We observed interaction between staff and people who used the service during our visit and saw that people were relaxed with staff and confident to approach them. Staff interacted positively with people, showing them kindness and respect. There was a relaxed atmosphere and staff we spoke with told us they enjoyed supporting people living in each of the supported living scheme. People had free movement around the premises and could choose where to sit and spend their recreational time.

Staff were knowledgeable about people’s preferences. Staff and one person who used the service told us that key

worker meetings were held between people who used the service and staff. We looked at the care records for five people and saw evidence that key worker meetings had occurred. The manager explained to us that the aim of the key worker meetings was to enable people to discuss their progress and raise any queries and concerns with staff.

Staff were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes which included giving people a choice, encouraging them to be independent and giving them privacy. One member of staff told us, “I am there to support people, encourage them and enable people to make decisions. I step back and follow their lead. I suggest things but never impose. My role is to empower them to be independent and also to be respectful towards them.” Another member of staff said, “I listen to people. Encourage and motivate them. Try and encourage them to do activities based on their likes/dislikes.”

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans for five people which contained information about their life and medical background. This included a plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health. There was evidence that people were involved in completing their care and support plan and these were person centred. We saw that care plans had been signed by people to show that they had agreed to the care they received. Care support plans included details of people's preferences and routines.

People were encouraged to take part in individual activities based on their preferences and this was documented in their care plans. One person told us that they go out during the day. The manager explained that staff encouraged people to get involved with activities in the community but ultimately it is the person's choice. He also explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood. On the day of our inspection we saw that one person watched television and spoke with a member of staff and some people spent the afternoon in the garden.

The provider had systems in place to ensure they sought people's views about the service. As well as key worker meetings, a satisfaction questionnaire had been carried out in March 2015. The manager was still in the process of analysing the returned questionnaires. These showed that people were generally happy with the service and had no complaints. Where there were negative comments and suggestions the manager confirmed that they would respond to such feedback in due course.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the service. However the policy did not refer to the local government ombudsman as another agency for people to complain to and the manager confirmed that the policy would be updated to reflect this. When speaking with staff, they showed awareness of the policies and said they were confident to approach the manager. Staff felt matters would be taken seriously and the manager would seek to resolve these quickly. We looked at the complaints records and noted that complaints had been promptly responded to.

Is the service well-led?

Our findings

Staff were positive about their experiences working at the service. Staff told us that morale within the organisation was good and that staff worked well with one another. One member of staff said, “We definitely work as a team and are always there for each other.” Another member of staff told us, “It is good working here.” Staff also told us that they felt supported by management. One member of staff said, “Management and staff are very helpful.” Another member of staff told us, “The manager is very supportive. I feel able to ask questions. He is easy to speak to and listens. He is approachable.” All staff we spoke with told us that they felt supported by the manager.

Staff told us that staff meetings were held either monthly or two monthly. Staff also said that care issues and management issues were discussed at these meetings and said that they felt well informed. However, there was no documented minutes of these meetings and we discussed this with the manager. He confirmed that such meetings would be documented in future.

The service held regular tenant’s meetings so that people were able to discuss issues regarding the management of

the service with staff and we saw minutes which confirmed this. The manager also told us that he encouraged people to communicate with him at any time about any concerns they may have.

During our inspection we looked at the provider’s policies and procedures. We noted that these were up to date and comprehensive. Staff and people who used the service had access to information and guidance in respect of the organisation and procedures to follow.

We saw that the provider had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The provider had carried out recent audits which included a staff personnel file audit, a support plan audit and medication audit. The manager identified that audits had not been carried out consistently previously. However during this inspection we found that this had been addressed by carrying out regular audits.

We found checks covered various aspects of the service and care being provided such as building checks and maintenance checks of the supported living accommodation. Any further action that needed to be taken to make improvements to the service were noted and actioned. Accidents and incidents were recorded and analysed to prevent them reoccurring.