

# Magnolia Court Limited

# Magnolia Court

## Inspection report

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Streatham,  
London,  
SW16 2PL  
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Date of inspection visit: 9 and 10 September 2015  
Date of publication: 10/11/2015

### 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

We carried out this unannounced inspection of Magnolia Court on 9 and 10 September 2015.

Magnolia court is a large care home that is split into two flats, one on the ground floor and one on the first floor. Each flat contains a bedroom, lounge, kitchen and bathroom. The downstairs flat also has a private garden area. Magnolia Court provides accommodation and support with personal care for up to two people with learning disabilities and associated conditions. At the time of the inspection there were two people using the service.

The service had a registered manager in post at the time of the inspection. 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.

We last inspected the service on 11 June 2014 and found the service to be compliant in all areas inspected.

# Summary of findings

People we spoke with told us they liked living at Magnolia Court and one person told us they were looking forward to moving onto more independent accommodation in the near future. One person we spoke with told us they felt safe living at Magnolia Court and that the staff looked after them well.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. The service had submitted general DoLS authorisation documents to the local authority safeguarding team.

The service had robust systems in place to maintain people's safety at all times. For example risk assessments were carried out to identify and minimise both known and unknown risks to people.

Staff had comprehensive knowledge of their responsibilities in relation to safeguarding people from abuse. Staff were aware of the differing types of abuse and how these may present, who to inform of suspected abuse and how to maintain people's confidentiality.

Staff underwent on-going comprehensive training which enabled them to effectively support people in their care. Staff were able to identify their own training needs and request additional training if needed.

Medicines were administered, recorded and stored in line with company policy and good practice. Staff were aware of the importance of medicines management and showed good knowledge of the medicines they administered and their purpose.

The service operated a person centred approach to the delivery of care which meant that care was tailored to the individual's needs. People were encouraged to be involved in decisions about their care where appropriate. Evidence showed that people contributed to their care plans and risk assessments.

Staff treated people with dignity and respect at all times. Staff had significant knowledge of the people they supported and were observed encouraging people to express their needs in a positive and inclusive manner.

The service had a warm and welcoming atmosphere where people were encouraged to share their views and opinions. Throughout the inspection staff were observed interacting with people in a professional, inclusive and warm manner.

The service had adequate numbers of staff at all time to ensure people's needs were met.

People were supported to access external health care professionals to ensure their health and wellbeing was monitored and maintained.

# 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?

The service was safe. The service had comprehensive risk assessments in place to ensure people were protected against known risks.

The service had comprehensive systems in place to ensure that the premises and equipment were safe and operational.

Staff had comprehensive knowledge of the safeguarding framework and were aware how to raise concerns.

Staffing levels were sufficient to ensure people's needs were met.

Good



### Is the service effective?

The service was effective. Staff received on-going comprehensive training to ensure they could effectively meet people's needs.

People received sufficient amounts to eat and drink at times they chose. Staff supported people's nutritional needs.

People's health care needs were monitored and were referred to their GP and other health care professionals as needed.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005. Staff sought people's consent prior to delivering care

Good



### Is the service caring?

The service was caring. Staff supported people with compassion and respect at all times.

Staff supported people to maintain their independence in line with their care plan.

People were given explanations about what was happening in a manner they understood.

Staff encouraged people to make decisions relating to their care.

Good



### Is the service responsive?

The service was responsive. The service had robust systems in place to respond swiftly to concerns and complaints.

The service had a person centred approach to the delivery of care, this meant that care was tailored to the person's needs.

Care plans were comprehensive and reviewed regularly to include people's changing needs.

People were supported to participate in activities that they chose both in-house and in the local community.

Good



### Is the service well-led?

The service was well-led. People told us that they could approach the registered manager at any time if they wished to discuss something.

Good



## Summary of findings

The service actively sought feedback on the service provision to improve the service.

The registered manager actively encouraged partnership working with other health care professionals. This meant that people had access to a wide range of expertise.

# Magnolia Court

## 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 9 and 10 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we gathered information we held about the service. For example we looked at statutory notifications sent to us by the service in the last 12 months.

During the inspection we spoke with two people, one relative on the phone, two care staff, the registered manager and the area manager. We looked at two care plans, two health action plans, two 'my plans', the maintenance book, the policies and procedures, two medicine audits, three staff files the accident and incident book and reviewed feedback provided from health care professionals involved with the service.

# Is the service safe?

## Our findings

People told us that they felt safe at Magnolia Court and that they knew staff were there to help them remain safe. One relative we spoke to told us, “My [relative] is safe, they make sure of that”.

People were protected against risks. The service had comprehensive and robust risk assessments in place to ensure that risks were mitigated. Risk assessments were person centred and took into consideration not only people’s need for support but also their strengths. Risk assessments covered various aspects of people’s lives for example, accessing the community, accessing the community without direct support from staff, finance management, behaviours that others find challenging and communication and were reviewed and updated regularly.

We saw that risk assessments had also been written in a format that people could understand. For example, one person’s risk assessments were in pictorial format. Where possible and appropriate, people were encouraged to be involved in the development of their risk assessments, identifying areas that they may require support with.

People were protected against abuse by knowledgeable and confident staff. Staff had comprehensive knowledge of safeguarding legislation. We spoke with staff who were able to identify the different types of abuse and tell us how they would report this. One staff member told us, “We have a duty of care to look after the people we support. If something is wrong or I suspect abuse I would report this straight away”. The service had a hotline number for staff to call should they wish to report any concerns relating to safeguarding or whistleblowing anonymously. Staff told us they would have no concerns either using the hotline or contacting the registered manager. We saw evidence of staff raising concerns about people’s safety which was acted upon by the manager in an appropriate, timely and confidential manner.

People’s medicines were managed safely. The service had robust systems in place to ensure medicines were managed safely. We carried out an audit of the two people’s medicine that the service held and found that

medicines were stored, administered and disposed of in accordance with the provider’s policy. We observed medicines being administered to one person and this was done safely and in line with good practice.

People were supported to live in a home that was safe. The service carried out extensive daily, weekly, monthly, six monthly and yearly checks to ensure the safety of the premises was maintained. Maintenance checks covered, fire safety, health and safety and general maintenance and were in line with the provider’s policy. .

People were supported by staff who had clear guidelines on what to do in the event of an emergency. The service had in place an emergency plan should there be any reasons the service was unable to remain open. The emergency plan detailed the action staff are to follow including who to contact and inform and where to support people to i.e. a local hotel as means of alternative accommodation.

The service learnt from incidents and accidents and people were protected from reoccurring incidents. Incidents and accidents were recorded detailing the cause of the incident if known, the outcome and any actions that were required. We saw evidence which confirmed what the registered manager told us that detailed records were analysed to ascertain if there were any irregularities or patterns that could be addressed to minimise the risk of the incident reoccurring.

At the time of the inspection there were sufficient staff on shift to ensure people were safe. We spoke with the registered manager and the area manager who confirmed they were undertaking several interviews with the hope of employing further staff. We looked at the rota and found that staff were working additional shifts to cover the staff shortages, the registered manager informed us that this was a short term solution and that a sister home were also supporting ensuring that staff were not working too many hours.

The service had robust recruitment systems in place to ensure appropriate staff were employed. During the inspection we looked at staff files and found that security checks had been undertaken, for example staff had two references, disclosure and barring services (DBS) checks and photo identification.

# Is the service effective?

## Our findings

One person told us, “They [staff] help me do things that I want to do”. A relative told us, “The staff are knowledgeable and know how to support my [relative], I have no concerns whatsoever”.

People were supported by competent and trained staff. Staff told us they underwent rigorous induction training prior to working independently within the service. The provider assessed staff competency at undertaking certain tasks for example, engaging with people, understanding the fire procedure, using the kitchen facilities and reporting incidents. One staff said, “The induction programme is very thorough and they [staff] make sure you know what you’re doing before signing your competency pack”. Staff confirmed that their induction is tailored to their individual needs and therefore can be extended if they required additional support or time.

Staff received on-going comprehensive training to enable them to effectively carry out their roles. We looked at staff training records and found that staff had undertaken training in safeguarding, first aid, medicine administration, physical intervention and health and safety. Staff told us that they found the training helpful and could request further training if they felt they required more. The registered manager told us that she would request additional training should she identify any needs in that area.

People were supported by staff who reflected on their working practices to improve their performance. Staff received on-going supervision and were given the opportunity to have time with their line manager to discuss all aspects of their role. We looked at staff files and found that staff were able to direct the supervision covering topics they felt they either required additional support or they wished to discuss. Staff we spoke with told us, “The supervision is helpful, but I can talk to the registered manager at any time, I don’t have to wait for my supervision to raise things”.

People were not deprived of their liberty unlawfully. One person told us, “I can go out if I want to, staff come with me when I go”. Staff demonstrated sound knowledge of the MCA and DoLS. Staff told us, “We are here to support people to do things and live their life not hold them back”. We looked at the records held by the service and found that the registered manager had applied for general authorisation DoLS with the local authority deprivation of liberty department in line with legislation. We spoke with the registered manager who had comprehensive knowledge of the process of applying for a DoLS and how to carry out a MCA assessment where appropriate.

Staff were able to effectively communicate with people at all times. We observed staff interacting with people using different communication styles, for example staff used not only verbal communication but also their body language to communicate. Staff were observed sharing information in a manner that the person preferred which was carefully detailed in their care plans.

People were supported to make choices and given consent in a way they understood. Staff told us, “We seek people’s consent by asking them what they want, not what we want them to do”. We observed staff seeking people’s consent with regards to personal care, medicine administration and meals. Staff used differing techniques to obtain people’s consent, for example, one person who did not verbally communicate was shown objects as a reference to choose from.

People were supported to make healthy choices in regards to food and drink. Staff encouraged people maintain a healthy diet by providing health choices. People could assess the kitchen in their flat with support from staff to choose something to eat. We observed staff offering people fruit throughout the inspection and drinks were available at all times for people. Staff had a clear understanding of the importance of supporting people to maintain a healthy lifestyle and the consequences should this not occur.

# Is the service caring?

## Our findings

One person told us, “I like them [staff] they are nice”. A relative told us, “[Staff] love my son, I’ve got every faith in them”.

People’s privacy and dignity was maintained and respected by those who supported them One person told us, “They [staff] respect my privacy and they are kind to me”. Staff were able to tell us the importance of maintaining people’s privacy and dignity and how they ensured this when supporting people. For example, staff told us that the doors are shut when personal care is being delivered .When staff shared information about people with other staff that they do so out of the earshot of others.

Staff had a good understanding of the importance of maintaining people’s confidentiality and were aware of the consequences of breaching this. We spoke with staff who told us, “Information is shared on a need to know basis”. During the inspection staff were aware that there was a policy and procedure on maintaining people’s confidentiality and they knew where to access the policy should they need to.

People were supported by staff who knew them well. Staff were able to tell us about people’s likes and dislikes and their history. Both staff and the registered manager had an understanding of previous significant events in people’s lives and how these impacted on people to date.

People were supported by staff who used their skills and knowledge to encourage them to remain calm. Staff were aware of the triggers that caused people to become agitated and had the skills and knowledge to effectively support people to initiate self-calming. We observed staff supporting people who had become anxious and who displayed behaviours that others may find challenging. Staff used a calm approach to ascertain what had caused the anxiety and how to de-escalate the situation.

Staff communicated with people in a way they could understand. Staff used various communication methods to share information with people about what was happening and any plans for the remainder of the day. Staff were observed using both verbal communication, body language and objects to reinforce the information they shared. For example with one person staff used short sentences to share information and not overload people.

People were supported to maintain positive relationships with family and friends. People told us, “Staff take me to see my mum, they come with me and I go there a lot”. Both staff and the registered manager told us they facilitated people visiting their family or having family visit the service as often as people chose.

People were supported by people who acted in their best interests. The registered manager told us people’s family advocated for them. The registered manager was aware of how to obtain independent advocacy services should the need arise.



# Is the service responsive?

## Our findings

One person told us, “Staff take me out to do things, I go shopping and out for meals”. A relative told us, “They [staff and registered manager] will contact me if something has happened, they always tell me important information about my [relative]”.

The service had a comprehensive person centred approach to the delivery of care. The registered manager chaired review meetings that included person centred approaches to support people to choose what they want for themselves. This included their future, ambitions and goals. We saw evidence of people being involved in their care plans where appropriate by signing documents about their care that they agreed with. Care plans were comprehensive and gave staff clear guidance on how to support people and reviewed regularly to reflect people’s changing needs.

People were able to access information the service held about them in a format they understood. Evidence showed the service has ‘My plan’ documents which were smaller documents in pictorial format giving comprehensive yet simplistic guidance to staff.

People were encouraged to engage in a wide range of activities that they enjoyed. During the inspection one person was supported to access the community to purchase items of their choice and visit the bank. The person told us, “I like going out, I sometimes get a bus and sometimes I go for walks”. On the second day of the inspection we observed people accessing the community again. People were given choices around the types of activity they wished to participate in and consideration was taken in account of people’s behavioural presentation and safety to ensure appropriate activities were undertaken whenever possible.

People were empowered to share their views and have their choices respected. Staff told us, “We always offer a choice, sometimes people need support in making choices but ultimately it’s their choice”. Choices offered covered all aspects of the care people received for example, when they wanted to receive support with personal care, what they wanted to eat and what activities they wanted to participate in. During the inspection we observed staff offering people choices with regards to their lunch.

Concerns and complaints were dealt with in line with company policy and acted upon in a timely manner. One person told us they could raise concerns with the registered manager if they wanted to however they did not need to. This was also corroborated by a relative who said they would have no problem raising a concern or complaint as they know it would be investigated fully.

During the inspection we saw evidence that the registered manager had documented people’s concerns and informed the relevant people where appropriate. The area manager confirmed that any concerns or complaints are noted so that these can be learnt from in the future. We spoke with the registered manager about concerns that had been raised and found that these had been dealt with appropriately.

People’s independence was promoted and people were encouraged to gain new skills. The registered manager told us, “Because someone’s behaviours indicate something is a risk, does not mean that they should not do it. We minimise the risk to support people to do things for themselves where possible”. Staff encouraged people to be involved in all aspects of the care they received. We observed staff supporting people to maintain their independence in a safe and controlled manner. For example, staff supported one person to make their own cup of tea safely.

# Is the service well-led?

## Our findings

People told us, “I can talk to her [registered manager] if I want to”. A relative told us, “She [registered manager] will talk to me when I need to speak with her”.

One person told us, “They [staff and registered manager] listen to me”. The registered manager encouraged an open, transparent and inclusive culture whereby both staff and people were actively encouraged to share their views and be part of the ‘team’.

The registered manager told us she operated an open door policy whereby staff could contact her for guidance and support. Staff confirmed this when they spoke with us and we saw examples of staff seeking guidance from the manager during the inspection. Staff also told us they were happy with the level of support they received from the registered manager and that she would not ask staff to do things that she wouldn’t do and that made them feel like it was team work.

Staff told us their concerns were listened to and that they could raise these with the registered manager during their one to one meetings or could contact her at any time. The registered manager told us that she welcomed staff raising concerns as this would help to ensure that morale within the team is maintained. At the time of the inspection the staff we spoke to told us they had no concerns that they wanted to raise.

People were supported to access health care professionals as part of the partnership approach encouraged by the service. Staff told us that there was an open and transparent approach to information sharing and that information was shared amongst the team through various means. The registered manager was steadfast in involving external health care professionals in decision making for people and actively encouraged partnership working.

People’s views and those of others were actively sought to improve the service. The registered manager sent out yearly quality assurance questionnaires to gain feedback on the service delivery and improve practice where appropriate. Questionnaires were sent to people who use the service, their relatives and staff. During the inspection we saw evidence of the questionnaires that were returned and the action plan created by the registered manager to address points made in the questionnaire.

People were supported by staff who had clear knowledge of company policy. There were policies and procedures in place to ensure staff had the appropriate guidance to carry out their role. Staff were able to identify where the policies were kept and that they could access these for guidance at any time.

The registered manager and staff carried out regular audits of the premises for example, fire drills, fire fighting equipment and kitchen hygiene. We saw evidence that these had been undertaken and where issues identified these were then reported and acted upon swiftly.