

Barchester Healthcare Homes Limited

Magnolia Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Magnolia Court is a Nursing home registered to accommodate up to 62 people. The service provides support to people living with dementia, older people and younger adults.. The home is set over three floors with people's bedrooms on the second and third floor. The ground floor accommodates dining and living areas for people, offices, the kitchen, laundry and the hairdresser's salon. On the day we inspected there were 45 people living in the home.

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

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People's care was planned and risks to their safety and wellbeing were assessed. The service reviewed these plans regularly, involving people in these reviews and asking for their opinions.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

Medicines were administered safely to people and staff following safe infection prevention control practices. Where incidents occurred, the provider had a system in place to review and learn from these to prevent reoccurrence.

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.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

Staff consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

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

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 16 October 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions safe, and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Magnolia Court

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 Health and Social Care Act 2008,

Inspection team

The inspection was carried out by 1 adult social care inspector and 1 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.

Service and service type

Magnolia court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who was in the process of being registered with the Care Quality Commission.

Notice of inspection

The inspection was unannounced. We visited the location's service on 25 October 2023.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory notifications and safeguarding and the Provider Information Return (PIR). The PIR 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, the deputy manager, , 4 care workers, 1 nurse and, 5 people who used the service and 2 relatives. We also spent time observing care to help us understand the experience of people who could not talk with us. We looked at 6 people's care records and 3 staff records including safe recruitment; we also looked at various documents relating to the management of the service.

Following our visit, we received further information from the manager, which included provider audits and survey results. We also received feedback from 2 relatives of people using the service.

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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- People were safe and protected from avoidable harm. Legal requirements were met.
- Comments from people included "Yes, I feel safe here" and "yes I think dad is safe there."
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and who to report to if they had any concerns about people's safety.
- Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken.
- The manager had a robust approach to managing safeguarding incidents and followed the provider's policies for reporting such incidents to the local authority safeguarding team.
- Staff assessed all potential risks to people and had guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- Clinical staff were very knowledgeable in wound care and care staff knew the importance of regular repositioning of people. We also found people who spent the majority of their time in bed were on pressure relieving equipment that automatically adjusted according to the person's weight.
- The service employed a team of maintenance people who ensured that the building was kept safe and in good decorative order.
- Regular checks of the building and equipment took place, including fire safety equipment.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs. We observed that people were attended to in a timely un rushed manner. The manager used a dependency tool to determine staffing levels required.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people living in the service.
- At the time of our inspection the service was not using any agency staff.

- People were complimentary about the staff. Comments included, "The nursing staff are very good" and "staff are really nice."

Using medicines safely

- Medicines were managed safely. People's medicines were administered by nursing staff appropriately.
- Nurse competency in medicine administration was completed regularly.
- Accurate records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required'.
- Medicines were clearly recorded within people's medication administration records.
- Regular audits of medication administration took place to ensure continuous safety.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The service was working within the principles of the MCA.
- Mental capacity assessments (MCA) were completed for people. These had followed best practice and current guidelines. MCA's were decision specific, such as, can someone consent to bed rails being used, or do they consent to remaining at the care home..
- Staff empowered people to make their own decisions about their care wherever possible.
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

Preventing and controlling infection

- We observed that the home was clean and hygienic throughout.
- The provider had appropriate procedures in place for admitting people safely to the service.
- All staff received infection control training and had access to a variety of Personal Protective Equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

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 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.

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

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff were complimentary about the managers of the service and said they were very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious and cultural needs.
- Staff and people spoken with described a caring, relaxed environment to live and work.

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; Continuous learning and improving care

- People and relatives using the service told us the service was well managed. Comments included, "there is a new manager and I see her around." "they always respond to us quickly" and "yes I think it is well run."
- We had no concerns regarding duty of candour. We found the manager was open and transparent throughout the inspection.
- There were systems in place to monitor the safety of the service and the maintenance of the building and equipment.. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were completed on either a weekly, monthly or quarterly basis.

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

- The manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The manager had a very good understanding of people's needs and maintained a good oversight of the service .
- Staff were positive about working at the service and felt valued they told us they were well supported..

Comments included, "It's a very supportive organisation, they helped me get a promotion ", "They always listen to staff and residents" and "The new manager is very approachable."

- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Systems were in place to provide staff with support and guidance. Staff told us they had regular individual supervision sessions with their line manager, and they also attended meetings for their units and the whole care home.
- A survey was carried out with relatives and people who used the service in September 2022 which showed high levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Monthly relatives/residents meetings were also in place.

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, the local clinical commissioning group (CCG) and specialist professionals to promote people's health and wellbeing when required.
- Information showed the service worked closely with others. For example, the Local Authority and other healthcare professionals and services to support the delivery of quality care provision.