

Magic Life Limited

Magic 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

About the service

Magic Life Limited is a domiciliary care service providing personal care to people living in their own home within supported living projects. At the time of the inspection the service was supporting 16 people with learning difficulties, autism and mental health problems.

Magic Life Limited currently support 16 people within nine supported living schemes in London and Hertfordshire. The supported living schemes known as projects are located within residential areas as part of the local community and vary in size, supporting from three to up to ten people in one project. Each project is a residential house within which people have their own flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Some people were able to express how they felt about living at their home and the support they received. People told us they were happy. Other people who were unable to communicate due to their disabilities appeared to be happy, content and well supported.

Support staff understood how to safeguard people from abuse and the actions they would take to report their concerns.

People's individualised risks associated with their health, care and social needs were comprehensively assessed giving clear guidance to staff on how to minimise the identified risks to keep people safe.

Medicines management and administration was safe. People received their medicines on time and as prescribed.

Support staff recruited were appropriately checked and assessed to ensure their suitability for the role and to ensure they were safe to work with vulnerable adults.

People's needs were comprehensively assessed prior to any placement and support plan being agreed to confirm the service could effectively meet their needs.

Support staff received appropriate training and support to carry out their role effectively.

People were appropriately supported with their nutrition and hydration which considered any specialist dietary requirements.

People were supported with their health and medical needs where required. We saw records where the service had requested specific involvement from specialist services to address people's health and care needs.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Care plans were person centred and comprehensive giving clear information about people's care needs and how they wished to be supported.

We saw positive and caring interactions between people and support staff. People were observed to know the support staff well and were comfortable and confident around them.

Relatives knew who to speak with if they had any concerns or complaints and were confident that their concerns would be addressed.

Management oversight processes in place enabled the provider to monitor the quality and people's experiences of the care and support that they received. Where issues were identified action and improvement plans were in place to address these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The inspection was prompted in part due to concerns received from the local authority about staff skills, training provisions and medicines management. We inspected and examined these risks as part of this inspection process.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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 Expert by Experience made telephone calls to relatives to obtain their feedback about their experience

Service and service type

This service provides care and support to people living in nine 'supported living' settings, referred to as projects, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 February 2020 and ended on 20 February 2020. We visited the office location on 19 February 2020 and on 20 February 2020 we visited three supported living projects.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are

required to tell us about by law that may affect people's health and wellbeing. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, an area manager and project managers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at nine staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further four members of staff including a deputy manager and support staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Throughout the inspection we observed people to be at ease in their own surroundings and in the company of the staff that supported them. We saw that people, including those who were unable to communicate, recognised staff, reacted using positive facial gestures and approached them with confidence with their needs and requests.
- Relatives stated that they felt their family member was supported safely and that their safety was always assessed and considered. One relative told us, "From my experience as far as I'm concerned the members of staff are doing their utmost to make him safe." Another relative stated, "Yes he is safe he has 1:1 support hours and can never be left alone."
- Support staff received safeguarding training which was refreshed regularly. Staff were able to describe the different types of abuse, the signs they would look for and the actions they would take to report their concerns. One staff member explained, "If you have been with people for some time you would see the context, change of mood, inappropriate behaviour, things that do not add up, you get a hunch a feeling and you have to probe it a bit more. I would tell my manager straight away."
- Staff understood what whistleblowing was and who to report any concerns to.
- The registered manager and project managers clearly understood their responsibilities around identifying and reporting all concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Risks associated with people's health, care, social care and mental health were clearly identified and assessed with comprehensive plans in place to guide staff on how to manage and minimise the risk so that people were kept safe and free from avoidable harm.
- Risk assessments covered risks associated with behaviours that challenge, accessing the community, anxiety, non-compliance with medicines, moving and handling, choking and a variety of health conditions.
- Risk assessments were reviewed every month or sooner where identified risks had changed.
- Health and safety checks were in place which included fire safety and management to ensure people's safety from the risk of harm.

Staffing and recruitment

- Staffing levels were determined based on people's needs and funding allocations. We saw there were appropriate numbers of staff available to support people with their assessed needs.
- Relatives told us that there were always staff available especially where people were allocated a set number of staff to support them with their needs.
- However, relatives did comment about the use of agency staff within some of the projects. This meant that

people did not always receive care and support from a consistent staff team. The registered manager was aware of this and gave assurance that through continuous recruitment of staff, reliance on agency staff would reduce.

- The registered manager explained that staffing levels were also adjusted and flexible based on people's needs which included accompanying people to appointments and social activities.
- People were supported by staff who had been checked and verified as suitable to work with vulnerable adults. Pre-employment checks completed included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.

Using medicines safely

- People received their medicines safely, on time and as prescribed. Policies and systems in place supported this.
- For most people, their medicines were stored securely in their own flat. For other people, the project held their medicines in a secure cabinet within the office.
- Medicine administration records were complete and no gaps in recording were identified.
- Where people had been prescribed 'as and when required' medicines, there were clear protocols in place giving guidance on how and when these medicines should be administered.
- Support workers received appropriate medicine administration training followed by an observed assessment to ensure that they were competent to administer medicines.
- Weekly medicine audits and stock checks were completed to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- People were supported to prevent and control the spread of infection. Where possible infection risks had been identified these had been assessed with clear guidance for staff on how to keep people safe.
- Staff had received training in infection control and food hygiene and had access to personal protective equipment which included gloves and aprons to prevent and control the spread of infection.
- People were responsible for keeping their flats clean and staff supported them where required.
- We saw six people's flats and observed that they were clean and in a good state of repair.

Learning lessons when things go wrong

- The service demonstrated pro-active approach when dealing with and reporting on accidents and incidents that occurred within the service so that learning and further development could be implemented.
- Each accident or incident had been clearly documented within the person's care plan. This included details of the event, the actions taken and where required the updating of specific risk assessments to help prevent similar incidents.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 needs and choices were comprehensively assessed by the service, in line with current social care guidance and the law. This enabled the service to confirm that they would be able to safely and effectively meet the person's assessed needs.
- The assessment considered people's needs and choices around areas including mobility, mental health, medical health and wellbeing and daily living skills.
- Information gathered at the assessment was then used to compile a comprehensive care plan which included information about people's needs and associated risks.
- Where people required specific care or specialist equipment to support their care needs these were considered and provided.
- Care plans were reviewed on a monthly basis to ensure they remained current and reflective of people's needs and wishes.

Staff support: induction, training, skills and experience

- Relatives told us that staff were appropriately skilled and experienced in supporting their family member. One relative told us, "I think they are generally. All staff have done de-escalation. They do training before they work with the service user."
- We observed support staff during the inspection and saw that they knew people well and competently assisted them with their needs.
- Staff told us that they received an induction when they started work which included training, understanding policies and procedures, shadowing experienced members of staff and getting to know the people living at the project.
- Staff told us and records confirmed that training was regularly refreshed and specialist training was provided to all staff to meet people's specific health and care needs.
- In addition to training, staff were also supported through regular supervision and annual appraisals where they were able to discuss and access further development opportunities.

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

- People were supported to eat, drink and maintain a balanced diet.
- Where able to, people chose what they wanted to eat, planned the menu for the week and were supported to go shopping for food items. For other people who required full support with meals and hydration needs, this was provided taking into consideration people's likes and dislikes.
- People's specialist dietary needs and requirements were documented within their care plans with details

of the specialist support required for staff to follow. Cultural and religious dietary needs were also recorded.

- Relatives were positive about the support their family member received in relation to eating and drinking. Comments included, "He [person] helps with cooking, he loves food. I've shoved recipes in front of them [staff] and they have really supported that. He's cooked scrambled eggs and baked beans" and "Staff do everything, gluten free diet and halal food. They do the shopping weekly."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by the service to access a variety of agencies and health care services so that they were able receive effective and timely care, enabling them to live healthier lives.
- Staff knew and understood people's needs well and where a change in people's health or wellbeing was noted, staff reported their concerns so that referrals could be made to access the appropriate support.
- We saw records confirming involvement by GP's, speech and language therapists, social workers and mental health professionals. Records confirmed the reason for the involvement and any follow up actions required.
- Staff maintained regular logs of people's health and wellbeing, medical intervention, weight and behaviour charts so that they could work together to ensure people received effective care and support.
- People received support and encouragement to maintain their oral hygiene. Support staff understood the importance of good oral hygiene and told us about training that was scheduled to further develop their understanding on this.

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

- Each of the projects that we visited were seen to be clean and well maintained.
- People were encouraged and supported to maintain their own rooms where possible. People also had access to communal areas such as the communal lounge, activities room and outdoor spaces.
- People had decorated and personalised their own room as per their choice.

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were being deprived of their liberty, we saw appropriate records in place which confirmed that this had been assessed and a court of protection order had been obtained.
- Where possible, people were able to access the community independently. People were not restricted and were encouraged and supported to go out as and when they wished. We saw evidence that people went out to various places and people identified as being at risk when going out in the community had risk assessments in place.

- Where people had capacity to make decisions, records confirmed their involvement in the care planning process and had signed their care plan confirming consent.
- Where people had been assessed as lacking capacity to make decisions, records confirmed that relatives and health care professionals had been involved in capacity assessments and best interest meetings as well as involvement with the care planning process.
- The registered manager and support staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of The Act.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were seen to be happy and content with the support that they received. We saw people smiling, joking, and positively interacting with support staff. People who were non-verbal knew the support staff that supported them and approached them with confidence with their requests.
- Support staff knew people well and understood their needs, requirements and their personalities. Established relationships between staff and people were seen to be based on trust and mutual respect. One person told us, "I am happy here."
- We asked relatives if they thought support staff were kind and caring. Relatives feedback included, "Yes! They [staff] just are, they show incredible patience. I am really impressed by them" and "Yes. He has a special relationship with a permanent staff member, he always gets excited and happy to see them."
- People's diverse, cultural and religious needs were taken into consideration and people were supported accordingly where required.

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

- People were supported to be involved in their care planning and were encouraged to express their views about how they wished to be supported.
- Where people wanted, their relatives and known health care professionals were also involved in the planning and delivery of care.
- We observed people were asked to make specific decisions about day to day activities such as what they wanted to eat, wear or things they wanted to do.
- Monthly tenants meetings were held and facilitated by staff to encourage people to express their views and opinions about the care and support that they received. Where people were non-verbal, staff reflected on people's experiences to promote their engagement and involvement.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed support staff treating people with respect. People's privacy and dignity was always upheld.
- Support staff told us of the importance of promoting people's privacy and dignity and gave examples of ways in which this was done. One support staff explained, "I have to give respect, knock on the door, ask people if they are okay with me being here, make them feel free that they can tell me that they want to be left alone, close the window, curtains."
- Support staff encouraged and promoted people to be as independent as possible. Support staff understood and knew each person well and were able to focus and support them to do the things they were

able to do. One support staff told us, "We give people choices, find them activities that even though you may not think it's for them, give them a chance as you never know. Keep in mind people have some form of capacity and offer them choices, help them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised to their needs and considered their choices and preferences.
- Care plans were detailed and person-centred. The level of information collated by the service gave staff a comprehensive account of the person, their life and background history, likes and dislikes and how they wished to be supported.
- Care plans were reviewed monthly or sooner in response to people's changing needs.
- Where people had identified behaviours or behaviours that challenged, care plans clearly defined the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and bring the person back into positive well-being.
- Each person was allocated a designated support staff to be their key worker. A key worker is someone who takes responsibility for the development of the person's support plan, exploring with the person access to wider health and social care service as well as accessing further opportunities and activities for them.
- Each person met with their key worker regularly to discuss topics such as issues they may be facing, activities, social interaction and their physical health needs. Action plans were then developed and reviewed every month to chart the progress made on any agreed actions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication methods and needs were clearly defined within their care plan with further guidance available to support staff on how to support people in response to those defined needs.
- Support staff knew and understood people's individual communication needs and adapted their styles and methods to ensure people were able to comfortably and clearly express themselves.
- Where people were non-verbal, we observed support staff use gestures, facial expressions body language, pictorial aides and various sign language methods to enable and facilitate communication. For other people, we saw the positive use of electronic devices and the internet to aide and support communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain their relationships and pursue their interests where possible.

- People were supported to attend and participate in a variety of activities, social interests and educational programmes where possible. Each person had an activity timetable that was tailored to their interests and needs.
- During the inspection we saw one person pursue their interest in the public transport and was supported to go out for the day using public transport. This person had also been supported to visit the British Transport Museum.
- Another person enjoyed playing the guitar and demonstrated their skills and abilities to us during the inspection.
- Care plans also documented future goals and activities that people had identified they would like to do.

Improving care quality in response to complaints or concerns

- Complaints and concerns were recorded and acted upon in line with the provider's complaints policy.
- The provider's complaints policy was clearly on display in communal areas of the projects we visited and was also available in an easy read and pictorial format for people to understand and follow.
- Each project recorded any complaints they received, with details of the investigation and actions taken as a response to the complaint. Information was collated by the registered manager and where areas for improvement were identified these were acted upon.
- Relatives told us that they knew who to speak with if they had any concerns to raise and were confident these would be addressed. One relative told us, "I would talk to the keyworker or manager and work my way up."

End of life care and support

- The service did not routinely support people with end of life care.
- However, the service had processes in place to record people's choices and wishes around the care they would like to receive if and when they reached that stage of their life.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Prior to this inspection, the local authority had identified several concerns around staff skill sets, training and medicines management. The provider and registered manager had been working in partnership with the local authority to address these concerns and implement the required improvements.
- During this time and throughout the inspection process the registered manager had been open and transparent about all the issues that had been identified and the improvement plans in place to address these.
- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked towards promoting a positive culture within the service that promoted good care and aimed to work towards achieving positive outcomes for people.
- People were seen to know the project managers and all staff that supported them very well. Throughout the inspection we saw people approaching them with confidence and staff responded positively to their requests and needs.
- Relatives told us that the service communicated with them and always kept them updated about any changes. One relative told us, "They do listen. Everything that I have asked for has happened."
- Staff spoke positively about the registered manager and the recent management changes that had taken place. Staff told us that they were well supported, offered continuous training and development and were able to approach any of the managers at any time. One staff member told us, "Magic Life are fantastic, once you raise a concern they are very quick to address it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had systems in place to monitor quality and risk to on a weekly, monthly and annual basis to ensure regulatory requirements were adhered to.
- Centralised electronic systems enabled the registered manager and the provider to oversee the day to day running of each of the projects. Project managers were responsible for checking and auditing various

aspects of service provision which included medicines management and administration and health and safety.

- Project managers were also required to submit weekly reports to the registered manager which gave a summary of all accidents and incidents, safeguarding concerns, CQC notifications, general updates about people including activities and their health and well-being.
- In addition to these systems the provider had also commissioned an external agency to carry out CQC style inspection at each of the projects to assess and monitor the quality of care people received.
- These processes enabled the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.
- Throughout the inspection we gave feedback to the registered manager, which was received positively, and clarification was sought where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service, their relatives and all staff were continuously engaged and involved in care delivery and the day to day running and management of the service.
- People were encouraged to participate in monthly tenants meetings and give their views and opinions on how the service was run and managed.
- Annual satisfaction surveys were also sent to people and their relatives, giving them the opportunity to feedback about the quality of care they received and make any suggestions for improvement. Feedback had been positive.
- Staff told us that they were also always encouraged to engage and be involved in the management of the service. This was facilitated through supervisions, annual appraisals and monthly staff meetings.
- We saw that the service worked in partnership with external agencies such as psychiatrists, and physical health professionals to maintain the health and wellbeing of people.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.
- The service also worked positively with local authorities and other local day services and organisations to share practices, access training, learn and improve people's experiences and provide wide ranging opportunities for people and staff to access.