Park Lane Healthcare (Magnolia House) Limited

Magnolia House

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 30 April 2018 and 4 May 2018 and was unannounced on both days.

Magnolia House is a is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 96 people across four separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm and abuse. Staff had good knowledge of the types of abuse and how to report them. Systems supported staff to record and take appropriate actions in line with their safeguarding policies and procedures.

Assessments of risks associated with people's care and support had been completed to ensure people received safe care and support.

Recruitment included pre-employment checks to ensure people were of a suitable character to work in a care home environment. Staffing levels were consistently maintained to provide safe care and support to people.

Systems and processes ensured safe management of medicines and infection control.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received person centred care and support to meet their individual needs, considering their preferences. Staff could access training relevant to their role and received supportive supervisions both face to face and in the form of observational practice.

Staff encouraged people to be as independent as they could be and offered choices for people to maintain control of how they wanted to live.

People told us they felt staff were caring, considerate and kind to them. They felt staff respected their wishes

and that their privacy, dignity and independence was maintained.

Policies were in place to support staff in promoting equality and recognising people's diverse needs.

Activities were centred around people's previous employment, interests and hobbies. People had a choice of attending both group and one to one close space activities or events.

Systems were in place and easily accessible for people or their relatives to raise a complaint if they wished to do so.

The provider sought feedback from people and their relatives to improve the service. Planning of care and support involved the person and their relatives or representatives so that they could make suggestions or voice any concerns.

Quality assurance systems identified when improvements needed to be made. However, we identified some minor areas that required further improvements to be made. This was a proportionately small area and overall the providers systems were effective in driving improvements in the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Magnolia 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 30 April and 4 May 2018. The inspection was unannounced.

On the first date the inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The final date was attended by one adult social care inspector.

We requested feedback about the service from the local authority commissioning and safeguarding teams. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people receiving a service and three visiting relatives. We spoke with nine staff, the activities co-ordinator, the cook, the housekeeper, the registered manager and the director of Park Lane Healthcare.

We reviewed a range of records which included care plans and daily records for nine people and nine staff files. We checked staff training and supervision records and observed medicines administration. We looked at records involved with maintaining and improving the quality and safety of the service which included audits and other checks.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and that staff were nice and kind towards them. One person said, "They are good at night – they come around and check – I just press my call button and they [Staff] come quickly." A second person told us, "Yes, I feel safe with all the people and the environment." Staff had completed safeguarding training and knew about potential types of abuse and how to report them. One member of staff told us, "I would report to management or the safeguarding team."

Care plans were in place for all daily routines which were reviewed monthly to reflect people's changing needs. For example, one person had recently lost weight; a referral had been made to the dietician and supplements had been put in place. Records showed that staff had made appropriate referrals to health professionals when needed. Risks assessments were recorded in people's care plans; these gave staff the information they needed to provide safe care and support.

The majority of accidents and incidents were recorded in detail with actions that had been taken. On occasions these lacked detail of the actions taken by the provider. One person that lacked capacity had left the building using one of the fire exit doors, this had happened on more than one occasion as the measures put in place to mitigate the risks were not sufficient. This meant that the provider had not done all that is reasonably practical to mitigate such risks to people's safety. During the inspection the provider fitted a more secure door locking mechanism to this area to avoid any reoccurrences.

Following an inspection by the local fire service, the provider had produced a schedule of works to achieve the improvements required. Since our inspection the fire service has concluded that all measures are in place to meet fire safety regulations. Emergency evacuation procedures were in place and contained sufficient detail for the safe evacuation of people from the home. Maintenance records showed regular checks had been completed such as, servicing of equipment and testing of electrical goods. Gas and electrical certificates were in date.

Prevention and control of infection was appropriately managed and staff had access to personal protective equipment, such as gloves and aprons. The registered manager was considering alternative storage methods to ensure boxes of gloves were not easily accessible to those living with dementia.

Staff had time to chat with people and staff rotas showed consistent numbers of staff were available to meet people's needs. One person told us, "There is a lot of staff about – same faces." We observed sufficient numbers of staff to meet people's needs during the inspection. Staff knew people's needs well and told us they worked together as a team to cover shifts. This maintained consistent levels of care and support to meet people's needs.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks such as two references being obtained prior to staff being offered employment. This meant that the provider had checked staff were of suitable character to work with people in a care home. However, some references had no records to show they had been verified by the provider. The provider advised measures would be put

in place to ensure records reflected the verification details of references.

Systems were in place for the safe management of medicines. People received their medicines as prescribed. Staff administering medicines received annual training and competency checks. This practice supported staff to manage and administer people's medicines safely. However, the fridge used to store medicines was not within a safe range. For example, during the month of March 2018, there was only one day where the temperature was within an acceptable level. This meant that some medicines requiring storage at specific temperatures may have been compromised making them less effective. The registered manager told us they would contact the pharmacy to seek their advice for the medicines stored. Alternative measures were put in place during the inspection, to ensure the medicines were stored at the correct temperatures.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills needed to provide effective care and support. One person said, "Staff are very friendly, polite, caring and seem to enjoy their jobs." A second person advised, "Staff are kind, courteous and at hand when needed." Staff felt supported and told us, "We are always training; we attend refresher courses every year."

New staff completed an induction to the home, which included discussions about the company's policies and procedures. One senior member of staff advised, "We complete regular updates to our training and I always pass my knowledge onto other staff in the team."

The provider had adopted a flexible approach to ensure the right methods of training were in place to maximise learning. For example, one member of staff told us, "I struggle with some training and I find it easier face to face. I raised this in my supervision and the registered manager arranged a group session with the trainer – I found this better." This showed us that supervisions were effective in listening and addressing staff's concerns. Records showed that staff received regular refresher training, supervisions and annual appraisals. The registered manager was introducing additional observational checks to support staff in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

People told us that staff always asked for their consent and encouraged their independence. People's comments included, "Staff always knock on my door," "Staff are really polite" and "I go out shopping when I want to." A member of staff told us, "I like people to tell me what they like when they can."

People were involved in decisions to maintain their health and wellbeing. This included being part of the initial assessment of needs which covered all aspects of their care planning including moving and handling, spiritual and religious needs. Care records included a "patient passport" providing personal details such as their preferred name and important contacts. This promoted consistency of care when transferring between health services.

People told us they enjoyed their meals. One person told us, "I get enough and I like the curries." A relative advised, "[Name] likes the food and [Name of person] weight is stable." An external catering company provided the meals and held taster days for people to decide which meals they preferred. The cook had recently attended the 'Nutrition Mission' training and could tell us about this. Nutrition Mission is dietetic led award-based incentive scheme for optimising nutrition in care homes. The cook was aware of people's special dietary requirements as they were listed in the kitchen for them to refer to.

During lunchtime we observed people could sit where they wanted, clothes protectors were offered and people had a choice of drinks and meals to choose from. People that had cognitive impairment were shown a choice of meals including puddings so they could visually see them which supported their decision making. Staff had time to attend to people's needs and made sure they were at people's eye level when patiently assisting them to eat and drink.

The provider took a proactive approach working in partnership with health professionals to ensure people's immediate needs were supported. One health professional told us, "I have never had any problems, staff work well every time I visit. Staff make sure I'm aware of patients that have capacity so I know they can understand what I am explaining to them. I advised staff that one patient needed regular reassurance and action was taken to implement this. This showed us that staff acted on advice given by health professionals.

People confirmed they could access services to maintain their health. One person told us, "They [Staff] call a doctor, I saw him last week and I see a district nurse about my diabetes." Records showed communications with a variety of health professionals.

The design and adaptations within the premises were suitable for people living at the service. Corridors were wide to ensure those people using mobility aids could manoeuvre easily.

Good

Is the service caring?

Our findings

People and their relatives spoke about how nice and caring staff were. One person said, "Very nice [Staff], in the way they look after you." A second person told us, "I am happy, everybody is nice, very kind." A third person told us, "They [Staff] are excellent, so kind, caring and understanding." One relative advised, "Staff are lovely and so kind."

Staff took time to interact with people and support them. One member of staff advised, "People are looked after. Staff really do work hard and try to do their best" and a second member of staff said, "I love my job, just knowing I'm helping someone who needs it."

The recent Healthwatch report published in January 2018 advised that relatives described the home as, "A very efficient and caring care home with excellent friendly staff."

Staff provided people with explanations and supported them in a caring and patient manner. We observed staff assisting people to mobilise, they constantly reassured people and explained what they were doing. We also observed staff interacting with other staff in a professional and friendly manner.

Staff had received training in dignity in care and knew how to respect people's privacy. For example, staff knocked on people's room doors before entering. People were appropriately dressed with shoes or slippers on, their hair was tidy and several people were wearing jewellery.

There were no restrictions on visiting times to the home. Relatives were encouraged to get involved with activities and meetings. One member of staff told us they had arranged a trip out, they had a box full of food and drinks and relatives accompanied them.

Information on advocacy services was available to read on the notice boards in the home. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider stored information securely and had taken measures to prepare for the changes in data protection laws. Staff that we spoke with confirmed they had completed training in this area.

Staff understood the importance of equality and diversity and completed online training in this subject. One member of staff told us, "I am currently learning sign language." This was something they had wanted to do in case they needed to support someone using this method of communication in the future. Care plans recorded information that was important to people, this included any religious beliefs, interests and hobbies. Staff told us, "One person doesn't eat certain things due to their religious beliefs; we have another person that likes their table set a certain way or they may get anxious and upset. We always make sure we accommodate them.

Good

Is the service responsive?

Our findings

People living at the home had a care plans in place for daily routines which included information around people's mobility needs and nutritional requirements. People we spoke with told us that staff respected their wishes and gave them choices. People felt involved in their care planning and that their views and opinions were taken into account.

Care records were reviewed monthly and any changes updated. This ensured information remained person centred, current and reflective of people's changing needs. For example, during reviews of care files the level of risk is checked by looking at different areas such as; number of falls, visits to hospital, safeguarding concerns and other tools are used to assess skin integrity and risks around adequate hydration and nutritional intake.

Risk assessments had been completed for identified risks and referrals made to the falls team, speech and language therapists and the GP when appropriate.

Daily records were used to record information including, personal cares completed, food and liquid intake, and recorded information about people's general well-being. Handovers were in place at the end of each shift to ensure staff were informed of important changes.

People we spoke with agreed they had opportunities to tell staff if anything needed changing or could be improved. One relative told us, "I completed a survey recently." Resident and relative's meetings were held and welcomed people to voice their views and make suggestions about things they would like such as specific activities. The registered manager told us that one person had raised an issue about the tidiness of their room – this was shared with the unit manager and staffing team and a checklist was devised to ensure that spot checks of the room happened each day to resolve the issues raised.

Activities were centred around people's likes and previous interests. The activities co-ordinator told us, "We have meetings so the residents can choose or make suggestions about what activities should be offered." For example, four people had attended Hull Kingston Rovers to watch a rugby match. Written feedback from the dementia forward support group included; ""A huge thank you and special recognition to go to [Name of activities co-ordinator]". It went on to say, "It's very obvious that the residents who went yesterday, (and had a fantastic time), do these sort of things because of the confidence they feel in [Name of staff]. You can just see how reassured they feel with [Name of activities co-ordinator], this allows the families to feel that reassurance too. I lost count of the number of times I was told yesterday by the families of how much they appreciate [Name of activities co-ordinator] for the stuff she does which goes way beyond what is expected."

A range of activities were on offer which included, knitting and baking for the homeless and trips out to art galleries and museums. This ensured that everyone's interests were accommodated.

The activities co-ordinator works with the 'Dementia Forward' charity and people attended a local dementia friendly cinema. Dementia Forward supports people living with dementia and those who care for them.

Theme nights were organised each month, this month was pizza night and a royal wedding day. These events were listed in the Newsletter so that relatives or representatives were well informed and could choose to attend if they wished to do so. One to one chats with people regularly took place and people were supported to read or paint their nails amongst other things during this time.

The provider had a complaints policy in place which detailed their timescales and what to expect should anyone make a complaint. One person told us, "I would tell the carer" and another person advised, "I would find out who was in charge and tell them." Most of the people or relatives we spoke with knew carers and the registered manager by name and told us they had never had cause to raise any complaints. Records showed that complaints had been managed in line with the provider's policy.

Where people had discussed their wishes and preferences for end of life care, this and any advance decisions had been documented in their care plans. One relative had written a letter to the home in May 2018 thanking them - it stated, "Fantastic care not only in my [Name] final days, but throughout [Name] stay with you. I have been so impressed with the patience you have shown. You have gone beyond what we could have reasonably expect of you and you are a credit to your profession.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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 manager had a clear understanding of their role and before the inspection we checked and found they had notified the CQC of certain important events as part of their registration.

Staff spoke positively about their role and the management of the service. One member of staff said, "[Name of registered manager] is very open and approachable." A second member of staff commented, "Staff work together as a team." Staff told us there were various methods of communication and that all staff were aware of the communications book, newsletters and suggestions box which we were told had been utilised by staff to put forward ideas and that these had been taken forward.

One relative told us, "[Name of registered manager] is approachable." People's comments about the service included, "I tell them I am happy here, I would not leave this place for anything." The majority of residents gave positive comments about the home and enjoyed living there.
The provider had implemented quality assurance systems, which included monthly and bi monthly audits. This ensured that improvements were highlighted and addressed in a timely way. The provider also had a monthly audit in place which was completed by the director. This audit looked at all the regulations of the Health and Social Care Act 2014 and was last conducted in February 2018 with an overall compliance score of 91%.

The providers systems identified areas that required improvements to be made. The service acted promptly on recommendations made by external auditors and regulators. However, some records did not have the conclusion or action plans completed. For example, the medicines audit for April 2018 identified issues, but the conclusion and actions box was blank. During the inspection we found no issues in the areas identified in this audit as the actions had been completed, but not recorded. In addition, some of the actions taken in relation to accidents and incidents had not been recorded. We discussed this with the registered manager and they were able to tell us what actions had been taken. These records were updated during the inspection to ensure they were current. This was a recording issue which was addressed as part of this inspection.

The registered manager told us they maintained best practice and kept ahead with changes to legislation by registering with organisations such as; The Health and Safety Executive and signing up to the CQC updates received by email. They attended the Care Sector Forums run by the local authority. These events were focused on sharing information and improving services. The registered manager also continued to attend training courses so that information could be shared with all staff to improve the service such as, DoLS and MCA.

Business contingency plans were in place in the event of an emergency such as loss of electricity. These included important contacts so that they were to hand in the event of any emergencies occurring.