

# CareTech Community Services Limited

# Magnolia Lodge

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on the 21 July 2016 and was unannounced.

Magnolia Lodge is a care home which is registered to provide care (without nursing) for up to ten people with a learning disability. The home is a large detached building situated on a main road on the outskirts of Reading. It is situated near to local amenities and public transport. There were three people living in the home at the time of the inspection.

There was a registered manager for the service. 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.

The recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a core of dedicated staff who had received support through supervision, staff meetings and training. People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received very good quality care. The provider had taken steps to periodically assess and monitor the quality of service that people received. This was undertaken by designated staff under the supervision of the home manager and the deputy manager. Quality was monitored through internal audits, care reviews and requesting feedback from people and their representatives.

## 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.

Community professionals told us that people were safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had relevant skills and experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

The staff team worked hard to make sure they understood people and people understood them.

People responded to staff in a positive manner. Staff knew people's preferences very well.

Staff knew the needs of people well and used this understanding to enhance their quality of life and sense of wellbeing.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans which provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led

Professionals and staff said the manager was very open and approachable.

People could have confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out formal audits to identify where improvements may be needed and had acted on these.

# Magnolia Lodge

## 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.

This inspection took place on the 21 July 2016 by one inspector and was unannounced.

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 in people's own rooms and in the communal areas. We spoke with the three people who lived in the home and received feedback from two community professionals who visited the home. People living in the service were unable to provide us with verbal feedback about their experience of the care provided. However, we observed positive interactions between people and staff and one person did indicate he was happy. We spoke with the manager of the home, the deputy manager and three staff in private. We contacted a range of health and social care professionals and received information from a local authority commissioner and a visiting activity specialist.

We looked at two 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 were sent additional information following the inspection visit which was either not immediately available or was easier to review in electronic form.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available in the office. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management.

The provider had recruitment practices which helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment. Previous to January 2016 all reference requests and responses were dealt with by the head office HR department. All staff employed since this date have their references checked and reviewed by the relevant registered manager where staff were to be appointed.

The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. This included two care staff throughout the day time hours with an additional member of staff who was a designated driver on four days per week. The service did not expect staff to work long day shifts. Each shift worked was approximately seven and half hours in length. The care staff hours were covered by employed staff and the providers own bank staff facility. No agency staff were being used regularly at the time of the inspection. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff provided detailed information on how to manage and reduce the risks associated with individual's needs, activities and everyday situations. However, appropriate risks were assessed to ensure that people participated in activities of their choice. Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place. The fire risk assessment for the building had been reviewed within required timescales.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. Thermostatic control valves had been fitted to hot water outlets to reduce the risk of scalding, and radiator covers had been fitted. Window restrictors were in place to reduce the risk of falls. A legionella report was provided dated 4th July 2016 which confirmed that water testing had returned negative results for the presence of legionella. The fire detection system and the fire extinguishers had been tested in accordance with manufacturer's guidance and as recommended in health and safety policies. Fire drills had been conducted twice in the previous year. We saw that a contingency plan was in place in case of unforeseen emergencies. This document provided staff with contact details for services which might be required together with guidance and the procedures to follow if events such as adverse weather occurred. A

'grab' bag had been placed by the main front door so that staff could quickly access essential information if an unexpected event were to occur. We noted that each person had a personal emergency evacuation plan in place.

There was a maintenance contract in place, which the provider oversaw from the head office. They were able to address maintenance issues including those that required urgent attention. The manager told us that their experience had been that maintenance concerns were addressed in a timely manner. Clinical waste and the control of substances hazardous to health were effectively managed.

People were given their medicines safely by staff who had received six monthly face to face assessment training which was supplemented by annual e-learning. There had been three medicines errors since the beginning of the year that had not resulted in harm to people. Appropriate action in each case had been taken by the registered manager. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. There were some prescribed medicines which were not able to be included in the MDS system but the service had alternative methods of ensuring this was safely administered. The medication administration records (MARs) and stock was checked on a monthly basis by the registered manager. Additional checks included people's medication records and staff signing sheets. All medication administrators and medication checkers were identified at the start of each shift on a shift planner. We saw a pharmacy audit report from the supplying chemist dated 26 April 2016. It raised some good practice issues which had since been addressed.

# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences. They obtained people's consent before they supported them and discussed activities with them in a way people could understand. One visiting professional told us, "Whenever I have been at the house and there has been a health concern, it has always been dealt with quickly and respectfully. In my opinion, the team that makes up the service works very hard to ensure that all residents are happy, healthy and well-cared-for people."

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. The Care Certificate was used by the service for all support staff. All new staff received a two week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that bank staff also received an induction into the home which included an overview of each person living there. They too spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they worked with such as epilepsy, autism and understanding behaviour that challenged the service. Training was refreshed for staff regularly and further training was available to help them progress and develop. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue. Outstanding e.learning was included in the service development plan which was being addressed by the registered manager.

Individual meetings were held between staff and their line manager on a regular basis. The provider requirement was at least six meetings with individuals were to be held each year. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. We were told by staff that these meetings provided guidance by their line manager in regard to work practices and opportunities were given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These had been scheduled and all permanent staff had received an appraisal. Staff told us that the manager was very approachable and that they could always speak with her or the deputy manager to seek advice and guidance.

Staff meetings were held regularly and included a range of topics relevant to the running of the home. Staff told us they found these very useful. At the meetings staff were provided with an opportunity to discuss people's changing needs and suggest ideas for more effective interventions and support.

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 the least restrictive option. 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and generally understood the need to assess people's capacity to make decisions. Discussions with the manager, feedback from one local authority and records showed that appropriate referral's for DoLS applications had been made in respect of individual's capacity to make particular decisions. At the time of the inspection one person had a DoLS authorisation in place.

People's complex health needs were identified and effectively assessed. Care plans included the history of people's health and their current health needs. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. Appropriate contacts with health professionals were made and maintained in the interests of individuals. These included GP's, district nursing, nutritionists, hospital specialists and the wheelchair clinic. Each person had a health passport which contained all their relevant health information which could be accessed quickly by staff in the event of a health crisis such as an unplanned hospital admission.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented. Each person's preferences were recorded in their care plan. Activities sometimes included eating out where individuals continued to make their own choices. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet. Special diets were catered for and Speech and Language Therapy advice was sought and implemented where appropriate. There had been a food safety inspection undertaken by the Environmental Health Department on 3 June 2016. Advice had been provided to replace the fridge and freezer temperature checks reliant on the digital readings displayed on the appliances with those taken on a separate thermometer. This had already been actioned. The result of the inspection had confirmed the five star rating for food safety already in place.

The home was continually maintained and refurbished and faulty equipment was replaced without delay. The standard of the fixtures and fittings was good. Staff had undertaken work on the garden area which had resulted in a very pleasant area for people to relax. A raised bed area had been installed for the use of wheelchair users and audible sensory ornaments had been used to provide a stimulating area for people within the garden.

## Is the service caring?

### Our findings

People were not able to provide a comprehensive view about the staff team and their experience of living in the home. However, one person said that he was very happy. A visiting activity professional who provided an hours activity each week for one person told us, "On the occasions I attend the home, I have been very aware of how well the staff interact with each individual, and have noted with pleasure the respect and dignity shown by staff to residents." They went on to say, "There is a happy mix of professionalism, human contact, banter and fun in the home - a nice place to be!"

Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating to a high standard. These included gestures or facial expressions that could only be interpreted and understood by people who knew the individuals well and were sensitive to their moods. Information was provided in different formats such as pictures to help people understand such things as activities and scheduled meals.

Staff were clearly very committed to their role and were proud of the standard of care that was provided. Staff told us that they provided highly person centred care which ensured that the support was excellent. It was apparent through discussion with the manager, deputy and care staff that people's individual needs and preferences were well understood. This ensured that any changes in a person's health and care need's were quickly acted upon in a calm and professional manner.

Care plans provided detailed descriptions of the people supported. There had been input from families, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. Care plans were written by the manager and assistant manager with contributions and updating undertaken by key workers.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

## Is the service responsive?

### Our findings

Staff were aware of peoples' needs at all times. Staff were able to quickly identify if people needed help or attention and responded immediately. The service worked in a person centred way. It was apparent through observation and discussion with staff that people's individual preferences in relation to how they spent their time, what they enjoyed and gave them pleasure, was well understood. One local authority commissioner told us, "I have to say that I have nothing but praise for Magnolia Lodge. They have one (local authority name) client who has been there for a number of years, and when his physical condition deteriorated they were so committed to him that they undertook (additional) training so that he would not have to go into a nursing home. He considers it to be his home and is very happy there." They went on to say of another client who was at the home only a short time, "I can confirm that he too was very happy there and they were brilliant with him."

Care plans were detailed and daily records were accurate and up-to-date. It was apparent from a recent provider annual quality audit that staff needed to be encouraged to complete the daily record for each person more fully. This was to demonstrate the choices people had made and provide more information about interactions with staff. The registered manager told us that this had already been discussed with staff and was a 'work in progress'. Staff told us that they felt there was enough detailed information within people's care plans to support people in the way they wanted to be supported. Because people were unable to express their own views fully, family and professionals had been involved in helping to develop the support plans. We were told that a transition plan had commenced for someone who was due to move to the home in the near future. This plan was designed to capture as much information as possible so that staff could be prepared to meet this persons needs at the point of their admission.

Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records were designed to describe how people had responded to activities and the choices that were given. Staff looked at people's reactions and responded accordingly. Staff were very knowledgeable about the care they were offering and why. They were able to offer people individualised care that met their current needs. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Individuals were able to pursue a wide range of leisure interests including swimming, eating out and visits to places of interest to the individual. People were supported to have contact with their families where possible and appropriate.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection there had been no complaints since the last inspection. The manager told us that any comments or concerns raised by people themselves or their relatives were addressed without delay. Staff described body language, expressions and behaviours which people would use to let staff know when they

were unhappy. Information about how to complain was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The complaints procedure was displayed so that visitors could access information which would help them make a complaint. We saw some compliments provided by family members within the previous six months which praised the work of the service and the support their relatives received.

## Is the service well-led?

### Our findings

There was a registered manager at Magnolia Lodge. They consistently notified the Care Quality Commission of any significant events that affected people or the service. The registered manager was present throughout the afternoon of the inspection process. The registered manager was supported by a deputy manager who assisted with the inspection during the morning of the visit. One visiting professional told us, "The service has always been well-managed in the time I have known it, and the current manager, who has been in post only a few months, appears set to keep up the good work! I have been informed, when necessary, about situations or individuals, and there is good communication generally between us and the home."

Staff described the registered manager as very approachable and very supportive. There was an open and supportive culture in the service. Staff said the registered manager had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the management team and worked well as a team. They told us the management team kept them informed of any changes to the service provided and needs of the people they were supporting. All staff we spoke with told us that they felt happy working in the service, and were motivated by the support and guidance they received to maintain high standards of care. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the registered manager and felt they could approach her and the assistant manager with issues and concerns.

The manager told us she was well supported by her line manager. In addition, there was a programme of regular managers meetings where best practice could be shared and common themes were discussed.

The views of people, staff and other interested parties were listened to and actions were taken in response, if required. The service had various ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. People's families were sent questionnaires periodically. We noted that questionnaires were not dated. This meant that any feedback could not be verified by when it was requested. Overall, comments in returned questionnaires we saw were very positive about the service provided. Staff views and ideas were collected by means of regular team meetings and 1:1 supervisions.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. People used an individual adapted car or a minibus to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice wherever possible. The service promoted and supported people's contact with their families. The service worked closely with health and social care professionals to achieve the best care for the people they supported.

Overall the service had robust monitoring processes to promote the safety and well-being of the people who used the service. Health and safety audits were completed by the registered manager and/or senior staff

where actions and outcomes were recorded. A programme of internal audits was completed by the registered manager and their line manager who focussed upon an annual action plan which was comprehensively reviewed and updated annually by the provider's compliance manager. We saw the report for the last annual review and development plan visit dated 12 May 2016.

It was not possible to review the extent of the regional manager's quality monitoring role as no formal report for each visit was produced. It appeared that the only documentary evidence of their visit was relevant updating of the annual action plan. Monitoring of significant events such as accidents and incidents was undertaken by the registered manager.

People's changing needs were accurately reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People's records were of good quality, mostly completed and up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and mostly up-to-date.