

Blythson Limited

Magenta

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 26 October 2018 and was announced. We contacted the provider on the morning of the inspection? as it was a small service and we wanted to make sure that people and staff were available.

Magenta is a 'care home'. People in care homes receive accommodation and 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. Magenta is registered to provide accommodation and personal care for up to three people. The home specialises in providing care to people with learning disabilities and the registered provider was working within the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there were two people living in the service. Accommodation is arranged over three floors.

At our last inspection we rated the service as 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 ongoing 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.

At this inspection we found the service remained Good.

There was a registered manager at the service. 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 service was extremely person-centred and staff were proactive in ensuring people were supported to live fulfilled and meaningful lives. Person centred means that care was tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was shared by the management team and staff.

People experienced a service that was safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and people were supported to take positive risks. The premises were maintained and checked to help to keep people safe.

The provider had an excellent oversight of the service and knew the staff their well. Staff told us the manager and the provider were approachable and they were confident to raise any concerns they had with them. Staff were supported to fulfil their role in meeting people's needs. The complaints policy was accessible to people using the service.

The two people living at the service were supported on a 1:1 basis 24 hours a day. Staff had received specific training to support the people living at the service. Recruitment practices were safe and checks were carried out to make sure that staff were suitable to work with people who needed care and support.

People were given their medicines safely and when they needed them. Policies and procedures were in place so that people took their medicines when needed. People were supported to remain as healthy as possible and they had been given access to specialist healthcare professionals who could support people with a learning disability.

People had access to the food and drink that they enjoyed. People were supported to choose what they wanted to eat and shop for the items that they wanted. People's nutrition and hydration needs had been assessed and recorded.

People were treated with kindness and respect. People's needs had been assessed and time had been invested into the transition into the service to ensure that it was successful.

People were central to the support they received. Care and support was planned with people and their relatives and reviewed to ensure people continued to have the support that they needed. People were encouraged to be as independent as possible.

People took part in activities of their choice within the service and in the local community. People could choose what they wanted to do each day. There were enough staff to support people to participate in the activities they chose.

Processes were in place to monitor the quality and they had asked people for feedback about the service. Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The service did not have a website.

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?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Outstanding ☆

The service was Outstanding.

People were supported to have an enhanced sense of achievement and well-being.

Staff went the extra mile to provide people with fulfilment which focused on their likes and interests.

People played an active role within their local community.

People's care plans were extremely detailed and individualised to meet people's diverse needs.

People's suggestions, concerns or complaints were listened to and acted on to improve the service.

Is the service well-led?

Good ●

The service remained Good

Magenta

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.

The inspection took place on the 26 October 2018 and was announced. The inspection was carried out by one inspector.

We used information the registered persons 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. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. The feedback we received was positive, some of which and some has been reflected in this report.

Some people living at the service did not use verbal communication; instead they used a mixture of sounds, gestures and signs. We observed interactions between people and staff. We spoke with the relatives of the two people using the service to gain their views and experiences.

We spoke with two support workers, the registered manager of Magenta, the registered manager of another service within the same company, the deputy manager and the provider.

We looked at care records for two people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records.

Is the service safe?

Our findings

People's and relatives told us the service made them feel safe. One relative told us "I feel people are totally safe here." another relative told us, "The staff make sure he is always safe." Staff told us "Its our job to keep people safe."

At the last inspection on 21 October 2015 a recommendation had been made for the provider to ensure that they had written explanations about gaps in employment. The provider had taken action and now included gaps in employment in staff interviews. Recruitment files were stored safely and only accessible to authorised staff. Files included information on the applicant's full employment history and references. Disclosure and Barring service (DBS) checks had been carried out.

People continued to be protected from the risk of harm. Staff received safeguarding training as part of their induction into the service. Training records showed that staff received refresher training on safeguarding on a yearly basis. This meant they were kept up to date with any changes to legislation and good practice. Staff were confident that any concerns they raised would be taken seriously by their managers. One staff member told us, "We talk about safeguarding in every supervision and do training to support people with this."

People living at the service were supported on a 1;1 basis 24 hours a day by staff who had the knowledge and experience to support them effectively. The registered manager worked closely with health and social care staff, relatives and healthcare professional when people were moving into the service to establish their needs and make sure that they could support them. Relatives told us there were always enough staff to support people.

Risks to people continued to be identified and assessed and steps were taken to reduce risks in order to keep people safe. People living at the service were encouraged and supported to take positive risks to enhance their lives. For example, a person living with epilepsy had been supported to take part in the weekly kayaking session. Staff had taken steps to ensure that the person was safe throughout the session and a plan was in place to ensure medical support could get the person if it was needed.

The provider had taken steps to ensure people were kept safe in the event of an emergency. Fire equipment such as extinguishers, fire blankets and smoke detectors were seen throughout the building and this was regularly checked and maintained. Each person had their own individual evacuation plan which included a full support plan for the person and medication information. The grab bag contained emergency medication for people who needed it. Staff had received fire safety training and there were regular fire drills involving staff and people living at the service to make sure they knew what to do in an emergency.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the manager or provider to make sure that people were protected. Staff were aware of the whistle blowing policy and knew how to raise concerns with other agencies if they needed to.

People received their medicines safely. Staff received training in managing medication and had their

competency checked regularly. Peoples medicines were stored safely in a locked cabinet and the room temperature was checked daily. Systems were in place for ordering, recording, administering and disposing of medicines. Clear records were kept of all medicines that had been given out, these records were up to date and all medication had been signed for. Medicine audits were carried out daily by trained staff.

Accidents, incidents and near misses were recorded by staff and reported to the registered manager in line with the registered providers policy. The provider and registered manager reviewed this information to look for patterns and trends, and had taken action when necessary.

Is the service effective?

Our findings

People received effective care which promoted a good quality of life. People communicated to us that staff supported them to do the things they wanted each day. A Relative told us "Staff receive training that is specific to people's needs." The registered manager had made sure that staff had received additional training about specific conditions that helped them to support people living at the service. One relative told us, "They [the staff] are pro-active and energetic."

People's health and wellbeing needs had been assessed. Each person had their own care plan which showed how they wanted to be supported. Care plans were available to people in a way they could understand.

When new people had moved into the service in 2018, staff scheduled the moves over several months, progressing from home visits to short visits for tea to overnight stays and a holiday. When one person had moved out of the service and into independent living after a number of years at the service, staff had planned the move and included the person in the planning and decision making.

People were supported by staff who had the skills, knowledge and experience to deliver effective care. Staff completed an induction when they began working at the service. Training records showed staff continued to receive training which was updated yearly. They shadowed experienced staff and got to know people, their preferences and their routines. Staff had regular supervision meetings with the registered manager when they could discuss their personal development. The registered manager used these meetings to check staff competence and confidence around topics, such as safeguarding.

People were supported to eat and drink enough to maintain a balanced diet. Meal times were social occasions when people and staff sat together. During the inspection there was a lot of laughter around the table. Staff knew what food people liked and disliked. People were supported to do a menu for the week and then staff supported people to go shopping to buy the food.

People health needs were monitored and they had access to specialist health professionals. They were supported to attend appointments. A 'hospital emergency pack' had been prepared to assist hospital staff to support people appropriately in the case of an emergency. Relatives told us that the staff recognised signs of someone being unwell and contacted GP's. One relative told us, "Staff are very good, they call a GP straight away."

The building was suitable for people's needs. Each person's bedroom had been personalised with the person's choice of décor, furniture, photographs and mementos. The property had been adapted to allow one person to be able to live on the ground floor. Their relative told us, "The provider went out of his way to make sure they had good accommodation and that met their needs." There was a garden at the back of the building which people could use.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA.

Is the service caring?

Our findings

People continued to be treated with warmth, respect and equality by staff. Relatives told us that the provider and staff were kind and caring. When talking to one relative about the provider they told us "They care about the care." One person communicated with us via a communication tablet and told us he was happy.

A health and Social Care professional told us, "Magenta provides people with a lovely, homely place to live."

Staff interactions were supportive and enabling. Staff had developed strong, caring and positive relationships with people they supported. Staff knew people well, including their likes and dislikes and their preferred routines. They knew about people's life histories and how these impacted on them.

We observed people smiling and laughing during their interactions with staff. Staff spoke to each other and the people living in the service in a respectful way. One relative told us, "Our family has just been extended with the staff here."

People were encouraged to be as independent as they could be. We observed people going shopping with staff to buy items for dinner and were encouraged to try and help to prepare the food. Staff were passionate about supporting people to become as independent as possible to make sure they were able to gain the most out of life. One staff member told us, "We support people to find solutions that work for them." A relative told us, "They have things here to help them to be independent."

People were encouraged to be involved with families. We observed that people's relatives felt free to visit people when they wanted to do so and were welcomed by staff. One relative told us, "I am made to feel I can come and visit anytime I want." Families were offered food and drinks during their visits and were able to enjoy a meal with the person that they were visiting.

People's dignity and their need for privacy and personal space was fully supported when they required it. Staff knocked before entering people's rooms and they were respectful when carrying out personal care. When people were in pain or discomfort, staff had recorded key non-verbal cues and body language so that they could be attentive to peoples' distress and respond effectively.

Personal information was kept locked securely in the staff office and staff we spoke to, were clear about the need to maintain people's confidentiality in line with internal policies.

Is the service responsive?

Our findings

People received an extremely responsive service that met their wants and needs. People were provided with highly personalised, tailored care and supported to live active and fulfilling lives. Staff took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes. People received a highly bespoke service of support with a named key worker and unique shift pattern.

Relatives praised the service highly. One relative said, "I love that [relatives name] doesn't have to fit in, they fit into [relatives name] and get to know him and what he wants to do." Another told us, "I love it for him, he has so much more potential now."

One person living at the service was described as hyper-sensitive to loud noises and, in particular, the sound of dogs barking, this had the potential to trigger aggressive behaviour. The person enjoyed spending time in the community and would encounter dogs whilst out. Staff worked to gradually introduce the person to two spaniels to desensitise them to dogs. They reported this was a tremendous success, so much so that they now regularly play with and walk the dogs. The person is now able to spend time in the community without being fearful of dogs they encounter and without needing to end an activity to avoid them.

One person living at the service had struggled to maintain a good sleep routine, averaging just 2-3 hours of sleep a night and would routinely rise at around 4am each day. Staff told us they would seek support and attention through the night and would show significant aggression if they did not get this. As part of the assessment staff supported them on a five day break to Center Parcs. Staff noticed that one of the days where they took part in activities they slept soundly. This trip formed the basis for the sleep strategy on their arrival to the service. There was evidence that they needed adequate stimulation during the day to be able to rest at night. The service made sure that they had a wake-night carer available to support the person when they were having difficulty sleeping and to encourage them to rest in his bed. The service created a snug area in their bedroom that they could use at night to reinforce spending night-time in our bedroom. The service developed an evening routine designed to promote sleep that included 1:1 support to stay with them until they naturally fell asleep. For example, story reading, looking at family photos, talking in relaxed tones. The service introduced a system for measuring and recording the amount of sleep achieved each night. Due to the work that has been done the person awakes feeling refreshed and ready for their day.

Following feedback from staff the provider recognised that to provide people with the best opportunities the shift patterns for people working at the service needed to change. The provider introduced a rolling rota where staff's working pattern would be 2 days on and 4 days off. The registered manager told us that this provided consistency for people living at the service. Each shift is 8am - 10pm. One staff member told us, "The shift pattern is different from anywhere else which means that people have more opportunities and staff can go above and beyond." The longer days allowed staff to take people out at different times of the day without feeling they had to rush back.

The provider told us, "our two on-four off staff rota system has significant benefits to both service users and staff. It is predictable so that, over time, service users come to recognise who will be supporting them next."

It avoids the need for inconvenient handovers part way through the day and results in a more natural style of support and homely setting." The registered manager told us, "I have no doubt that the rota system contributes to our high levels of staff satisfaction and retention."

All of the people living at the service had 1:1 care for 24 hours of the day. This provided people with the ability to do what they wanted to do throughout the day as they did not have to share staff's time with other people. One staff member told us, "working with people 1:1 really opens things up for them and allows them to build trust with the staff member."

The provider and registered manager spoke passionately about the work they did to make sure that the service could meet a person's needs and that the transition into the service was smooth. They told us about the transition process for one person who moved into the service in 2018. This person began by spending time at home with them doing activities they enjoyed. This developed into 1:1 activities. Next, taking the person on a 5-day break to Center parcs with the people that would be working with them to start to build a trusting relationship. Following this trip, the person made regular visits to Magenta until they felt confident enough to move in. The provider and manager had invested time to make sure that the transition was successful.

There was a strong person-centred culture which had been embedded into assessments, support planning and reviews. The staff involved each person, their family members and external professionals in implementing the support plans and focussed on ensuring as much information as possible was gathered about personal history and cultural backgrounds. The support plans were separated into sections such as, routines, communication, behaviour plans and future action plans.

People's care plans were extremely detailed providing comprehensive information and guidance on the person's needs and preferences. People's care plans included a personal history, 'This is me' this was also in easy read format and contained details of individual preferences, interests and aspirations. They had been devised and reviewed in consultation with people. Staff understood people's needs and preferences, so people had as much choice as possible. The registered manager told us, "Our care and support plans provide my staff with clear, necessary information regarding how people need and prefer to be supported in a format that is highly accessible."

We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely positive with much laughter between staff and the people they supported. Staff engaging in games that were led by the people.

The staff demonstrated a good awareness and understanding of individuals they supported with complex needs. Staff were able to explain how people could present with behaviour that challenged and how this could affect people's wellbeing. Staff tailored care and support to each person's individual needs, this approach meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. The registered manager told us, "Where my service users have complex behaviour support plans I have access to my line manager who is trained in applied behaviour analysis and able to assess behaviour and design effective behaviour support plans for my staff to implement."

Healthcare professionals we spoke with told us staff were very responsive to people's needs. They said the staff are knowledgeable and understand individual's needs. One health care worker told us, "They should be proud of what they do, it's amazing."

People were offered a variety of activities each day and important events were celebrated. One person had recently had a birthday. Birthday cards were on show throughout the home and staff told us they had a birthday tea and all of the family came. Staff kept in touch with families and sent them pictures of their loved ones taking part in activities via a mobile app. Staff told us that recently a person had taken part in an activity that they previously had found difficult. The staff sent pictures of the person enjoying their time at the activity to their family. The person's family members were therefore able to share in their achievements.

People were supported to continue with their interests and hobbies. One person who lived at the service enjoyed playing with Nerf toys. Staff engaged with the person doing this and played the games with them.

Staff at the service recognised that the complex needs of a person could mean that they were not always able to participate in activities in a public place such as a swimming pool. Staff had identified other pools that a person could use at times when anxiety was high or they were showing signs of challenging behaviour. This meant the person could continue to take part in something that they enjoyed. One staff member told us, "[person's name] is transformed in the water, it releases so much anxiety."

People were positively encouraged to take risks to enhance their quality of life. These risks were methodically assessed to ensure people's safety but the provider had recognised that given the time and resources, people could have tremendous opportunities to pursue their ambitions and fulfil their dreams. One relative told us, "They take positive risks for [relative's name] which means he has so many opportunities." For example, one person with a specific medical condition regularly took part in canoeing and kayaking. The provider and staff at the service had created a plan which allowed staff to know exactly where the boats were. This meant that should the person require medical attention a staff member was able to give the ambulance service a location.

The provider told us, "Paddling is a fantastic form of regular exercise for the people we support that helps with fitness and develops a high degree of physical co-ordination and skill."

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. We observed that staff understood the different ways that people communicated and supported them to make themselves understood. People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives.

There was an innovative approach to the use of technology to enhance people's well-being. Some people used technology to help them plan their day and time, for example, tablets (portable computer). One person living at the service had significant communication difficulties and was unable to express themselves using speech. They used a small number of Makaton signs but tended to use gestures and objects of reference as their main means of communication. They had an electronic communication device but didn't seem to use this effectively when he arrived. The service observed that when they did use it they were able to engage in more meaningful and effective communication. The registered manager discussed this with staff and it became clear that staff were not used to this kind of device and that this contributed to the difficulties with its use. In response to these concerns the registered manager requested training from the Kent and Medway Communication and Assistive Technology Service for all staff. Staff are now able to customise the symbols available to the person to make them more relevant to their interests and needs. This supports them to make choices. It also supports them to describe their feelings. Both of these areas enable him to exercise more control over their life.

The service gave effective emotional support to people at times of bereavement and loss. Although no one

was at the end of their lives when we inspected, staff explained to us how a person they supported in a nearby service had recently died, very suddenly. This had affected people as they had been close friends. Staff had supported people to attend the funeral and the wake. Staff had supported people to grieve and understand loss and how best to remember their friend.

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised. People and relatives told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with accessible information about how they could raise complaints. Relatives we spoke with felt listened to. One relative said, "I feel confident that I can talk to the manager about what is best for [relatives name] if I have a concern and it will always be listened too."

The vision of the service was to create a pathway of care, offering people opportunities to move onto less dependent care. The service provided people living there with skills to prepare them for this. For example, cooking and cleaning and accessing the community. The registered manager told us, "The clear care pathway we offer is supported by years of evidence. It enables people to move through our residential service into homes of their own. This year I have been able to support three people from this home to move into supported living and to enjoy all the advantages that this brings."

Is the service well-led?

Our findings

Relatives and staff told us they thought the service was well led. One staff member told us, "The provider values and invests in staff." One relative told us, "I have confidence in the provider and the manager to provide the best care they can."

There was a registered manager 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 registered manager had worked for the provider for over 15 years, progressing from a support worker role and knew people in the service well. They had built strong, positive, trusting relationships with the staff team.

The registered manager used a number of audits to monitor the quality of the service. This included observing staff practice, reviewing the accuracy of record keeping and seeking the views of people and their families. Where action was needed it was taken, and learning from the quality monitoring was fed back to staff in team meetings. Staff told us they had the opportunity to raise concerns or suggestions in these meetings, and records showed suggestions were explored by senior staff.

Staff told us they were aware of the whistleblowing policy. They said they were confident that they could speak to the registered manager or provider if they had concerns that people were not being treated well. They said their concerns would be taken seriously and thought the registered manager would investigate any concerns in a transparent and timely manner.

Staff could access policies and procedures and these were reviewed annually by the registered manager. Records were stored securely to protect people's confidentiality. There were regular staff meetings and monthly supervision meetings when staff discussed their performance and personal development needs. Staff said they could make suggestions about the day to day running of the service, that they were listened to.

The provider, registered manager and staff spoke knowledgeably and passionately about people. They were proud when they told us about improvements in people's health and well-being and shared stories with us about people who had previously been supported at Magenta and had moved on to supported living. They supported people to do as much as possible for themselves to promote and maintain their independence.

The provider, registered manager and staff shared their visions and values about the service. The provider told us, "Looking ahead we want to develop services that are driven by the change in need."

The registered manager worked closely with managers from other local services run by the provider to share ideas and best practice. The staff team worked in partnership with people's relatives, care managers and

other health care professionals to support the care provision and ensure joined-up care. The provider told us, "We are fortunate to have an excellent team of managers."

The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC rating was displayed in the service. At the time of the inspection the provider did not have a website.