

SIL.2 Limited

Magnet Court

Inspection report

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Doncaster
South Yorkshire
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Tel: 07711391905

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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 13 November and was announced. We last inspected the service in March 2016 when it was found to be meeting with the regulations we assessed. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Magnet Court provides support for up to fifteen people with enduring mental health conditions. People 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 is provided by SIL.2 Limited.

The service had a registered manager in post at the time of our 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. On the day of the inspection the registered manager was unavailable so the clinical lead received inspection feedback.

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 was notifying CQC about incidents that had occurred when required.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the care staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The provider was following safe recruitment procedures. People told us they were involved in the recruitment of new staff.

Records and observations showed us there were sufficient numbers of suitably qualified staff to support people in line with their needs. People received one to one support when this was needed and staff were skilled in providing person centred support.

There were systems in place to ensure people's medicines were managed safely. Staff were trained and had their competency assessed to administer medicines. We made a recommendation around recording of medicines.

Staff were trained to carry out their role and felt they had the necessary skills to do their job. Through our observations we saw staff knew people well and understood their needs. Healthcare professionals were

accessed as required.

The provider had a complaints policy to guide people on how to raise concerns.

We found the provider had robust audit and monitoring systems in place to identify and address shortfalls. Staff we spoke with felt the service was well led.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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 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 was a planned comprehensive inspection. The inspection took place on the 13 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that people would be in. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. Statutory notifications include information about important events which the provider is required to send us. The provider had sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also contacted commissioners to seek their views of the service.

We spoke with two people that used the service and three members of staff including the scheme manager who assisted with the inspection, as the registered manager was not available. We looked at care plans, recruitment and supervisions information, audits and governance information and medicines audits and records. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Is the service safe?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

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'm safe here." 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, respond to, and report abuse. Staff told us they would report any issues to the registered manager and felt confident they would deal with the matter immediately.

Risk assessments were detailed and showed that people's risks had been identified and assessed appropriately. Clear guidance and information was recorded so that staff knew how to support people safely and minimise risks. Risk assessments had been drawn up in areas such as mental health, keeping safe, smoking and medicines.

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. Everyone was receiving medicines as prescribed. A number of medicines administration record (MAR) charts had handwritten entries. These had not been signed or dated by the person making the entry or countersigned by a second person to show they had checked the entry. One recently recorded medicine had been written to be administered twice a day instead of "as and when required". This recording error could have caused the medicine to be administered too often, or when it wasn't needed, however staff's knowledge had prevented this error from occurring and this person had received their medication as prescribed.

Poor records are a potential cause of preventable medication errors. We discussed this with the scheme manager and recommended they follow best practice guidelines for recording medicines, they gave us assurances that this would be addressed immediately.

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. Stage four is where people manage and administer their own medicines. Support plans indicated which stage people were at and what staff should do 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 office and fridge on a daily basis to ensure the medicines were stored correctly.

There were suitable and sufficient numbers of staff to support people in line with their assessed needs. Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service,

prior to employment. People were actively involved in the recruitment process and were eager to tell us how they enjoyed interviewing potential staff. One person said, "You can tell when people want the job when your interviewing them. You just know what they are right."

The environment was safely maintained and the provider carried out various safety checks. Individual personal emergency evacuation plans (PEEP's) were in place for people, should they need to evacuate the building in the event of an emergency. We saw evidence that evacuation practices had taken place. Checks were made by suitably qualified persons of equipment such as electrical appliances, fire safety equipment and alarms and Legionella.

There were infection control systems to mitigate the risk of harm to people and prevent the risk of cross contamination. Staff had completed training in infection control. Staff had easy access to personal protective equipment for supporting people. People were responsible for their own cleaning and staff prompted people where they had an assessed need. There were suitable hand washing facilities available.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

Staff were trained and supervised to carry out their role. They had the right set of skills and competencies to support people well. From our observations and from speaking to people it was clear that staff knew people and were well trained and supported. We spoke with people who used the service and they told us, "I think they are all unique, they're all approachable and here for me."

Staff told us they received regular supervision sessions. These were individual meetings with their line manager to discuss work related issues. Staff also told us they received effective training which supported them to carry out their role. This included subjects such as safeguarding, whistleblowing and fire safety. Staff told us they would benefit from training in challenging behaviour and would be beneficial for further insight. The scheme manager told us they had already started to look at available training the staff could access to further develop their knowledge in this area.

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.

People were in control of their own support, 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. Staff had a good understanding of the MCA. Staff said, "You assume that everyone has capacity until its proven otherwise. If someone lacked capacity I would involve relevant other's in making a best interest decision." Another staff said, "Mental capacity is the wellbeing of someone's mental health and their ability to make informed decisions. Everyone has capacity unless deemed otherwise. People can make unwise decisions if they want to. It's their life."

People were encouraged to make healthy choices in relation to food and drinks. Staff assisted people in planning, shopping and drawing up menu's. People were supported to access healthcare services when there needed. Care plans showed professionals were involved in peoples care as required.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

Staff were kind and caring and had good knowledge on the kind of social and emotional support each individual needed. We spoke with people who used the service and they said, "I would let my relatives live here because I have every trust in the staff." Another person said, "If my family needed support I would recommend Magnet Court, the staff are so supportive, they help me a lot. I always know staff are there if I need them."

People's privacy and dignity was upheld by staff who were respectful and thoughtful. One person said, "They (staff) are kind and compassionate, always knock on my door." Staff told us they were mindful of respecting people's privacy and dignity and said they would ask people when the was the best time to visit them so they were making choices and they were in control.

Staff we spoke with demonstrated a good knowledge of what was important to people. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Each person had an individual key worker who supported them to achieve their individual outcomes. Keyworkers had regular meetings with people to check that they were making progress and to check that the outcomes were still relevant. One person said, "Staff are so good at helping me do the things I want to do, they make things easier and they help me regularly."

Staff were passionate about delivering person centred care. Staff described person centred as, "Putting people at the forefront, working towards what they hope for their future, down to how they want their care plan written."

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

The provider continued to ensure that people's support records were reviewed regularly and kept up to date. Information contained within support plans was personalised to each individual's needs. There was detailed information including guidance for staff in supporting with physical, psychological, social and emotional needs. Records provided staff with the guidance they needed and included information about the person's past history, their interests, likes and dislikes. This enabled staff to support them in the way they wished to be supported to live full and active lives. We saw support plans were very inclusive of people's views and wishes and each person had been involved in completing their own plans.

Daily observation records and shift handovers were maintained to ensure staff were kept up to date with people's needs. We observed a thorough and detailed handover taking place where staff shared relevant information relating to each individual's support needs to ensure staff were kept up to date at the start of each shift.

The service complied with the Accessible Information Standard. The Standard requires that services identify, record, flag, and meet the information and communication support needs of people with a disability or sensory loss. Staff told us they had changed the colour of paper in a support plan for a person who had problems seeing text on a white background, this helped them to better read and be engaged in their support plan.

People were involved in various activities of their choice. We were shown art work one person had completed which was on display throughout the building. We spoke with people who used the service who were part of a tenants and stakeholder partnership group (TSP). This group ensured people were fully involved in making decision about their own home such as flagging and reporting repairs and having peer support meetings. The TSP were also involved with finding and sharing information on routes to education, housing and safeguarding and sharing information at monthly surgeries. The TSP were involved with the transition period for new residents, during which they took an active part in welcoming and involving new people to the service. One person said, "The tenants group go to safeguarding forums and bring information back for others, some are really interested in what we have learnt. We have improved the speed in which repairs get done, its helped me have a purpose and helped others."

The provider had effective systems in place for people to use if they had concerns or wanted to complain formally. People were provided with regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be identified and discussed.

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

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

At our last inspection we found the provider had an efficient system of regular audits to assess the quality and safety of the service. At this inspection we found these systems were embedded into practice and continued to ensure the safe and service was monitored.

Robust quality assurance processes were in place to monitor and drive improvements. Significant events such as safeguarding, serious incidents and complaints were monitored by the registered manager and by the provider and they looked at any developing patterns or trends. There was a programme of quality audits taking place for areas such as medicines, environment and fire safety. All the audits were fed into an oversight tool and regularly analysed by the provider.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Residents meetings were regularly held and covered various topics such as environment, maintenance and improvements. We saw suggestions raised being explored, for example one person requested an outside seating area and we saw this had been brought forward and discussed with the landlord.

Prior to our inspection the service had sent a provider information return. This stated, "The management and team work hard to ensure that the service we provide is person centred and that we have a culture of openness and transparency. Transparency and openness is also encourage within the team coming from top down where appropriate. Staff are listened to and their views are always taken into account. The management and staff are passionate about clear and concise communication knowing how integral this is to the smooth running of the service." We discussed this with staff who said, "It's very transparent and open here. We build transparency with everyone so there's an awareness of the boundaries. It works. We don't want service users to feel like they can't come to us. It all helps with the relationship so people can work alongside us."

People we spoke with felt that the service was well managed and that they could speak to the management team if they needed to. One person said, "The manager is around most days. I've never had to complain but if I need to I would go to the manager. It's been really good living here they (the team) have been brilliant."