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

Summary of findings

Overall summary

This inspection took place on 4 December 2018 and was announced. At our last inspection in November 2017 we found a breach of the regulation in relation to safe care and treatment. This was because some upper floor windows were not appropriately restricted. However, the provider took action to rectify this by the time we completed the inspection. We also found one person was not receiving care in line with restrictions placed on their liberty by a supervisory body and that the registered manager did not always identify and act on problems such as those we identified at the inspection. We rated the service 'Requires Improvement' overall and in the key questions, 'Is the service safe?' 'Is the service effective?' and 'Is the service well-led?' In the key questions, 'Is the service caring?' and 'Is the service effective?' we rated the service Good.

Magnolia House is a 'care home'. People in care homes receive accommodation and nursing or 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. Magnolia House is able to accommodate up to three people within one building. At the time of our inspection there were two people using the service. The care service has been developed and designed in line with the values that underpin the 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.

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.

People using the service were safe because the provider had appropriate systems in place to safeguard people from abuse and avoidable harm. This included management plans for people who had a history of engaging in risky behaviour. People had personalised risk assessments covering both generic risks and those that applied specifically to them. Risk management plans were designed to keep people safe without overly restricting their freedom.

The provider took steps to reduce the risk of infection spreading. They carried out a number of checks to ensure the premises were safe, well maintained and clean. This included the safe storage of medicines. People received their medicines as prescribed and the registered manager ensured staff were competent to administer them. There were enough staff to care for people safely.

The provider kept up to date with relevant guidance and worked alongside other providers to ensure the care they provided at Magnolia House was effective and in line with best practice. People had their needs assessed and care planned to take into account their specific needs in relation to healthcare and the provider worked with mental health professionals to meet their needs effectively. People had enough

suitable food and drink to meet their needs. The home environment was suitable for the people who lived there and met their individual needs.

The provider understood their duties under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). People received care that they had consented to and did not unnecessarily restrict or deprive them of their liberty.

Staff received support to provide effective care. The registered manager shared best practice knowledge with the staff team and staff received regular training, supervision and appraisals.

Staff cared for people in a compassionate and respectful way. People had good relationships with staff who understood them well. Staff knew how to communicate information to people in ways they understood to help them make informed choices about their care. Staff promoted people's privacy, dignity and independence.

People's care was personalised and they were involved in planning their care. Care plans took into account people's diverse needs, interests, abilities and preferences. There were several activities available that were appropriate for people's abilities, cultural backgrounds and interests and helped protect them from social isolation.

There was a robust complaints procedure and people knew how to complain although no complaints had been received since our last inspection.

People, their relatives and staff gave positive feedback about the registered manager. The manager listened to people and acted on any concerns they had. People had opportunities to feed back and there was an open, person centred culture within the organisation. The provider had systems to check and monitor the quality of the service and ensure people received care in line with their care plans.

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 systems in place to protect people from abuse and avoidable harm. Risks to people were assessed on an individual basis and there were regular checks to ensure the premises were safe, including the control of infection.

There were enough staff to care for people safely.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and support to provide effective care in line with current best practice. This included working alongside healthcare professionals to meet people's healthcare needs. People's nutritional needs were met.

People received care in line with the principles of the Mental Capacity Act (2005) which helped to ensure they only received care they consented to or that had been agreed to be in their best interests.

The premises were suitable and adapted to meet people's needs.

Is the service caring?

Good

The service was caring.

The service remained Good.

Is the service responsive?

Good

The service was responsive.

The service remained Good.

Is the service well-led?

Good

The service was well-led.

The provider maintained an open and person-centred culture where people, their relatives and staff were able to feed back about any concerns.

The registered manager collected feedback and acted on it quickly.

The provider had systems to monitor and improve the quality of the service.

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 4 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications sent to us by the service. These are forms the provider must complete to tell us about significant events that take place within the service.

During the inspection, we observed how staff interacted with people. We looked at two people's care plans and other records including medicines records. We also checked two staff files and spoke with one person who used the service, one relative of a person who used the service, one member of staff and the registered manager. Because the service is small, we made sure people we spoke with were aware they could potentially be identified by their comments and checked they consented to them being used in the report.

Good

Is the service safe?

Our findings

People and their relatives felt the service was safe. One person said, "It is a good place. I'm happy" and a relative told us, "There are no issues with safety. They know exactly what they're doing." At our previous inspection we rated the service 'Requires Improvement' in the key question, 'Is the service safe?' because first floor windows did not have restrictors to prevent them from opening wide enough for a person to possibly fall out. However, the provider took immediate action to rectify this and installed restrictors.

At this inspection we found the provider had appropriate arrangements in place to safeguard people from harm and abuse. There was a clear procedure for reporting incidents and staff demonstrated a good understanding of how to recognise and report abuse. We saw the provider had responded appropriately to safeguarding incidents that occurred since our last inspection. Where people had a history of presenting behaviour that could harm others, there were clear management plans that staff were aware of to protect those people and others around them. For one person whose history indicated they may have been vulnerable to harm and abuse, the provider had worked closely with that person, the local authority and other agencies to develop a support plan designed to keep the person safe. This meant the person had the freedom to participate in certain activities that would have been too unsafe for them without the risk management strategies that were now in place. The person was aware of the plan and the possible consequences of not adhering to it.

People had risk assessments covering risks specific to them and taking into account their level of ability. For example, one person had epilepsy and the provider had considered risks of them coming to harm through having seizures. There was detailed information in their file about how staff should keep the person safe before, during and after seizure activity. Other examples of assessed risks that had management plans to reduce them included falls, choking and crossing streets. The provider also carried out specific risk assessments for new or complex activities such as holidays. Management plans were designed to allow people as much freedom as possible while minimising risks to them. There had been no accidents or significant incidents at the service since our last inspection but the registered manager told us how they had dealt with and learned from previous incidents to prevent them from happening again.

The premises were well maintained and safe. The provider had a business continuity plan that covered risks to people's safety and contingency plans in the event of an emergency. There were fire safety arrangements in place and equipment was regularly checked and serviced. Electrical appliances and gas safety were regularly checked and there were measures in place to ensure tap water was at a safe temperature. The provider ensured hazardous substances such as cleaning chemicals were kept securely and had assessed the risk of people coming to harm through these. The home was clean and food was stored at appropriate temperatures, suitably wrapped and with use by dates clearly marked. Handwashing facilities were kept replenished with soap and paper towels to maintain good hygiene.

There were enough staff to care for people safely. Two members of staff were employed to support two people and both members of the provider partnership, one of whom was the registered manager, were also available when needed to provide care and support. We did not look at recruitment processes in depth at

this inspection, because the provider had not employed any new staff since our last inspection where we found they had robust processes for ensuring they only employed suitable staff.

Medicines were managed safely. One person told us, "I get my tablets twice a day. It's very important and I always get them." Medicines, including controlled drugs, were stored appropriately in secure cupboards. Stock records and medicines administration records showed people received their medicines as prescribed. Information about the medicines people took was available for staff and the registered manager assessed staff members' competency to administer medicines at least annually through supervision. Each person had a personalised medicines support plan showing what support they needed. One person had special arrangements for taking medicines because of swallowing difficulties and these were clearly set out.

Good

Is the service effective?

Our findings

At our last inspection in November 2017 we rated this service 'requires improvement' under the key question, 'Is the service effective?' because one person did not always receive care in line with the restrictions placed on their liberty by a supervisory body. The person was required to have staff support at all times when out in the community but we found they sometimes travelled alone. 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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, 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 were being met. We found the person's DoLS authorisation had been updated and the conditions of the authorisation were amended to reflect the fact that the person had been assessed as capable of going to certain places alone. This meant the provider could be assured the person was safe without unnecessarily restricting their freedom.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of the principles of the Mental Capacity Act Code of Practice and DoLS, including never assuming a person does not have capacity to make a decision for themselves. This helped to ensure the correct processes were followed to enable people to receive only care they had consented to or was in their best interests.

People received care from staff who had the relevant skills, knowledge and experience. All of those involved in providing care to people had worked at the service for a number of years. One member of the provider partnership and one member of staff had a nursing background. The registered manager told us this had helped them deliver relevant aspects of the service such as infection control and first aid as they were familiar with best practice guidance. Staff told us they were happy with the training they regularly received and said it covered all the topics they needed. Records showed this included training that covered the individual needs of people currently using the service including specific health conditions. Staff received regular one-to-one supervisions and annual appraisals. Staff also said the registered manager kept them up to date with current research and best practice by regularly reading relevant guidance and passing it on to staff, which the registered manager confirmed.

Assessments took into account people's medical history, background and disabilities. We saw care plans took all of these into account and regular reviews included briefly reassessing people's needs, including any guidance from healthcare professionals, to check if any changes needed to be made in their care plans. The service had housed people with complex needs in the past which meant staff had experience of working alongside healthcare professionals such as district nurses to provide effective care. Staff told us they had gained new skills and experience from this, which they used to inform their current work. For example, one

person who no longer used the service had difficulty swallowing (dysphagia) which was identified by a speech and language therapist. Staff later noticed another person had the same signs and symptoms the speech and language therapist had pointed out and referred the second person to the same service, who confirmed the person also had dysphagia. We saw evidence that staff closely followed the guidelines provided by the speech and language therapy team to ensure the person only ate foods that were appropriate for them and helped to maintain their health.

We saw other examples of how the service worked with healthcare providers to maintain people's wellbeing and quality of life. One person told us, "I see the doctor and the dentist when I need to." Staff supported one person to work with mental health professionals to help maintain their health and develop their confidence. Care plans incorporated advice from other providers and contained detailed information about how staff should support people to stay healthy and fit, including eating well and exercising. The care plans were cross-referenced with people's health action plans. A health action plan is a document designed to help people with learning disabilities access the healthcare they need and to make choices about their healthcare. This helped ensure care plans were up to date with information staff needed to help people keep healthy.

People received support to eat a variety of nutritious foods. One person told us, "I can cook anything I like." A relative confirmed that staff supported people to eat healthily and maintain a healthy weight. There was a menu reflecting this, but the menu was flexible and could be changed depending on what people wanted. Records showed people sometimes opted to try new things rather than always eat the same dishes. There were picture cards to help people who did not communicate their choices verbally to choose what they wanted. One person told us they cooked their own meals and care plans contained detailed information about people's preferences around food and drinks.

The home environment was appropriate for the needs of people using the service. The provider had recently undertaken some refurbishment work including a new kitchen and communal areas were clean, well decorated and homely in appearance. The home had a pleasant, well-maintained garden with wooden furniture, attractive plants and garden ornaments. One person had their bedroom downstairs because using the stairs was risky for them and they also had their own ground floor toilet and washing facilities. The registered manager told us they had a wheelchair ramp for the step leading into the home so people could invite guests who used wheelchairs to visit them.

Good

Is the service caring?

Our findings

A relative told us, "[Person] loves the staff. They are very affectionate." We observed the registered manager interacting with people in a respectful manner, using different communication styles to suit different people's levels of ability. It was evident that they knew people well and this was also reflected in their care plans, which contained detailed information about people to help staff build up a relationship with them. One person told us, "I've got to know them well. They're nice here." We observed the registered manager offering a person the opportunity to watch something they particularly enjoyed on television while they waited to go out and the person's expression changed from neutral to smiling enthusiastically. Staff spoke about people with respect and affection and it was clear they knew people well, including their abilities, preferences and interests.

One person told us, "I always know what's going to happen because they tell me." A relative said, "They involve [person] in everything, like the food shopping." People were involved in planning their care and care plans took into account the different levels of support people needed to make choices about their care and how staff should do this. For example, one person's care plan stated they sometimes preferred a bath and sometimes a shower and that staff should always offer the choice. People and relatives told us people had choices about what they ate, how they dressed and how they spent their time.

Care plans took into account people's different communication styles when considering the support they needed to access information and make informed choices. One example we saw was a person who was likely to answer "yes" to questions they did not understand. Another person was likely to misinterpret things staff said to them. This was written in their care plans, which instructed staff about how they could make sure each person received information in ways that were clear to them. This included the use of pictorial flash cards to help one person understand information staff were giving them. People's care plans had simplified summaries to help people understand their contents and there was evidence people were involved in developing their care plans. This helped to facilitate people's understanding of what their choices were around the care they received and to enable them to express their preferences.

People and their relatives told us staff promoted their privacy and dignity. One person said, "They always knock at my door. It's my space." Staff confirmed they always did this and made sure people's doors were closed while supporting them with personal care. The service promoted people's independence as far as possible. One person told us, "I learned how to cook. I do my own cooking, cleaning and shopping. One day I would like my own place." Staff were aware of what people could do without help and encouraged them to do things for themselves. A member of staff told us they offered people help with household and care tasks but encouraged people to do them independently if they could. One person was able to attend some activities in the local area and visit family without staff support. The registered manager told us they were working with the other person to help them maintain their independence as they aged. While the person was limited in what they could do without support, staff encouraged them to be involved in household tasks as far as possible and told us they had become more independent in some areas.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. A relative told us, "The way they care for [person] is excellent. They bend over backwards to accommodate [person's] needs. I don't know where we'd be without them." Care plans were personalised and accommodated people's likes and dislikes, interests, wishes, needs and abilities. There was detailed information about how people preferred to be supported. For example, one care plan contained the information that the person did not like crowds or being rushed but enjoyed activities like discos and trips to the pub. Staff recorded any unusual behaviour that might indicate a change in people's health or care needs, consulted healthcare providers where appropriate, and took this into account at care plan reviews. Records showed the reviews happened regularly, with the frequency depending on need. Care plans also took into consideration how people's needs were likely to change as they got older and any extra medical checks they might need.

People benefited from a variety of activities to suit their personal tastes and abilities. A relative told us, "[Person] is extremely happy there. They take him everywhere and do everything with him." When we arrived for our inspection, one person was out at a gym and the other was about to leave for a day trip organised by a local charity. We saw photographs of people enjoying organised activities including a birthday party, day trips and holidays. One person told us, "I enjoyed the holiday to Devon this year." The registered manager told us they had a regular holiday destination they visited every year, which particularly helped one person who sometimes lacked confidence in trying new things, but they had also gone abroad this year which had been successful.

One person's relative said people received support to maintain relationships with those who were important to them and records confirmed that people regularly visited their families. Care plans contained information about the relationships that were important to people and the support they needed to maintain them. One person had difficulty using a telephone and the registered manager arranged for them to use a tablet computer so they could stay in touch with their family via video calls. A member of the provider's family often visited on a voluntary basis to act as a befriender for a person who did not often see their family. The provider also took into account people's diverse needs while planning care. The provider recognised that people had diverse needs in terms of their sexuality and worked with people, their families and other providers involved in people's care to make sure people's needs were recognised in ways that kept them and others safe. People received support to buy food items appropriate to their cultural background, to attend church and to celebrate religious festivals.

One person said that if they had any complaints, "I would tell my parents and they would talk to [the registered manager]. She always sorts things out." A relative told us, "I have nothing to complain about but I would know how to if I needed to." They told us they would be confident that the provider would respond appropriately to any complaints. The provider had not received any complaints since the last inspection but they had a robust policy for dealing with complaints and concerns, which was displayed in a communal area of the home.

We did not look at end of life care in detail because it was not relevant to the people using the service at the

time of our inspection. However, the registered manager told us how they had previously met the needs of people approaching the end of their lives and said they would be able to accommodate this should the need arise in future.

Good

Is the service well-led?

Our findings

At our last inspection in November 2017 we rated the service 'Requires Improvement' in the key question, 'Is the service well-led?' because we found the registered manager did not always identify and act on problems with the safety of the service.

At this inspection, we received very positive feedback about the registered manager. One person said, "[The registered manager] tries her best. She's good at running things." A relative told us, "[The registered manager and provider] are lovely. [Person] loves them" and "It's an excellent organisation. I have no qualms at all. I cannot praise them enough and they always go above and beyond." Staff described the registered manager as "very supportive and helpful, otherwise I would not have worked here for so long" and told us the manager had paid them a personal visit when they were unwell. They also told us they could call the registered manager any time they had any problems or concerns and the registered manager would immediately put together an action plan to deal with the problem.

The provider had a set of "core principles" about what people who used the service could expect and what their responsibilities were. The principles included equal opportunities, being treated with respect, having a variety of suitable activities and the right to complain. Because people, relatives and staff were aware of the principles, this helped to promote equality and a person-centred culture within the service.

Because the service was so small and only supported two people with two members of staff, the provider did not carry out many formal audits. However, they were able to assess and monitor the quality of the service in other ways. The registered manager explained they were on site most of the time and could easily keep track of whether tasks were completed. For example, they were able to check all medicines records and stock daily. They also used checklists to make sure staff carried out their duties in relation to cleanliness and infection control. People's care records were kept in a format that made it easy for the provider to check daily that staff were delivering their care in accordance with care plans.

The provider conducted regular surveys to gather the views of people, their relatives and staff. We looked at the results of the most recent surveys, carried out in Autumn 2018. All of the responses were positive, with families rating the service "excellent." One person had requested more information in pictorial format, which the registered manager said they were currently working on. The provider had a service improvement plan which included improvements to the premises including the décor and people confirmed they were involved in deciding what their home should look like.

People, relatives and staff told us the service had a very open culture and everyone had an equal say because the provider listened to all suggestions and concerns. This was reflected in comments on the recent staff survey. Minutes from staff meetings showed the registered manager regularly kept staff up to date about their plans and welcomed feedback. The registered manager told us there had been no accidents or untoward incidents at the service since our last inspection and felt this was because everyone communicated well and listened to one another.