New Life Care 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

Overall summary

This inspection took place on 14 October 2015 and was unannounced. At our previous inspection on 24 March 2014 the service was meeting the regulations inspected.

Magnolia House provides accommodation, care and support for up to four adults with a learning disability, some of whom may also have a mental illness. At the time of our inspection two people were using the service.

A registered manager was in post. 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 staff at Magnolia House provided an individually tailored service to the people living there. The registered manager undertook assessments to identify people's needs and developed support plans instructing staff how they were to support people. Staff were knowledgeable about the people they supported. This included knowing people's individual preferences, personalities, routines and interests. Staff provided the support people required with their personal care in a way that respected and maintained their privacy and dignity.

Summary of findings

The provider had arrangements in place to support people with their healthcare needs and liaised with healthcare professionals as required. Staff supported people with their nutritional needs and ensured people received their medicines as prescribed.

Staff supported people to participate in a range of activities and people were busy accessing amenities in the community on the day of our inspection. Staff supported people to develop their skills, become more independent and achieve personal goals.

There were systems in place to encourage people to make decisions about how they were supported and how they spent their time at the service. Staff were knowledgeable about how people communicated, including non-verbal communication. Staff provided people with choices and respected their decisions.

The people using the service were assessed under the Mental Capacity Act 2005 as not having the capacity to make complex decisions about their care and welfare, and finances. 'Best interests' decisions about their care and treatment were made for people by the health and social care professionals involved in their care, and relatives where appropriate, when the person was unable to make the decision themselves.

Staff were aware of the risks to people's safety whilst at the service and in the community, and provided them with support to maintain their welfare. Deprivation of Liberty Safeguards (DoLS) were in place to ensure people were only deprived of their liberty when necessary to maintain their safety, for example, when people were required to be supported by staff when in the community. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Staff were knowledgeable in recognising signs of abuse and were aware of the reporting procedures to ensure people at risk of harm were supported appropriately. The registered manager worked with the local authority safeguarding team if there were any concerns about people's safety.

There were sufficient staff at the service to provide people with the level of support they required. Staff had the knowledge and skills to undertake their role, and they were encouraged and supported by their manager to develop those skills.

Staff, people, relatives and visiting professionals were encouraged to feedback about the service and the registered manager was open to suggestions about how to improve service delivery. The registered manager worked with those involved in the care provided to people to ensure their individual needs were met, and followed advice and guidance provided.

The registered manager checked the quality of care provided and addressed areas requiring improvement. The registered manager adhered to the requirements of their registration with the Care Quality Commission.

Summary of findings

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 were sufficient staff employed who were knowledgeable about the service and people's needs. The staff team were aware of how to keep people safe and what to do if they had concerns about a person's safety. The registered manager identified any risks to people's safety and management plans were available informing staff how to support the person to manage these risks.

People received their medicines as prescribed and staff followed safe medicines management.

Is the service effective?

Good

The service was effective. Staff supported people in line with the Mental Capacity Act 2005 and ensured best interests meetings were held when people did not have the capacity to make decisions. Deprivation of Liberty Safeguards were in place to ensure people were only deprived of their liberty when required to maintain the person's safety.

Staff supported people with their nutritional and health needs. Staff liaised with other healthcare professionals to obtain further advice and guidance about how to support people with these needs.

Staff were supported through training and supervision sessions to ensure they had the skills and knowledge to undertake their role.

Is the service caring?

Good

The service was caring. Staff were aware of people's individual needs and supported them to make day to day decisions about the care they received. Staff were aware of people's interests, preferences and routines and provided support in line with these.

Staff supported people to stay in touch with their family through visits to the family home and the use of technology.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. Staff supported people in line with their support plans. There was communication within the team to ensure any changes in people's needs were shared and people received the support they required.

Staff encouraged and supported people to develop their skills and become more independent. People participated in a wide range of activities in the community and at the service.

There were processes in place to obtain comments, complaints and suggestions from people, relatives and visiting professionals.

Is the service well-led?

Good

The service was well-led. Staff were clear about their roles and responsibilities, and received support from their manager to improve in their role. The registered manager welcomed ideas and suggestions from the staff team to improve and develop service provision.

Summary of findings

The registered manager checked the quality of service provision, and took the appropriate action to address any areas requiring improvement.

The registered manager was aware of and adhered to the requirements of their registration with the Care Quality Commission.

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 inspection took place on 14 October 2015 and was unannounced. One inspector undertook the inspection.

Prior to our inspection we reviewed the information we held about the service, including statutory notifications received.

During the inspection we briefly met the two people using the service prior to them going out for the day. We spoke to the registered manager, looked at people's care records, three staff records and records relating to the management of the service. We reviewed medicines management processes.

After the inspection we spoke with one person's relative, two staff members, a visiting professional involved in the care of one person at the service, and with a representative from the commissioning local authority.

Good

Is the service safe?

Our findings

There was a cohesive and established staff team in place, providing sufficient staff to meet people's needs. The service was run and managed by a small family owned organisation which provided people with one to one support on a daily basis. In addition, three support workers were employed to provide support when required during the day, at night, and to cover training, annual leave and sickness. The service occasionally used one agency staff member. This member of staff was familiar with the service and people's needs. They were also qualified to drive the service's vehicle. They were allocated to be on shift when the regular driver was not available so people could access the community and undertake their scheduled activities. The management team provided an on call service so staff were able to call them at any time if they needed additional help or advice to keep people safe.

Staff had received training on safeguarding adults, and were aware of the procedures to follow if they had concerns that a person was being harmed. Staff had a good relationship with the local authority safeguarding team and found them supportive when they needed additional advice about how to safeguard the people using the service from harm. Staff worked in liaison with the safeguarding team to investigate any concerns about a person's safety.

Staff assessed the risks to people's safety. A management plan was developed for each identified risk informing staff what the risk was, why it may occur and how the person was to be supported to ensure their safety was maintained. Some restrictions were in place to ensure people's safety whilst at the service. For example, the kitchen was locked whilst hot meals were being cooked to reduce the risk of people burning themselves. Staff were aware of people's history of violence and aggression, and supported them as necessary to calm down when exhibiting these behaviours.

Staff recorded all incidents and accidents that people were involved in. Staff were aware of the reporting process to follow and the registered manager reviewed all incident reports to ensure the appropriate action was taken to support the person and reduce the risk of recurrence.

People received their medicines as prescribed. Stocks of medicines were checked upon receipt at the service to ensure sufficient amounts of medicines were delivered. Medicines were securely stored at the service. Two staff were involved in administering medicines. One staff member administered the medicines and recorded the medicines administered, and the other staff observed and checked the practice to reduce the risk of medicines errors. We viewed the medicines administration records (MAR) for the two people at the service and these were completed accurately. The stocks of medicines at the service were as expected indicating people received their medicines as prescribed. Protocols were in place to inform staff when people were to be provided with their 'when required' medicines, and we saw that when these medicines were administered the reasons why were recorded on the MAR. Any unused medicines were returned to the pharmacy to be securely disposed of.

A safe environment was provided for people. The registered manager arranged for checks to be undertaken to ensure a safe environment, including gas safety, water safety, electrical safety checks, and checks on fire safety equipment. A fire risk assessment was in place and people had individual fire evacuation plans. Work was currently being undertaken at the service to further improve the environment and make it more aesthetically pleasing for people.

Good

Is the service effective?

Our findings

Staff supported people in line with the Mental Capacity Act (MCA) 2005. The people using the service at the time of our inspection had been assessed as not having the capacity to make financial, and care and welfare decisions. Court of protection appointees were in place who made these decisions on the person's behalf in line with their 'best interests'. Information was clearly recorded in people's records about what decisions they were able to make for themselves and where they required support. The registered manager organised for an independent mental capacity advocate (IMCA) to support people to express their preferences in regards to care decisions when necessary.

The registered manager had arranged for people to be assessed under the MCA to establish whether staff could deprive people of their liberty to ensure their safety. People were assessed as requiring a Deprivation of Liberty Safeguard (DoLS) and staff were aware of what this meant and how people were to be supported. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. People were provided with one to one support from staff whilst in the community in line with the requirements of their DoLS.

One person's relative told us, "[The person's] health is being looked after. [The registered manager] is on the ball with any health issues." Staff were aware of what support people required with their health needs. Staff supported people to have their primary health needs met, and organised for people's GP and dentist to undertake home visits as people found it distressing to access these services in the community. Staff liaised with other healthcare professionals involved in supporting the people at the service. This included ensuring effective communication about any changes in behaviour or health needs. The registered manager told us they followed the advice and guidance from these professionals to help maintain people's health needs. This was confirmed by speaking to a visiting professional who told us there was good joint working, the registered manager liaised with them for advice and followed any advice given. The registered manager produced one page summaries of people's diagnosis, allergies and the medicines they were on for them to take to hospital in case of an emergency so treating staff had the relevant information they required to support the person. A hospital passport was in place for the person who had more regular hospital appointments. This provided hospital staff with information about the person's care and support needs, including information about how they communicated.

Staff supported people at mealtimes and with any identified dietary needs. People had access to the kitchen to help themselves to food and drinks during the day, with the exception of when the kitchen was locked whilst food was cooking due to the risks present. People were encouraged and supported to undertake food preparation and prepare simple meals, for example, sandwiches or a bowl of cereal. Staff were knowledgeable of the food allergies people had and these foods were kept separate. Staff supported people with any nutritional needs they had and liaised with other healthcare professionals, including dieticians, as necessary to ensure people received the support they required with their nutrition. This included supporting a person to put weight on and following advice to ensure those at risk of choking were supported appropriately. One person's relative told us the registered manager ensured the person maintained a healthy diet.

The registered manager met with staff regularly during supervision sessions to review their performance and the support provided to people. The registered manager also used supervision sessions to disseminate information to ensure staff were up to date with any changes in legislation and were aware of good practice guidelines.

Staff received regular training to ensure their knowledge and skills were up to date. This included training on safeguarding adults, manual handling, first aid, fire safety and food hygiene. In addition staff completed training specific to the needs of the people they supported, including training on autism, epilepsy and managing behaviour that challenges staff. One staff member told us they were able to access lots of training and advice from their manager to ensure they had the skills and knowledge to undertake their role.

Good

Is the service caring?

Our findings

One person's relative told us, there were "absolutely marvellous staff, who really cared for [the person]." Staff said they wanted to provide a "family life" for people. A visiting professional told us the person they supported was happy living at the service. One staff member said, "I love my work, and feel I make a difference to the people I support."

The registered manager supported people to stay in contact with their family. One person's family was no longer able to come to visit them at the service, and therefore the registered manager took the person to visit their family on a regular basis. This person's relative told us they were "supremely grateful" for this. The registered manager also supported the family and the person to use technology so they could video chat each other. This helped the person to communicate with their family as they were unable to communicate verbally and this enabled the family to see their facial expressions, gestures and hand movements.

Staff understood people's communication needs and how they communicated. They were able to describe to us what people's gestures and sounds meant, and how they used this to ensure they provided people with the support they requested. One staff member said, "You get to know the person. Know their expressions and what their gestures mean." Staff were aware of people's preferred routines and supported them in line with these. For example, one person had a routine they followed each morning to pick their clothes for the day and get dressed.

Staff supported people to make choices about their day to day care. One person got overwhelmed when given too many choices and therefore staff used their knowledge of what the person liked, to provide them with two options to make a choice from. People were encouraged to make decisions about what they wanted to wear, what they wanted to eat and how they spent their time.

Information was included in people's care records and staff were knowledgeable about people's individual needs, their interests, likes and hobbies, and supported them appropriately with these. People's care records also included information about the person's qualities, personalities and what made them happy. This helped staff to get to know the person and provide support in line with their preferences.

Staff maintained a person's privacy and dignity. People were supported to access their rooms if they wanted some privacy and staff ensured personal care was undertaken in the privacy of the person's room or bathroom. We observed staff speaking to people politely and respectfully.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's needs. The registered manager undertook assessments to identify people's support needs. Plans were developed to identify how these needs were to be met. Staff were able to describe the support people required and what they were able to do independently. We saw that this information was captured in people's care records and their support plans. One staff member said, "Everything is written in their care plan. It's easy to follow." One staff member told us on each shift they shared with their colleagues any changes in people's health or support needs, so that they were kept up to date with people's current needs and supported them appropriately.

Records were kept to monitor behaviour relevant to people's needs and to enable early identification of any changes in people's health or support needs. For example, monitoring elimination patterns for people who had elimination needs. Staff were aware of what caused people distress or anxiety and supported them as necessary when they got upset.

Staff encouraged people to develop their daily living skills, including assisting with laundry and food shopping. The registered manager prepared progress reports every six months and shared these with the person's family, if involved in their care, stating what the person had achieved and participated in over the previous six months. This included what new skills they had learnt and any changes in their support needs. People's support plans identified what goals the person wished to achieve at the service and how staff supported them to achieve those goals.

People had weekly activity plans and engaged in a number of activities at the service and in the community. Staff supported people to go to local drop in centres, discos, cafes, shops and leisure activities including bowling. One person's relative told us the staff, "Take [the person] out every day. They enjoy going out." They also said, "There's loads going on [at the service]." Staff put on film nights and takeaway evenings at the service. A musician visited the home and put on performances for people at the service. Staff also supported people to have barbeques and parties with their families at the service for example to celebrate birthdays.

The registered manager was in regular contact with people and their relatives, and asked for their feedback about the service. A process was in place to capture any comments, suggestions or complaints about the service. The registered manager reviewed comments made and ensured appropriate action was taken to address any concerns raised. In addition, the registered manager planned to obtain further feedback from people, relatives and visiting professionals through the completion of a satisfaction survey. The relative we spoke with did not have any concerns regarding the service and thought it was a "marvellous place." They said if any concerns arose they would feel comfortable speaking to the registered manager and felt she would take the appropriate action to address the concern.

Good

Is the service well-led?

Our findings

One person's relative told us the registered manager "goes above and beyond" and was "amenable" to any requests. They said there was good communication with the registered manager and they were in "constant contact" with them. One staff member told us the registered manager was easy to talk to, approachable and if they had any concerns they would feel comfortable raising them with her.

The registered manager was 'hands on' and 'led by example'. They were involved in supporting people with their personal care and their support needs. They told us they, "Never asked staff to do something I wasn't prepared to do." The registered manager was clear about what she expected from the staff and how she wanted them to undertake their duties. One staff member told us the manager gave them the support they required to undertake their duties and encouraged them to improve in their role.

The registered manager was open to ideas and suggestions from the staff team. She told us staff were included in decision making and staff were encouraged to express their ideas and suggestions about how to improve the service. One staff member told us, "If we have an idea, we try it." Staff discussed any concerns they had about a person's health as a team and ensured there was a team approach to addressing those concerns.

The staff team discussed all incidents that occurred and identified any action that needed implementing to prevent incidents from reoccurring. Staff said they discussed if mistakes were made and how they could be learnt from. A representative from the local authority confirmed that the registered manager amended processes in response to an incident and learnt from the situation to improve the support provided to people.

The registered manager undertook checks on the quality of service provision and the support provided. This included observing interactions between staff and people. Any areas identified as requiring improvement were addressed at the time. The registered manager also reviewed people's care records to ensure these were up to date and contained the relevant information about people's support needs. However, these checks were not formally recorded. The registered manager told us they would look into formally recording their quality checks.

The local authority undertook checks on the quality of the service provided. The last review was on 18 November 2014. We saw from the report that the actions arising from this review were completed in a prompt and timely manner. The visiting professional we spoke with and the representative from the local authority felt the service provided good quality care and did not have any concerns regarding the safety of people using the service nor the support provided.

The registered manager was aware of the requirements of their registration with the Care Quality Commission and adhered to them. This included submitting statutory notifications when required.