CareTech Community Services Limited

Magnolia Lodge

Inspection report

42 Hollow Lane
Shinfield
Berkshire
RG2 9BT

Tel: 01189888732

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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

Summary of findings

Overall summary

About the service:
Magnolia Lodge is a care home which is registered to provide care (without nursing) for up to ten people with a learning disability and some with associated physical disabilities. The home is a large detached building situated on the outskirts of Reading. There were nine people living in the home at the time of the inspection.

People's experience of using this service:
People's safety was upheld by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures.

There were enough staff on duty at all times to meet people's diverse, individual needs safely and effectively.

Staff were well-trained and able to meet people's health and well-being needs.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was fully respected.

The registered manager was well regarded and respected. The quality of care the service provided continued to be reviewed and improved, as necessary.

Rating at last inspection: Good (report published 16 August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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?

Good

The service was 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 Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Magnolia Lodge is a care home (without nursing). The service is registered for up to 10 people and there were nine people living in the home at the time of the inspection. People in the home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was a registered manager. 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.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We looked at the provider information return (PIR). This 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.

During our inspection we observed care and support provided to people. We spoke with five people using the service, one visiting relative and seven staff including the manager.

We looked at a range of records including three people's care plans and records that were used by staff to monitor their care. We also looked at duty rosters, menus and records used to measure the quality of the services that included health and safety audits. We also reviewed accidents and incidents and complaints.

Following the inspection visit we received requested information including training and supervision records, survey results and team meeting minutes. We also received written feedback from two relatives and four health/social care professionals including the local safeguarding team.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse:

•□People were protected from the risks of all forms of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns.
•□The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary.
•□Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.
•□When asked about people's safety a visiting health care professional told us, "I have observed good practice in this area whilst visiting the home . Clients are always treated with dignity."

Assessing risk, safety monitoring and management:

•□People were protected from risks associated with their health and care provision. Staff assessed these risks and care plans included measures to reduce or prevent potential harm to individuals.
•□People's risk assessments included areas such as support with possible choking, behaviours that challenge and weight management. Staff were familiar with and followed people's risk management plans. People were supported to take positive risks in a safe way.
•□The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Safety systems and processes:

•□There were safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service to safeguard people as much as possible.
•□Health and safety and maintenance checks were completed at the required intervals.
•□Personal Emergency Evacuation Plans were in place for people living at the home and these were up to date and reflected people's needs.
•□General health and safety risk assessments and risk management plans such as for use of moving and handling equipment, use of lifts and cleaning tasks were in place.

Staffing levels:

•□The service continued to provide sufficient staff to meet people's needs and keep them safe. There were

sufficient staff during the day and night.
•□Additional staff were provided to cover any special events or emergencies such as illness or special activities.

Using medicines safely:

•□People continued to be given their medicines safely by staff who were appropriately trained.
•□People's care records contained lists of people's current medicines. There were detailed guidelines and protocols to identify when people should be given their medicines including those prescribed to be taken when necessary.
•□People's medicines were stored safely and securely.

Preventing and controlling infection:

•□People were protected from the risk of infection. The premises were clean and tidy.
•□Staff had been trained in infection control and they put their training into practise by wearing appropriate personal protective equipment (PPE) when working with people who used the service.

Learning lessons when things go wrong:

•□Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager.
•□The registered manager reviewed any accidents or incidents and took steps to prevent a recurrence if possible.
•□Investigations and actions taken were recorded and lessons learnt were shared.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health and support needs were effectively assessed and were recorded and updated in detailed and accessible care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- A local authority commissioner told us, "I have completed 4 reviews in this care home over the last 12 months and will always do what I can to move a client into Magnolia Lodge."

Staff support: induction, training, skills and experience

- A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs.
- A comprehensive induction process which met the requirements of the nationally recognised Care Certificate framework was used as the induction tool.
- Staff supervision and appraisals were provided and there were opportunities for continued professional development.

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

- People were involved in choosing menus as far as they were able.
- Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for people with identified choking risks and weight management meal plans.
- Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.

Staff working with other agencies to provide consistent, effective, timely health and social care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and social care needs of people.
- Records seen confirmed that this was an embedded practice.
- A social care professional told us the service enjoyed an, "Excellent and very good working relationship with local surgery and also with the Community Health team for People with Learning Disabilities."

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

• People's health and support needs were met by appropriate adaptions to the premises and the provision of individually assessed equipment.
• People were involved and supported where needed, in making choices about the decoration of communal areas and their private bedrooms.

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 the 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

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• Staff were fully aware of the need to assess people's capacity to support them to make decisions. People's rights were protected because the staff acted in accordance with the MCA. A visiting professional told us, "Carers seek out the least restrictive option that they believe clients would prefer and they involve families in considering their care."

• The registered manager and staff encouraged people to make their own decisions ensuring they were supported to be involved as much as possible. The registered manager ensured, where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support was sought.

• The registered manager reviewed and assessed people with the relevant local authorities to determine whether people were deprived of their liberty.

Good

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

•□People were supported by a dedicated and caring staff team who knew them well and treated them with respect.
•□Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

Supporting people to express their views and be involved in making decisions about their care:

•□People were supported to make as many decisions and choices as they could.
•□People had communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being.
•□Staff interacted positively with people, communicating with them and involving them in all interactions and conversations.

Respecting and promoting people's privacy, dignity and independence:

•□People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their dignity and safety wherever possible.
•□People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary.
•□The staff team understood the importance of confidentiality which was included in the provider's code of conduct.
•□Staff were able to describe how they supported people with privacy and dignity in their daily work and routines.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

•□People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough detailed information to enable them to meet specific and individualised needs.
•□People's needs were identified, including those relating to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
•□We observed the staff team recognising and responding to people's requests or body language and behaviour when they needed assistance.
•□The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities.
•□One social care professional commented, " Very good quality care and no hesitation in recommending this care home. Great quality of life."

Improving care quality in response to complaints or concerns:

•□The service had a robust complaints procedure which was accessible to people, their friends and families and others with an interest in the service.
•□It was clear that some people would need support to express a complaint or concern. An easy read version of the complaints procedure was available to people and gave them the opportunity with staff support to understand the process. Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason.
•□Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations and were used to make improvements to the service.

End of life care and support:

•□The registered manager informed us no people were receiving end of life support at the time of our inspection.
•□People were supported to make decisions about their preferences for end of life care where appropriate. Staff engaged with people and their families, where indicated, with developing care and treatment plans. Professionals were involved as appropriate.
•□The service supported people's family, friends and other carers, as well as staff, before and/or after a

person died. Families were involved and listened to at appropriate times.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

•The registered manager and senior staff created a culture of person-centred, high-quality care by engaging with everyone using the service and stakeholders. There was a clear vision for the service which demonstrated a good understanding of openness and transparency, and which prioritised safe, high-quality, compassionate care. The management team had the experience and capability to make the vision real in practice.
•There was an open, transparent and inclusive atmosphere with the registered manager operating an open-door policy. All required notifications were made to CQC in a timely manner.

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

•There was an effective management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service.
•Staff were clear about their role and responsibilities. There were regular team meetings and individual sessions where expectations were discussed and clarified.
•There were a variety of auditing and monitoring systems in place. These included health and safety checks, medicines audits and equipment and appliance servicing.

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

•There was a clear commitment from the registered manager and senior staff who inspired staff to maximise people's independence. The variety of individual and personalised activities which took place demonstrated that staff had a positive impact on people's lives.
•The views of people, their families and friends and the staff team were listened to and taken into account by the management team.
•One relative told us that they could not fault the care and felt they were actively encouraged to be involved with their family members care.

Continuous learning and improving care:

•□There was an ethos of continuing improvement where the needs and preferences of people was central to the purpose and focus of the home.
•□The philosophy of the home was one of striving for excellence and this was clearly evident from those staff spoken with.
•□When asked if the service was well managed a health care professional told us, "Yes – excellent manager who is knowledgeable and keen to continue her own personal development."

Working in partnership with others:

•□The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments.
•□One health care professional told us, "Staff at Magnolia always contact me when they have a resident admitted to hospital. I have always found it easy to be able to speak to senior staff when I have called the house with any queries regarding residents who are in-patients and they are always helpful."