

Magnolia Care Disability Services Limited

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Inspection report

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Tel: 07737941957

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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

The inspection of the office location took place on 30 August 2017. On the 4, 6 and 8 September 2017 we contacted people who used the service and staff to obtain feedback about the service they received.

Magnolia Care Disability Services Limited is a small service that provides personal care and support to people living in their own homes. There were 6 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

This was the first inspection since the service was registered on 22 September 2016.

People told us they received care and support that met their individual needs. People and their relatives were involved in the development, planning and review of their care. Staff knew people well and treated them with dignity and respect.

Care plans were personalised and contained detailed information about people's support needs. Risk assessments were detailed and provided staff with appropriate information to ensure risks that were managed effectively to help keep people safe. Staff were aware of how to safeguard people and respond to any concerns in relation to suspected abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff who had been recruited through a robust recruitment process which helped ensure staff were suited to work in this type of service. Staff received an induction when they commenced their employment at the service and received on-going training and support. Staff were well supported through individual supervisions, team meetings and had regular contact with office staff.

People were encouraged and supported to make their own decisions and to retain their independence where possible and their choices and views were respected. Their views were obtained through various processes which were in place to obtain feedback. A complaints procedure was in place and people knew how to complain if required.

The provider demonstrated they had systems and processes in place to monitor and improve the service to achieve a consistently good standard of care and support for people who used the service.

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.

There was enough staff to meet people's needs. Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

People felt safe with the staff entering their homes. Support plans and risk assessments were in place to ensure people's safety.

Medicines were administered and managed safely.

Is the service effective?

Good ●

The service was effective.

Management and staff had good knowledge Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals when required.

Staff were supported to attend various training courses to ensure they had the knowledge and skills to meet people's needs.

Staff were able to apply knowledge to support people effectively.

Is the service caring?

Good ●

The caring of the service was good.

The service had a person-centred culture where staff and people had developed positive relationships.

People and relatives consistently spoke highly of support workers who knew people well, their preferences for care and their personal histories.

People's needs and independence were identified and supported by staff who listened to people and respected privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to identify and carry out their own person centred interests as well as form a community of friends within the service.

Care plans contained detailed information required to meet people's needs.

A complaints procedure was in place and people knew how to complain if they had the need to do so.

Is the service well-led?

Good ●

The service was well-led.

Management were respected by staff that aligned themselves with the values of the service.

There were quality assurance systems in place to identify and make improvements to the service.

The service had an open culture and they gained people's views of the service to continually improve.

Magnolia Care Disability Services 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 Magnolia Care Disability Services on the 30 August 2017 this was their first inspection since registration and it was announced. We gave short notice of the inspection because the registered manager and staff were often out supporting people with daily activities. We needed to be sure that all the necessary people were available to speak to.

The inspection was carried out by one inspector.

Due to the complex needs and communication difficulties of people that used the service we spoke with the relatives of people to gain feedback on their experience of the service provided. We spoke with three people's relatives, the registered manager and three members of staff.

We looked at management records including samples of rotas, people's individual support records and associated risk assessments for five people. We looked at four staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People who used the service were not always able to communicate with us due to their complex needs; therefore we spoke with people's relatives to gain feedback. Relatives consistently told us they felt their family members were safe using the service. One person said, "I feel that [relative's name] is very safe with the staff as they know him so well." Another relative said, "I feel that my son is very safe with the carers, they are the only people I have ever left him with overnight."

All staff were given training in safeguarding during their induction. Support workers knew how to keep people safe and protect them from harm. They were able to identify how people may be at risk of different types of harm or abuse within the community and told us they would report concerns to their manager or other agencies to keep people safe. The service had a policy for staff to follow on 'whistle blowing'. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The service website also supplied clear and accessible contact details for Ask Sal, a helpline for people to call if they are suffering abuse or suspect a vulnerable adult is at risk.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. For example, these related to people's manual handling needs and people's behavioural needs. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Adequate numbers of staff were available to provide the care and support as detailed within people's individual support plan. This ensured that the delivery of care by staff was appropriate in meeting their specific needs. The registered manager told us that people had the same members of staff for most days as this built a relationship between the person, their relatives and the staff members that cared for them.

People received their medication as they should. We looked at the records for each person that required support with their medication as part of the inspection process. Records showed that people had received their medication as they should, were kept in good order and demonstrated that people were given their medicines as prescribed.

Is the service effective?

Our findings

Relatives told us people's needs were consistently met by competent staff and spoke very highly of the service. One relative told us, "The staff are very well trained in my eyes, they really know how to care for my [relative]." Another relative said, "I think they [staff] are trained very well, they have always been professional and really do know how to manage and care for my [relative]."

One person described the service as, "A fantastic service." another said, "They [staff] are flexible with the times they come to support [relative's name], this really helps us as it means that [relative's name] can enjoy other activities in the community too and is not restricted to certain times." The registered manager told us how they provided a flexible service to meet people's needs and during initial assessments they confer with the local authorities so that they can continuously adapt the rota to meet the wants and needs of the individual people. For example people's allocated hours were not fixed daily times and were altered, with the agreement of all concerned, dependent on what appointments and activities people were attending. Therefore staff spent long periods of quality time with people to complete tasks and appointments during their allocated hours to ensure an effective person centred service.

People received effective care from staff that were supported to obtain the knowledge and skills to provide good care. The registered manager told us that training course were about to be completed for numerous subjects which included medication, safeguarding and also movement and handling of people. These training courses were to ensure staff were trained and up to date in any new legislation. New staff had a thorough induction which included face to face training and supervision from more experienced staff. One member of staff told us, "I received an induction when I started with the company, this included training in lots of different areas and also working with the manager and being introduced to people I would be supporting." Staff told us that they felt supported in their roles. One staff member told us, "I feel very supported, I know that I can ring and speak to [manager] at any time and she will always have time for me." Another said, "We have supervisions regularly but we all work so closely and speak to each other daily."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions the registered manager ensured, where appropriate, advocates or their friends and family were involved.

The staff had a clear understanding of people's rights in relation to staff entering people's own homes. Staff told us how they help people make choices on a day to day basis and how to support them in making

decisions. Staff told us that they always consulted with people and their families, and supported them with making choices.

People were supported to access healthcare as required. Relatives told us that if people required support when attending health appointments the service will ensure staff attend with them. One relative told us, "They [staff] will attend hospital appointments with my [relative] if I am at work or unavailable to go. This really does help [relative] as she has a good relationship with staff and is not as anxious when attending the appointments."

Is the service caring?

Our findings

Relatives consistently told us they were extremely pleased with the caring nature of staff and the service as a whole. One relative told us, "We used services before Magnolia and found they were in it for the wrong reasons. [Registered manager's name] and her staff really know how to look after people in a caring way." Another said, "They [staff] are very caring, my [relative] is very happy with the way they care, I know this as they are always happy to see the carers."

The service had a strong, visible person-centred culture where staff and people had developed positive relationships which maintained people's and their relative's involvement. The staff were organised to ensure that people received support from a select number of staff that knew them well. Information regarding support and care of the person was held on an electronic system and also a paper version was held at the person's home. The registered manager told us that all information is held on an electronic system and is accessible to staff via their phones and can also be updated whilst in people's homes. The registered manager is currently looking into having the system adapted to allow relatives to access the care records for their family members through a password protected system. This will ensure that people and their relatives are involved in all aspects of the care and support planning.

Staff knew people well; their preferences for care, and people valued their relationships with staff. Relatives consistently spoke highly of staff. Relatives described staff who understood how to support people to make a difference. One relative told us, "[Relative's name] can have some behavioural issues, but they [staff] know how to manage and support them, this appears to have decreased their behavioural outbursts." Another relative said, "[Relative's name] is unable to communicate verbally but the staff know him so well they know what he is trying to communicate. He has a very good relationship with the carers." and, "[Person's name] has the same member of staff consistently and this is very good for him as he has built up a very good relationship with staff that know him very well."

People were always treated with dignity and respect. Relative's told us that staff always showed dignity and respect not only to the people they were caring for but family members too. Comments received included, "They [staff] are very respectful towards [relative's name] and to us too. " And "They have always treated [relative's name] with dignity and respect and always promoted his independence too."

Is the service responsive?

Our findings

People received care that was individual and personalised to their needs. The registered manager ensured people had a thorough assessment before they agreed to deliver their care. Care was then reviewed after six weeks with people and their family to ensure it was working well or if any changes were needed. A review was then completed monthly unless it was indicated that the support needs had changed before this. Before people began receiving care from staff they were introduced to them and people were informed which carers they should expect. One relative told us, "We are always involved in the planning of care for [relative's name], [registered manager name] and staff are always discussing care changes if needed."

The service was responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. Relatives told us that the service was responsive in altering their care package and changing call times if required. One relative told us, "They are very flexible if I need to cancel or change the time I just ring up and they will accommodate the changes." The support and care records we reviewed for people showed us that people's individualised preferences and personal histories had been recorded. This enabled staff to ensure they are meeting people's needs in their preferred way.

The service actively supported people to follow their interests and hobbies and gain access to the local community. The registered manager told us that staff will support people to attend different clubs and social events. We saw from people's care documents that individuals' choices had been adhered to, for example, one person had a keen interest in public transport. Staff supported the person to take trips out on public transport and helped him plan routes and destinations of his choice. The registered manager told us that this person enjoys every trip that is made. Relatives we spoke with confirmed that staff supported their family members to follow their interests and hobbies. One relative told us, "They let [relative's name] choose how he will spend his day and then help him to make sure he does what he has chosen to do." Another said "They [staff] really promote [relative's name] independence and choice, this is really important to him."

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the registered manager. However people told us they did not have any complaints.

Is the service well-led?

Our findings

Relatives told us that they were happy with the quality of the service, one person said, "The service is very well run in my opinion." Another person said, "They are very good, I have no complaints." Staff shared the manager's visions and values at the service. One member of staff said, "We make sure people are happy and safe and have everything they need." Another member of staff said, "I know that we all want what is best for the people we care for."

The service had 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.

The registered manager had quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, risk assessments for people and medication management. We found that arrangements were in place to assess and monitor the quality of the service provided. This demonstrated there was managerial oversight of the service as a whole by the registered manager.

Staff told us they felt valued and respected by the registered manager and were supported at all times. They told us that the registered manager was approachable and would listen to any ideas or views that they had about the service. Staff confirmed they enjoyed working at the service, comments received included, "I really do enjoy working for the company, we work so well together and where we are a small team we talk and discuss everything practicably every day."

Staff felt supported and valued by the registered manager. Staff told us that the registered manager were always available to give them support. In addition to this they had regular monthly staff meetings to talk about the running of the service and to receive any updates on training or other relevant information. Staff also had meetings to discuss the care that people were receiving to check this was still appropriate or if they had any suggestions for changes that maybe required. Staff told us that they had regular supervision. Both relatives of people who used the service and staff were complimentary about the registered manager. Comments included, "She works alongside us so we are all part of the team." Another comment was, "Very approachable and friendly, will always make time for you."

People and their relatives were actively involved in improving the service they received. The registered manager gathered people's and their relative's views on the service through direct feedback and telephone calls. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.