

Rehabilitation Education And Community Homes Limited

Magnolia

Inspection report

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Website: www.reach-disabilitycare.co.uk

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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 the 9 May 2018. It was an unannounced visit to the service.

Magnolia is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Magnolia care home accommodates four people in the main house and two people are accommodated in the annex at the rear of the property. The service is registered for six people with a learning disability, mental health and other associated conditions. At the time of this inspection five people lived there.

This was the first inspection of the service since it was registered in November 2016. This was a comprehensive inspection to provide a rating for 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 no 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. The home had a manager who was in the process of applying to the Commission to be registered.

At this inspection we found the service was providing safe, effective, caring and responsive care in a service that was led-lead. Relatives were happy with the care provided. They gave examples where their family member's independence had increased and their health and well-being had improved.

People were safeguarded from potential abuse. Risks to them were identified and measures put in place to mitigate risks. Accident and incidents were appropriately managed, recorded and measures put in place to prevent reoccurrence.

Staff were suitably recruited, inducted, trained and supported. They were clear of their roles and responsibilities and worked well as part of team. They were welcoming, kind and caring in their interactions with people and responded to changes in individuals in a timely and supportive manner.

Systems were in place to promote safe medicine practices. People were supported to attend to their health needs and nutritional needs and risks were addressed.

The home was suitably maintained and the equipment provided was serviced and safe. Staff were trained in health and safety and infection control. However, some areas of the home were in need of a clean to prevent cross-infection.

People were assessed prior to admission and transitions into the service ran smoothly. Some people had care plans in place, whilst for two people, who were new to the home, their care plans were under development. Person-centred care was promoted and staff worked in a person-centred way in facilitating individual's communication.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked to the principles of the Mental Capacity Act 2005 and promoted people's involvement in their care, independence, choices and activities.

The provider had systems in place to audit the service and get feedback to improve practice. The manager was new to the service. They had an action plan in place which identified improvements they wanted to make. They were clear of their vision and values for the service and had brought about positive changes in the short time they had been in post. Systems were in place to promote communication with the team and external professionals. Staff, relatives and other professionals were complimentary of the manager and the way the service was run and managed.

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.

People were provided with sufficient staff to meet their needs and promote their safety.

People were protected from potential abuse and risks to people were identified and managed.

People's medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were inducted, trained and supported in their roles.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Some people had care plans in place which outlined the care required. Staff were aware of people's needs and care plans for newer people to the service were being developed.

People were supported to pursue their interests and person-centred activities were encouraged.

People's communication needs were identified and they were provided with support and aids to promote communication and involvement in their care.

Is the service well-led?

Good ●

The service was well-led.

The manager was new to the service. They had brought about positive improvements and was clear of their vision for the service.

Improvements were made to records and further improvements were identified and planned.

People were supported by a service that was audited and actively sought feedback from others to bring about improvements.

Magnolia

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.

This inspection took place on 9 May 2018 and was unannounced. It was carried out by an inspection manager and an inspector.

We used information the provider 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 reviewed other information we held about the service such as notifications and safeguarding alerts. A notification is information about important events which the provider is required to tell us about in law. We contacted health care professionals involved with the service to obtain their views about the care provided. Their feedback is included within the report.

During the inspection we walked around the home to review the environment people lived in. We spoke with the manager and four care staff. Some people who used the service had limited verbal communication, whilst other people stayed in their bedrooms and choose not to engage with us. When people were in communal areas of the home we observed how they were supported and staff's engagement with them. We spoke with three relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included five care plans, medicine records for four people, handover records, four staff recruitment files, staff training and supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence

Is the service safe?

Our findings

Relatives believed their family members received safe care. They told us staff were available to support and supervise their family member when required. A relative commented " When I visit there always seem to be enough staff around."

A professional commented, "The team there appear to be thoughtful and flexible in trying to address people's needs whilst maintaining appropriate boundaries."

During the inspection there was adequate levels of sufficiently trained staff to support people in the service. Staff took time supporting people and were not in any rush. Staff visibility was good and there was always a member of staff around when someone needed assistance. We saw that people were supported by staff to go out into the community when they chose to do so and staffing levels allowed this to happen.

The rotas were flexible and showed three staff were provided on day time shifts. A fourth staff member worked a split shift such as midday to 20:00 to enable people to be supported appropriately with community access. A waking night staff and sleep in staff member was provided at night. The service had three care staff vacancies that they had recruited into and was awaiting clearance checks on those individuals prior to them commencing work at the service. They had a deputy manager vacancy that they were actively trying to recruit into. The service used bank, their own staff and agency staff to cover gaps in the rota to ensure the required staffing levels were maintained. Out-of-hours management support and advice was provided. Staff confirmed on call managers were responsive and provided them with support and advice when required.

Risks to people such as risks associated with behaviours, nutrition, skin integrity, mobility, mental health and physical health needs were identified. Management plans were in place to mitigate the risks. These were up-to-date and kept under review. Staff were aware of the risks people presented with and the intervention required to address the risk.

Safeguarding information was displayed clearly in the office of the service. Staff were aware of their responsibilities in relation to safeguarding and reporting of accident and incidents. Accidents and incidents were recorded, reviewed by the manager and reported to the organisation's head office. The operations managers generated a graph from the information provided which enabled them to identify trends in accident/incidents and respond appropriately. Team meeting minutes showed discussions on individuals and recent incidents to promote learning from incidents.

Staff were trained to support people who sometimes physically challenged staff or other people using the service. Records viewed outlined the types of behaviours people may exhibit and situations or triggers which may increase the likelihood of these behaviours occurring. They also described the signs and behaviours people may exhibit if their anxieties were increasing or they were troubled by something, for example being in pain. Clear and consistent strategies were in place for staff to follow to reduce the person's anxiety and reduce the risk of the person harming themselves or others. These guidelines were person-centred and it

was clear that any form of physical intervention by staff was used as a last resort and for the shortest period of time. We saw evidence which demonstrated that for some people who had been living at the service, that the number of incidents of anxiety and challenging behaviours had reduced.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with the use of equipment and the facilities. Relevant health and safety checks had been made. This included gas safety, electrical and Legionella checks. The fire equipment was serviced and systems were in place to check and monitor the fire safety equipment on a regular basis. This consisted of checking the fire alarm, emergency lighting and fire door closure systems were working on a weekly basis. Regular fire drills occurred and details were recorded around who was present in the service at the time and which staff participated in the drill. We noted that any learning from the fire drills was recorded in the documentation to improve the evacuation procedure. All people living in the service had a personal emergency evacuation plan (PEEP) in place. These provided guidance on how people were to be evacuated in the event of a fire. All relevant fire documents were stored in an emergency 'grab bag' which staff took with them when an evacuation of the building took place. The service had a business continuity plan in place which provided guidance to staff on actions to take in the event of a major disaster such as a fire or gas leak which made the home inhabitable.

Systems were in place to promote safe medicines administration. Staff involved in medicines administration were suitably trained and deemed competent to administer medicines. Records were maintained of medicines ordered, received, administered and disposed of. Medicines were stored appropriately and temperatures were checked of the cupboard in which medicines were kept to ensure a safe temperature was maintained. Care plans contained information on what medicines people were prescribed and how people liked to have their medicines administered. Protocols were in place for the use of 'as required' medicines. These contained clear guidance on when the as required medicines should be offered. We looked at a sample of medicines administration records. We found no gaps in administration in the records viewed. Stock checks of medicines took place to ensure any discrepancies were picked up in a timely manner.

Staff were trained in infection control. The service had a named staff member designated as the infection control champion. A one page profile was on display in the office which outlined their experience and role. Staff told us they were provided with the required personal protection equipment such as gloves and aprons to prevent cross infection. Staff were responsible for cleaning. Cleaning schedules were in place which outlined tasks to be done and when. These were dated and signed off when completed. Areas of the home were in need of a deep clean. There was dust and cobwebs visible on surfaces and a build-up of dirt on the floor around the cookers and fridges. The manager agreed to address the building's cleanliness with staff.

Robust checks were in place to ensure that only suitable staff were employed to work at the service. Record showed a check had been made with the Disclosure and Barring Service (criminal records check). This was to make sure the staff members were suitable to work with vulnerable adults. References were obtained from previous employers and proof of the right to work was confirmed. Work history and health assessments were completed. The recruitment files were well organised and included records of the interview process and the application form. Gaps in staff's work histories were explored and explained in the records.

Is the service effective?

Our findings

Staff told us they had been inducted into the home and worked alongside other staff in getting to know how to support individuals. Staff files contained records of an effective induction into the service. Where appropriate the Care Certificate was completed by staff new to working in care. The Care Certificate is a nationally recognised induction which tests both the knowledge and competency of staff during the first 12 weeks of their employment. We saw that observations of staff's competence were undertaken by the manager. We noted these observations were comprehensive and recorded how the staff members had demonstrated the competencies required.

Staff confirmed they had received training in their role. They gave us examples of training they had attended. The provider had a training matrix in place which outlined the training that had taken place and was planned. Staff were trained in topics the provider considered mandatory such as health and safety, fire awareness, first aid and food hygiene. The organisation identified any specialist training required at the point of assessing people. This was then sourced following the person's arrival at the home. The records showed staff had specialist training relevant to the people they supported such as epilepsy, brain injury, anaphylaxis (allergy) awareness, communication passport and management of actual or potential aggression (MAPA). The home had a team of new staff, some with more experience than others. The manager was actively supporting staff in their roles and development. This was to ensure they had the skills necessary to support people. The manager had identified staff to take on key roles relevant to their skills such as medicines management, infection control and health and safety to enable them to focus on other aspects of running the service.

Staff told us they felt supported in their roles and received one-to-one supervision from their manager. The manager explained that prior to them starting at the service in November 2017 supervision for staff had been inconsistent and staff had not undertaken a yearly appraisal. We saw that since the new manager had been in post a system of regular monthly supervisions had been implemented and all staff had participated in an appraisal of their performance. The appraisal also looked at their future development and identified areas which staff members required or requested further development. A matrix was in place which showed when supervision or appraisals took place and when the next supervision or appraisal was scheduled.

Relatives told us staff seemed trained to do their job. A professional told us staff were skilled and were motivated to learn, particularly their skills in relation to communicating with people.

The manager had systems in place to promote communication within the team. They used a social media-based message system and a communication book to keep staff updated on key issues. A handover book was in use and monthly team meetings took place. Staff were asked to read and sign to confirm they had read and understood changes in individuals, policies and procedures. Staff told us they worked well as a team. They felt communication within the home was good and they felt well informed and included.

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 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 trained in the MCA and demonstrated they had a good understanding of the act. Where people lacked capacity to make decisions, best interest decisions were taken for them. Records showed these decisions were taken in line with the MCA and associated codes of practice. They were specific decisions which took account of the person's views and those who knew the person well.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. In the files viewed appropriate applications for DoLS had been made for people. A record was maintained of the date of the DoLS application, date of approval, date we were informed and date of renewal. Staff had been trained in DoLS. They were aware how DoLS related to the people they supported.

The service had a process in place for assessing people prior to them coming to live at the home. We reviewed the assessment documents for the two newest admissions. These were comprehensive and well completed. It identified people's needs and support required in relation to areas of care such as personal care, health, dietary requirements, cultural and spiritual, sexuality and relationships, communication and life skills. It indicated at the end of the document if any specialist training was required for staff and whether a best interest decision-making meeting was required around the move. This was then actioned.

Relatives told us the move to the home went smoothly and all issues were considered before their family member moved in. A professional told us they were involved in the transition of one of their service users to the home. They described the transition as, "Excellent, with very good communication between the manager and the team."

People's care plans outlined their health needs and the support required. Care plans included a pictorial health action plan which outlined the support people required to meet their health needs. People had access to a GP, dentists, optician, psychiatrist and other health professionals where appropriate. People were supported to hospital appointments when required. The service was proactive in this area and advocated for people in situations where they felt health services were not being provided in an accessible way. Records were maintained of appointments with health professionals. Three of the files viewed included a hospital passport. This outlined people's needs and key people involved to enable hospital visits to be more effective for individuals. Relatives were happy that their family members health needs were met. They gave us examples where their family member was supported to go to the dentist, GP and was encouraged to go for hospital appointments.

Staff were responsible for cooking the meals. A four week rolling menu was in place but people were asked daily what they wanted to eat which meant the menu was adaptable and flexible. A record was maintained of the meals eaten. People's care plans outlined their food likes and dislikes and the support required with their meals. Staff were aware of the level of support people required. The service had identified two people who had significant weight loss over a period of time. Records showed that relevant assessments of the risks in relation to this were taken and they were referred to a dietitian through their GP. At the time of our inspection, these two people were still waiting to be seen by the dietitian. However, the service had taken action to reduce the risks of malnutrition by monitoring those individuals weight on a weekly basis and fortifying their diets in line with guidance from the GP. This meant the risk of malnutrition for people had been reduced and we saw the weight of those individuals had stabilised and was beginning to increase.

People living at the service had access to the kitchen area of the service and were regularly offered drinks and snacks throughout the day. We observed people using pictures to choose the foods which they enjoyed and these were developed into a menu displayed within the service. Staff told us that meal times at the service were not at set times as people chose when they wanted to have their meals and what they wished to eat. We observed this person centred approach to mealtimes happening during our inspection.

The main building had a large sitting room and dining area with a separate kitchen. Two bedrooms had an en-suite shower. The home had a communal bathroom to be used by two people. The annex which accommodated two people had two bedrooms, a walk in shower room, a small sitting room and kitchen area. The home had access to maintenance support. Records were maintained of items reported to be repaired and replaced. The home had a refurbishment plan in place which outlined areas to be decorated and frequency. The bathroom and one of the en-suite shower room had no windows and smelt damp. The manager agreed to address that with maintenance.

Is the service caring?

Our findings

Relatives told us staff were welcoming and friendly. They described staff as kind and gentle. A relative commented " Staff seem lovely, polite, chatty and always complimentary of everything [person's name] do." A professional told us staff had positive engaging relationships with people.

A professional commented, "All members of the team have been welcoming and interested in working to provide excellent care for the residents."

Staff were friendly and welcoming. They had positive relationships with people. We observed staff interacting with people in an appropriate and caring manner. Staff observed people in an unobtrusive way encouraging a relaxed atmosphere in the service. This naturally reduced people's anxieties.

We observed a staff member supported a person who was becoming distressed. They used appropriate physical touch and good eye contact to support the person, distract them and offer reassurance. Another staff member was observed engaging with a person in a relaxed fun way, with appropriate use of joking and laughter.

During the inspection we observed an agency staff member failed to assist or take an active role in supporting people. They engaged with a person but with little interest or enthusiasm. This was fed back to the manager who confirmed they had noted the staff member's failure to be involved and agreed they would address it with the agency.

People's privacy and dignity was promoted. People had their own bedrooms. Staff were observed knocking on people's doors prior to entering their bedrooms. During the inspection staff protected people's privacy and dignity when they were using the communal bathroom by ensuring other people and visitors were not in the corridor. The service had a staff member who was named as the dignity 'champion'. Their photo and an outline of their experiences and the role was on display in the office. Their role was to support staff in promoting people's dignity.

In observations, staff acted in a professional way and it was clear that they were very aware of people's individual needs and how they liked support to be provided. Staff treated people equally and responded appropriately to their needs and wishes. Some people had limited verbal communication. Staff were aware of individuals communication needs and they communicated effectively with people using their preferred communication methods.

The manager was keen to promote people's independence. We saw for some people their level of independence had increased since they had come to live at the home. This was being promoted and developed to increase people's life skills and involvement in their care.

The home had no advocacy involvement at the time of the inspection. The manager was aware how to access advocates for individuals when required.

The provider had policies, guidance and systems in place to promote people's confidentiality in line with the data protection act. The manager told us they were aware of the General Data Protection Regulation (GDPR) that was coming into force in May 2018. They advised that the organisation was developing a policy and guidance on it to ensure they work to the GDPR regulation.

Is the service responsive?

Our findings

Care plans were in place in three out of the five files viewed. The care plans were comprehensive and specific as to the level of support and intervention people required in relation to all aspects of their care such as personal care, physical health, mental health and behaviours. They were person-centred and outlined how people wished to be supported by staff. Care plans were reviewed and showed people's involvement or contribution to them. The service had also gained information from people and professionals who knew the individuals well. Protocols were in place for the management of epilepsy, allergies and challenging behaviours. Two people recently admitted to the home did not have care plans in place. They had a detailed assessment document and information from their previous placement on file. The manager explained they were in the process of developing their care plans including risk assessments. The operations manager told us that their expectation would be that people's files would be completed within approximately six weeks of moving into the service. They advised they were monitoring the progress with the care plans and that this would be addressed.

A professional told us they found the manager able to discuss care and make sure care plans were implemented.

During discussion with staff they indicated they were aware of people's support needs, risk and important information they needed to know to enable them to be responsive to people's needs. Throughout the inspection we observed staff were responsive to people and they intervened appropriately and in a timely manner to prevent escalation of individual's distress and anxiety.

A 'keyworker' is a named member of staff who supported the person to coordinate their care. People had a named keyworker. Keyworkers completed a monthly report on individuals. This was pictorial and outlined changes and progress over the month. The manager had assessed resident meetings were not appropriate for the current resident group and individual keyworker reports were person-centred and more relevant to individual's needs.

Relatives confirmed they were involved in placement reviews and felt well informed. They were not aware if their family member had a named keyworker but felt their family member had developed positive relationships with all the staff.

A professional told us they were impressed with the way the service conducted reviews. They told us the manager comes to reviews prepared and shares their objectives for the individual and the service.

People had person-centred activity programmes in place. One person went to school. Other people had access to swimming, bowling, discos and going to a local park. We observed people were given choices in relation to activities they wanted to do. People went out throughout the day of the inspection and a vehicle was provided to promote community access. People who required it were provided with two staff for community access. The manager was keen to further improve access to activities for people and this was being developed. Relatives told us their family members had access to activities if they choose to get

involved in them. A relative commented "[person's name] has done lots of activities since being there. He goes swimming, bowling and to the cinema which he has not done for a long time."

People were involved and consented with planning of their care. Their independence was promoted and they were encouraged to make choices in relation to meals, activities and personal care. A professional told us staff provided a person-centred approach to all aspects of a person's care, needs and risks. A relative told us their family member had become more independent in many aspects of their life in the short time they had lived there.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager was not fully aware of the Accessible Information Standard but their practices showed that people's communication needs were identified and met. The operations manager agreed to discuss and provide clarity on the Accessible Information Standard at the next managers meeting. We observed staff treated people equally and understood their verbal communication, gestures, behaviours and responded appropriately to them. People were provided with some written information such as menus in a pictorial format and other aspects of information relevant to people such as the complaints procedure was being developed in an accessible way.

Staff were aware how to support people to raise a concern or a complaint. Relatives told us they felt able to raise issues and felt confident issues raised would be addressed. The manager had a system in place to log complaints. The service had one complaint logged since it was registered with us. This was investigated and responded to in line with their policy.

The service was not supporting people with end of life care. If end of life care was required this would be discussed with relevant people involved in a person's care to establish how that should be managed.

Is the service well-led?

Our findings

The manager commenced employment with the organisation in November 2017. They were in the process of applying to us to be the registered manager for the service. They were aware of their responsibilities under the Health and Social Care Act 2008 to notify us about significant events. We used this information to monitor the service and ensure they responded appropriately. They were also aware of the duty of candour regulation requirements to be open and transparent when things go wrong.

The manager had brought about improvements to the service and had an action plan in place which outlined their priorities for the service. They were clear of their vision and values which was to promote people's independence and individuality. They had developed the staff team but wanted to further develop the team to support them in their vision and values. They had delegated aspects of their work load to key staff to promote their involvement in the service and utilise their skills.

Staff felt the home was well managed and issues were dealt with. They described the manager as accessible, approachable, experienced, friendly, a good listener and "hands on". They felt the manager had brought about clarity to their roles and had put systems in place which gave them structure and direction. Throughout the inspection we saw the manager supported people and staff when required

Relatives were happy with the way the service was managed. They described the manager as, "A lovely person, incredibly supportive, helpful and keeps them informed and involved."

A professional involved with the home described the manager as, "Helpful and a good communicator." They told us the home was well managed and that the manager and staff had positive relationships.

The provider had systems in place to audit the service. Aspects of care such as health and safety, infection control and medicines were audited. The operations manager carried out monitoring visits and action plans were in place to address issues from audits. These were reviewed and signed off when completed.

People's records were accessible. There were some gaps in recording of people's daily records and two people did not have an up-to-date care plan in place. These issues were being addressed. The manager had been proactive in organising all records relevant to the running of the service and this was still work in progress and included in the homes action plan. The health and safety and medicines records were well organised and accessible.

The organisation had systems in place to get feedback on the service. Team monthly meetings took place. Staff told us they felt able to contribute to those and that their views and input was taken into consideration. Annual surveys were sent out to people, staff, relatives and professionals. The last survey was completed in November 2017 which had no responses from relatives and other professionals. The feedback from people who used the service and staff was generally positive with actions taken to address areas for improvements.