

SIL.2 Limited

Magnet Court

Inspection report

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South Yorkshire
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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

The inspection took place on 2 March 2016 and was announced. We gave the service 48 hours' notice in line with our current methodology about inspecting domiciliary care agencies. The service was registered with the Care Quality Commission in August 2015. This was the first inspection of the service.

Magnet Court provides support for up to fifteen people with enduring mental health conditions. Service users live on site in spacious, self-contained flats. Parking is available and the service is situated in a quiet residential area of Doncaster. Support packages are flexible and based on individual needs.

The service did not have a registered manager in post at the time of our inspection. However, the service had an assistant manager whose role was to oversee the day to day operation of the service until a new manager commenced employment. We were told that a manager had been selected and was due to start working at the service in April 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service had a procedure in place to safeguard people from abuse. We spoke with staff who told us they had completed training in this area and knew how to recognise and report abuse. Staff told us they would report any issues to the assistant manager and felt confident they would deal with the matter immediately.

The provider had appropriate arrangements in place to manage medicines. We looked at prescribed medication and medication records for three of the people that were supported by the service. All the records we looked at were up to date and the administration had been accurately recorded. The service had a four stage process for supporting people to manage their medicines safely.

We spoke with the assistant manager about recruitment and were told that people who used the service were involved in the process.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk management plans which identified any risk associated with people's care.

Through our observations and by talking with staff we found there was enough staff available with the appropriate skill mix to meet people's needs. People who used the service said there was always someone available and they could call them at any time.

Staff we spoke with told us they felt supported by their managers and received appropriate training to carry out their roles effectively. We spoke with the assistant manager about training and were told it was provided by external trainers and they had access to the local authorities learning pool.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of

Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this and said they would speak with the assistant manager if they needed any further advice.

People were supported to make healthy choices in relation to food and drinks. People who used the service told us that if they required support, staff would assist them to draw up a menu for the week, prepare a shopping list and purchase the required items.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from professionals when required.

We found that staff knew people well and were aware of their likes and dislikes. They worked with people on an individual level and operated a key worker system which assisted them in getting to know people well.

Staff worked with people to support them to achieve their objectives in line with their views and opinions. Staff had built good working relationships with people where they felt able to chat in an open and friendly manner.

Support plans we looked at were person centred and contained useful information required to support people effectively.

The service had a complaints system in place and this was seen as an integral part of continuous improvement. People knew how to raise concerns and we saw evidence that concerns had been dealt with effectively.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

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.

The service had a procedure in place to safeguard people from abuse. We spoke with staff who told us they had completed training in this area and knew how to recognise and report abuse.

The provider had appropriate arrangements in place to manage medicines.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

Through our observations and by talking with staff we found there was enough staff available with the appropriate skill mix to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff we spoke with told us they felt supported by their managers and received appropriate training to carry out their roles effectively.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make healthy choices in relation to food and drinks.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff had built good working relationships with people where

they felt able to chat in an open and friendly manner.

We saw care provided was person centred and individualised to support people's needs. Plans of care were very flexible to allow for any changes in the persons behaviours, or needs.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

People were involved in different activity groups in the community which supported their recovery plan.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement.

Is the service well-led?

Good ●

The service was well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw various audits had taken place to make sure policies and procedures were being followed.

There was evidence that people were consulted about the service provided.

Magnet 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 checked 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 2 March 2016 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection was undertaken by one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service, and visited another person in their own flat.

We spoke with two care workers known as recovery support workers, the assistant manager, and the project development manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt the support they received was provided in a safe way. One person said, "I would tell staff if I was worried about anything, they would sort it out for me."

The service had a procedure in place to safeguard people from abuse. We spoke with staff who told us they had completed training in this area and knew how to recognise and report abuse. Staff told us they would report any issues to the assistant manager and felt confident they would deal with the matter immediately.

The provider had appropriate arrangements in place to manage medicines. We looked at prescribed medication and medication records for three of the people who were supported by the service. All the records we looked at were up to date and the administration had been accurately recorded. The service had a four stage process for supporting people to manage their medicines safely. For example stage one, was where a person required full support and went to the onsite office at times when their medicines were prescribed and a staff member assisted them. A person at stage four of the process self-medicated and stored their medicines in a locked cupboard in their own flat. Support plans indicated which stage people were at and what staff should do in order to support the person safely.

Medicines stored in the onsite office were stored safely and a fridge was available to store medicines that required cool storage. Temperatures were taken of the fridge on a daily basis to ensure the medicines were stored correctly. We spoke with the assistant manager about temperatures not being taken of the room where medicines were stored. We were told they would address this.

Through our observations and by talking with staff we found there was enough staff available with the appropriate skill mix to meet people's needs. People who used the service said there was always someone available and they could call them at any time. People felt staff were friendly, approachable and very supportive. One person said, "The staff are very good. I can talk to them and they understand me." Staff told us there was an 'on call' rota with two tiers of management to respond when needed.

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to three staff and found they contained the relevant pre-employment checks as indicated in the recruitment policy. This showed the process had been followed effectively.

We spoke with the assistant manager about recruitment and were told that people who use the service were involved in the process. Some staff we spoke with said they had been interviewed by people who used the service when they applied for the job. Staff felt this involved people right from the start and was a positive step. People we spoke with had enjoyed this role and felt their opinion had counted and been listened to.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk management plans which identified any risk associated with people's care. For example, finance exploitation, non-compliance with medication, and personal hygiene. We saw the risk was identified along with any known triggers and a risk reduction strategy was in place where appropriate.

Is the service effective?

Our findings

We spoke with people who used the service and they told us they liked the staff team and felt they were supportive and knew what they were doing. One person said, "I have a keyworker and they really understand me."

Staff we spoke with told us they felt supported by their managers and received appropriate training to carry out their roles effectively. We spoke with the assistant manager about training and were told it was provided by external trainers and they had access to the local authorities learning pool. The assistant manager showed us a training matrix which identified what training was provided and when staff were required to complete it. This included training such as medication, health and safety, first aid, drugs awareness and safeguarding.

Staff told us they received regular supervision sessions. These were individual meetings with their line manager to offer support and guidance. Staff told us these sessions were valuable and gave them individual time with the manager to raise any issues they may have. However, staff told us that if they had a concern to raise they would speak with the assistant manager sooner. Staff told us she operated an open door policy and was very approachable.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We observed staff working with people who used the service and spoke with staff, and found the service to be meeting the requirements of the DoLS. Staff were aware of the company policy in relation to the MCA, decision making and DoLS. People were in control of their own support and staff told us that decisions were predominantly made by the people who used the service. Staff understood that some people required more help and support to make more complex decisions.

People were supported to make healthy choices in relation to food and drinks. People who used the service told us that if they required support, staff would assist them to draw up a menu for the week, prepare a shopping list and purchase the required items.

Where possible, the service encouraged people to prepare their own meals with any support that they required and people with more complex care needs could have their meals provided to them by the care staff.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at care records and found other professionals had been involved in people's care and support as required. For example, social workers and mental health services.

Is the service caring?

Our findings

People who used the service told us they felt the staff were very nice and supportive. Everyone we spoke with told us the staff understood them well. People felt they could chat with staff and told us they were approachable if they needed to talk about something or needed support sorting something out.

We found that staff knew people well and were aware of their likes and dislikes. They worked with people on an individual level and operated a key worker system which assisted them in getting to know people well. Each month a key worker session took place. This was a one to one meeting with each person, and looked in-depth at the person's support and if this was working for the individual). If the plan was not working the person would discuss with their keyworker, ways of changing it to better suit their needs. One person said, "I get on really well with my keyworker, they are very helpful and easy to talk to."

We saw a tenant's handbook was in place which welcomed the person to Magnet Court and gave information about people's tenancy agreement, what people could expect from the staff team, local information and how staff could support and work with people. This also included a mission statement which stated that individuals would receive service in a manner that respected them and acknowledged their specific values, beliefs and experiences. Staff we spoke with were keen to support people in line with their views and preferences. One staff member said, "We are not here to judge, we are here to help support their recovery."

Staff worked with people to support them to achieve their objectives. One person told us that they were part of a cooking group which the staff had initiated in order to assist people to interact with each other and develop friendships. Staff had looked at the skills the person had and what they enjoyed doing and the group had been set up with this in mind. There were two people involved in the group and each week one person cooked a meal and invited the other person over to their flat to eat the meal. The following week this was reciprocated. We spoke with one person who was really enjoying the group and hoping that when more tenants move on to the site more people will join in. One person said, "I like making friends so I have joined the cooking group to get to know people better."

Is the service responsive?

Our findings

We spoke with people who used the service and they felt staff were skilled in their role and very supportive. People told us they were involved in their support plans and discussed them on a regular basis with their keyworker. One person said, "If things are not working out I chat with my keyworker and sort it out."

Support plans we looked at were person centred and contained useful information required to support people effectively. For example, support plans included sections about finance support, personal care and hygiene, food preparation, correspondence, medication and social inclusion. We also saw recovery plans in place which were based on managing people's mental health needs, physical health and self-care, living skills social networks, addictive behaviour, identity and self-esteem. People were involved in their recovery plan and felt able to chat with their keyworker or any other member of staff about it if they needed to.

People were involved in activities in the community such as groups set up to support mental health. One person was involved in an art group as they expressed themselves via painting and art work. This was displayed in the office area of the service.

The service had a complaints procedure and was committed to providing quality customer service and to improve where required, by listening to concerns raised. The service welcomed any suggestions and comments to drive up quality. An easy read version of the complaints procedure was also available to assist in understanding who to complain to and how to raise concerns.

We spoke with the assistant manager about complaints and were told that all complaint were logged in line with the company policy. This showed how the complaint had been handled, the outcome and any lessons learned.

We also saw a log of informal concerns. These were low level issues including environmental issues such as a roof tile missing, and a heater in the kitchen which had fell off wall. A monthly complaints audit stated the action taken to resolve the issue and if it had been successfully resolved.

We spoke with people who used the service and found they felt comfortable to raise concerns if they needed to and felt confident they would be actioned. One person said, "I would tell staff if I was worried about anything. They would sort it out for me. I don't have anything to complain about. I like it here, I have my independence and staff are around if I need them."

Is the service well-led?

Our findings

People we spoke with felt the service was managed well and they were able to speak with the assistant manager with ease. Staff we spoke with told us the management team was extremely supportive and always available when needed. One staff member said, "We are supported by good managers and we work very well as a team. "

This support was evident throughout the company. We saw that a member of the senior management team visited the service every month. They took time to talk with staff and people who used the service with a view to understanding how effective the service was and to improve service delivery.

At the time of our inspection there was no registered manager in place. However, the assistant manager was covering this role with the support of project development manager. We were told that a new manager had been recruited and was due to commence employment in April 2016.

A monthly audit took place to monitor the quality of service provided. This was last completed in February 2016. This looked at health and safety, policies and procedures, complaints, accidents and incidents, staffing, care and welfare of people who used the service and medication. A percentage score was given in each area based on performance. If any issues were identified an action plan was set up to address anything requiring improvement.

In addition to this audit we saw that support plans were monitored on a monthly basis to ensure they were relevant and contained the correct information.

There was evidence that people had a voice in the service and how it operated. People were asked for their opinions via a questionnaire which asked people's views regarding accommodation, environment, community meetings and staff. The last completed contained mainly positive comments. People also had the opportunity to discuss the service in tenant's meetings and one to one monthly meetings with their keyworker.

Prior to our inspection the service had sent in a provider information request. This stated, 'Our service is focused on ownership by delivering measurable results. We maintain a culture of openness, honesty and employee involvement.' We spoke with staff and people who used the service to check if this happened in practice. One staff member said, "The management team are very honest with staff and involve us in the service by asking our opinions." A person who used the service said, "There is always someone I can talk to or call upon."