Haigh Healthcare LLP

Magnolia House Residential Care Home

Inspection report

Magnolia House Residential Home
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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 15 June 2016 and was unannounced.

Magnolia House Residential Care Home provides accommodation and personal care for up to 40 older people including people living with dementia. At the time of our inspection there were 40 people living at the service.

Magnolia House Residential Care Home is required to have a registered manager. 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. A registered manager was in place.

Staff were aware of the provider's safeguarding policies and procedures and their role and responsibilities in keeping people safe. Risks to people's needs had been assessed and plans were in place to inform staff of the action required to reduce and manage known risks. Accidents and incidents were responded to appropriately and analysed for patterns and trends. The premises and equipment were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. People received their medicines appropriately; where shortfalls were identified immediate action was taken to make the required improvements.

Staff received an appropriate induction when they commenced their employment and ongoing training, support and development opportunities. Where gaps in staff training had been identified training was arranged.

The registered manager had processes in place to apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS). New documentation was being introduced to ensure mental capacity assessments and best interest decisions made were decision specific. People's rights were protected and understood by staff.

People received sufficient to eat and drink and choices were offered, drinks and snacks were available throughout the day. People were encouraged to maintain their independence.

The provider worked well with external health professionals and people received support to maintain their health.

Staff communication and interaction with people was good. People described staff as caring and kind. Staff treated people with privacy, dignity and respect. People had information about independent advocacy

services should they have required this support. Information about the complaints procedure was available for people.

Staff had information available about people's individual needs, routines and preferences. Whilst staff knew people's needs this was not always recorded in detail. People received opportunities to participate in activities that reflected their preferences and interests. People also received opportunities with their cultural, religious and spiritual needs.

There were quality assurance systems in place to monitor quality and safety. People received opportunities if they wished to share their experience about the service they received. The provider visited the service regularly but had not completed audits and checks but this was to be addressed by the provider.

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 that ensured staff knew what action to take if they had safeguarding concerns. Staff had received safeguarding adult training.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly.

The provider operated safe recruitment practices to ensure suitable people were employed to work at the service. There were sufficient staff available to meet people's needs safely.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing supervision and training to enable them to effectively meet people's individual needs.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. MCA assessments were not decision specific but immediate action was taken to correct this.

People received a choice of meals and drinks and were supported to have sufficient to eat and drink.

People's healthcare needs had been assessed and planned for. The service worked well with visiting healthcare professionals to ensure people's healthcare needs were met effectively.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and compassionate.

Staff were given the information they needed to understand and

support the people who used the service.

Independent advocacy service information was available for people.

People's privacy and dignity were respected. There were no restrictions on friends and relatives visiting their family.

Is the service responsive?

Good

The service was responsive.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

Staff supported people to pursue their hobbies and interests.

People knew how to make a complaint and had information available to them.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

The provider had systems and processes that monitored the quality and safety of the service.

People and their relatives received opportunities to share their views about the service.

Magnolia House Residential Care Home

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 15 June 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is a person has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the service provided.

On the day of the inspection we spoke with six people and five visiting relatives. We also spoke with a visiting healthcare professional for their feedback about the service provided. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider, deputy manager, a senior staff member, three care staff and the cook. We looked at all or parts of the care records of six people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of

associated quality assurance processes.

After the inspection we spoke with a nurse practitioner who visited the service for their feedback.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Four people told us that they felt staff supported them to remain safe and that they had no concerns about bullying. One person told us, "It's safe for me." Relatives were also positive that their family member was safely cared for. One relative said, "When I go home it's with a sense of relief, I know [name of family member] is safe."

Staff were clear about their role and responsibilities in protecting people. Staff said that safeguarding incidents were very low. One staff member told us, "I have no concerns about people's safety. We work well as a team to keep people safe." Staff said that they had received safeguarding adults training and were confident that the registered manager responded appropriately to any concerns about people's safety.

We saw that adult safeguarding information was on display and available for people who used the service, visitors and staff. This included what the procedure was to report any safeguarding concerns. Records confirmed staff had received adult safeguarding training. The registered manager told us how they had implemented the provider's staff disciplinary procedure, when safeguarding concerns had been identified about the safe care and treatment provided by staff.

Risks associated to people's needs and safety had been assessed and planned for. One person told us how they had no restrictions on them and that they accessed the local community independently. Other people said that they felt in control of how they chose to be supported and their independence was important to them. People and visiting relatives were positive about the security of the service. The registered manager said about the security in place, "The (locked doors) are not there to keep residents in, but to keep unwanted visitors out."

Staff told us of the action they took to ensure known risks were managed and reduced. One staff member told us, "We have regular fire drills and we make sure the environment is kept clear and safe for people." Another staff member said, "People's needs are assessed and information about risks are written down for the staff so we know how to protect people."

We observed that staff were attentive and responsive in ensuring people's safety. This included providing support to people with their mobility needs. We saw that staff practiced safe moving and handling when using equipment such as a hoist and stand aid when transferring people. Staff were seen to give explanation and reassurance as they supported people.

We found care records contained risk plans that advised staff of the action to take to reduce known risks. For example, risks associated to people's skin, falls and health care needs had been completed. Where equipment had been identified as required to manage people's risks such as sensor mats for people at high risk of falls these were in place. These mats alerted staff of when a person was mobile. In one person's care records we saw their risk plan stated they required a pressure relieving cushion to sit on to protect their skin. However, we found they were not sitting on this cushion as required. The registered manager said they would discuss this with staff and after we had raised the concern a staff member supported the person to sit

on their pressure relieving cushion. We observed this person say to the staff member that supported them, "Oh that's better thank you."

The registered manager told us how accidents and incidents were monitored for patterns and trends. This included reviewing accident and incident forms completed by staff immediately after the incident to ensure correct action had been taken. In addition they showed us a monthly audit they completed that analysed accidents and incidents. The registered manager gave examples of action taken when reoccurring concerns had been identified. This included referrals to the GP and community health care falls team. People's care records confirmed what we were told. A visiting healthcare professional told us that when equipment for people was recommended, the provider was quick to respond.

Staff told us that they had appropriate equipment to meet people's individual needs and that the environment was kept safe. One staff member said, "We have all the equipment we need to support people safely." Another staff member told us that there was a maintenance person who checked and ensured the environment was kept safe.

The internal and external environment was in a good state of repair and we found there was a record of regular checks and audits of equipment and services. There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was also in place to ensure that people would continue to receive care in the event of unforeseen events. The registered manager told us that they were in the process of updating this and that they would ensure staff had access to this information.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. One person said, "They [staff] have got enough time for you." Another person told us, "Staff have enough time they're not rushing." Visiting relatives told us that in their opinion they felt there was sufficient staff available and had no concerns about people's needs being met.

Two staff told us that mornings were particularly busy and that they felt an additional member of staff was required, whilst two other staff said they felt there was sufficient staff available. The registered manager told us that they did not use any type of dependency assessment tool to determine staffing levels. The registered manager said that staff had identified that additional staffing was required in the evening. As a response they were in the process of recruiting additional staff to work between the hours of 6pm and 10pm to meet this shortfall. The registered manager also told us that they would consider using an assessment tool in the future to support them in effectively assessing staffing levels required.

We found that all staff were organised and worked well together creating a relaxed and calm environment. People's needs and requests for support were responded to in a timely manner. We found staff were competent and knowledgeable about people's individual needs.

The provider had safe staff recruitment processes in place. Staff told us they had supplied references and had undergone checks before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their medicines safely. People who used the service and visiting relatives were confident that medicines were managed safely and were administered as prescribed by the GP.

We observed two staff administer people's medicines; they did this safely, provided explanation to the person of what their medicine was for and stayed with the person until the person had taken their medicines.

We spoke with the deputy manager and senior staff member about how medicines were ordered, stored, administered and how any unused medicines were returned to the pharmacy. We found these staff were knowledgeable about people's different medicines giving an explanation of what they were required for. Staff also told us of the training they had received including competency assessments carried out by the registered manager.

Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines. Protocols were in place for medicines which had been prescribed to be given only as required (PRN). These provided information for staff on the reasons the medicines should be administered. We noted that staff were not recording the reason why PRN medicine had been administered, we discussed the importance of this and that this was best practice guidance. The registered manager said that they would discuss this with staff. Records confirmed people had received their medicines as prescribed. We did a sample stock check of boxed medicines and found two discrepancies with PRN medicines where they did not match what was in stock. The registered manager told us that they would review the auditing systems in place and after our inspection informed us of an additional process that had been introduced to check stock medicines.

Good

Is the service effective?

Our findings

People received an effective service from staff that were knowledgeable and skilled in their role and responsibilities. People told us that they found staff to be competent and that they understood their needs. Two visiting relatives made positive comments. One relative said, "I can't fault them [staff]."

One member of staff told us about the induction they received when they commenced their employment. They said, "The induction was three days of training and shadowing a senior member of staff. I found the induction helpful."

The registered manager told us about the system in place for staff to receive opportunities to meet with their line manager to discuss their work and development needs. The deputy manager and care staff confirmed what we were told. One staff member told us, "I've had one meeting since I started in September 2015 and am due another. The meetings are helpful, you can talk about any concerns you have and we receive feedback on our work." Another staff member said, "The manager has an open door policy, they are always available to talk to. I found all the staff very helpful when I started and they continue to be supportive."

Staff told us about the training opportunities they had received and were positive that this was sufficient in meeting people's individual needs. One staff member said, "The training is really good and includes distant learning, E-learning and we have external trainers come in." Examples given by staff of the training they had completed included, dementia care and moving and handling. One staff member told us, "There are lots of opportunities; the manager is always pushing you to do more."

We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Records also showed that staff had attended relevant training and supervision and appraisal meetings as described to us. However, the training plan showed not all staff were up to date with their training needs. We discussed this with the registered manager. After our inspection the registered manager forwarded us information confirming staff training had been arranged where required.

People who used the service made positive comments about how staff gained their consent before care and support was provided. One person said, "They [staff] ask before telling you about what needs to be done." Another person told us, "They [staff] ask permission before they shower you or taking you to the loo."

Staff told us how they ensured people's consent was sought before care was provided. We observed staff seek people's permission before supporting them. They gave people explanation and choices and waited for people's responses before support was provided.

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 can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The staff training matrix showed not all staff had received MCA and DoLS training. However, the registered manager confirmed after our inspection this had been arranged. Staff showed an understanding of the principles of MCA and DoLS. One staff member said, "We assume people have capacity and if not and best interest decisions have to be made, we involve others such as family. Some people have a lasting power of attorney for care and welfare decisions."

We saw records detailed people's needs with regard to their communication, memory and any concerns about their ability to consent to their care and treatment had been assessed and recorded. This included recognition that some people's capacity to consent fluctuated at times. Whilst we saw examples of mental capacity assessments had been completed these were not decision specific. We discussed this with the registered manager who showed us new documents they were going to introduce that provided clearer information. We also spoke with the registered manager about people's freedom and liberty. Where concerns had been identified applications had been made to the supervisory body. One person had an authorisation in place to restrict them of their liberty and the provider was adhering to the condition that was in place to protect the person.

Where there was a power of attorney in place this was identified in the care record. This gives another person legal authority to make decisions on behalf of another person relating to either a person's finances or care and welfare decisions. The registered manager told us that they had documentation to confirm people's power of attorney details. We saw examples of do not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately. This told us that people's consent and wishes with regard to their care and treatment had been assessed and recorded.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person said, "I'm satisfied, I get to choose the day before, it seems to work. The food is nice." Visiting relatives were also positive about the food choices. One relative told us, "Its brilliant the menu. They [staff] go out of their way to find something [name of family member] likes. I eat regularly here too."

Staff we spoke with showed a good understanding of people's nutritional needs and preferences. Specific dietary and nutritional needs in relation to people's healthcare needs or cultural or religious needs were assessed and included in people's plans of care. These needs were known by staff including kitchen staff. We found food stocks were appropriate for people's individual needs. Some people had food supplements or required fortified food and these needs were met.

We observed people were offered a choice of two main meals and a choice of sweet. We saw the meal was freshly prepared, nutritious and nicely presented. People were provided with appropriate support to eat their meal whilst remaining as independent as possible. This included using adapted cutlery.

People's food and fluid intake and weight was monitored by staff to ensure that if changes occurred they

could take appropriate action such as contacting healthcare professionals for advice.

People were supported to maintain good health and have access to healthcare services. People told us and visiting relatives agreed that people were supported with their healthcare needs; this included accessing health care services such as the optician, chiropodist, GP and the district nurse.

Staff told us that people's healthcare needs were known by staff and monitored for changes. Feedback from healthcare professionals were positive. Comments included that staff were knowledgeable about people's healthcare needs. Appropriate and timely referrals were made and any recommendations made were followed by staff.

From the sample of care records we looked at we found people's healthcare needs had been assessed and planned for and were monitored for changes. People's healthcare needs were discussed in staff handover meetings. Records showed that people had access to a wide range of professionals including a speech and language therapist, the dementia outreach team, GP, district nurse and chiropodist. People had a hospital admission form that was used to inform hospital staff of their health care needs, communication and routines.

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind and caring. People who used the service and visiting relatives were all positive about the care staff provided. One person said, "Its brilliant, the care I've had." Another person told us, "I love it [the service] they [staff] are there to look after you. What more could you ask for?" A visiting relative said, "I think it's good."

Feedback from two visiting healthcare professionals were positive about the approach of staff. Comments included how staff were helpful and had developed positive relationships with people who used the service. In addition we were told that the atmosphere when healthcare professionals visited was calm and relaxed and that people always looked happy and well cared for.

The staff we spoke with showed a good awareness of people's needs. A staff member told us, "Staff will sit and spend time with people whenever they can. They will volunteer to work on days off to support people on day trips. Most staff are really caring."

We saw how staff were attentive to people's comfort needs. For example before people had their lunch, staff discreetly asked them if they wished to go to the toilet before their meal was served. The deputy manager asked people if they wished to use the antibacterial hand gel before they ate. This was well received and lots of positive comments were made. One person said, "Oh that's lovely and refreshing." We observed people were given a choice of where to sit and this was respected. Some people wore aprons and staff were seen to provide explanation and gained consent before the person was supported with the apron.

All staff were observed to show positive, respectful interaction with people, this included the kitchen staff, domestic staff, care staff, the maintenance person and the registered manager. For example, the hairdresser was visiting the day of our inspection. Several different staff were observed to compliment people on their appearance. One person was observed to enjoy a conversation about gardening with a member of staff. Another example involved a member of staff sitting with a person looking at photographs of their pastimes; this person looked as though this gave them comfort. Staff were observed to use effective communication and listening skills. This involved gaining eye contact by speaking with people at the same eye level, using clear language and being unhurried in their manner.

People told us that they found staff to be polite. One person said, "It couldn't be any better (staff being polite)." Several people told us that staff used their preferred name when being supported. One person said, "I'm treated with respect. They [staff] know my name."

We found staff used people's preferred names and sometimes they used, "sweetheart." This was seen as a term of endearment and did not appear to offend any person who used the service. We found staff were well informed about people's interests and hobbies and including life histories.

Some people could recall being involved in meetings and discussions about how they received their care.

From the sample of care records we looked at we found information about people's needs, routines and preferences was recorded in a caring and sensitive manner. This was a good reminder to staff about the provider's expectation that dignity and respect for people was important. We also saw documents that recorded how people preferred to be cared for, what they could do for themselves and what support they needed from staff. This told us that people had been involved in discussions and decisions about how they received their care and support.

During our observations of the interaction of staff with people that used the service, we saw how staff involved people in discussions and how choices and independence was promoted. This included where people sat, how they spent their time and what their choice of drinks and meals were.

Information about independent advocacy support was available. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. This meant should people have required additional support or advice, the provider had made this information available to them.

People told us they had no concerns about how staff respected their privacy and dignity. Staff we spoke with told us how they valued people's privacy, dignity and respect. One staff member said, "We do our very best to make sure we respect people's privacy and dignity in all what we do." An example was given how staff provided personal care in a sensitive manner ensuring dignity was maintained.

We observed staff provided care and support sensitively. They were discreet when supporting people with personal support.

The importance of confidentiality was understood and respected by staff and confidential information was stored safely. Relatives told us there were no restrictions on visiting their family member.

Good

Is the service responsive?

Our findings

People told us that staff supported them to live the lifestyle they wished and that their routines, preferences and what was important to them were known and understood by staff. Two people Relatives said that the care their family member received was relevant to their needs. One relative told us, "You've only got to ask, mother likes it here."

People had their needs assessed before they moved to the service. Care plans were then developed with the person as fully as possible and their relatives. This was to ensure the service could meet people's individual needs and that staff had the required information for them to provide a responsive service.

We found that whilst care plans on the whole contained detailed information for staff, two examples were identified where information lacked specific detail. We looked at a person's care plan that advised staff of how to care and manage their catheter. We noted that information did not include the signs to look for that would indicate an infection. However, when we spoke with four staff members, all could clearly explain what they would look for that would cause concern and what action they would take. We discussed this with the registered manager who said that they would review care plans to ensure they provided detailed information.

We noted in another person's care record that they had been assessed by a speech and language therapist [SALT] and a voice communicator had been provided. The SALT assessment and recommendation was present in the person's care file. However, this information had not been included in their care plan that instructed staff of the person's communication needs. Staff spoken with told us about this person's needs including the voice communicator. When we went with the registered manager to meet this person, the voice communicator could not be used because the battery was flat and staff had not put it on to charge. Whilst this person could still communicate their needs, the voice communicator made it easier for the person and should have been available for them to use. The registered manager said that they would update this person's care plan and speak with staff to avoid this situation reoccurring.

People's individual interests and preferences and what was important to them was recorded and known by staff. People told us that they had a choice of what time they got up and when they went to bed. One person gave an example of their morning routine which was to get up early, and said that they had always done this and that they would continue to do so. People who used the service and visiting relatives said that whilst the majority of staff were female, preferences over the gender of care staff to support with personal care was known and respected by staff.

People received opportunities to pursue their interests and hobbies and to participate in social activities. One person undertook particularly challenging jigsaws, one completed version was framed and on the wall in the lounge. We saw this person working on their jigsaw. Relatives told us that a variety of activities were provided and told us about a cooking session the previous day. Some people told us that they enjoyed one to one time with the activity coordinator. One person referred to the activity coordinator as, "Oh, she's good, she's marvellous." Another person told us,

"[Name of activity coordinator] is very good. I get short of breath during the parachute game. "

On display for people was a timetable of activities planned for June 2016. There was a description of activities and the times they would be available. This enabled people to make a choice if they wished to participate or not. The day of our visit was, 'make a button bowl' in the morning and 'one to one' in the afternoon. We saw these activities were provided and people enjoyed spending time with the activity coordinator.

We noted flags were out to celebrate and memorabilia associated with the Queen's 90th birthday. Music people listened to was of earlier years, some people sang along and looked relaxed and content. Staff told us that at weekends they arranged buffet teas and birthday parties and cinema club. Staff told us about day trips that were organised. One person who used the service told us about a recent boat trip and that another was planned for later in the month. People told us and staff confirmed that fund raising was done to raise money for activities, but the provider met any shortfalls. One person said, "He [provider] has bought apparatus for karaoke. An electronic organ which some residents have played."

The activity coordinator told us and the registered manager confirmed that additional activities such as reminiscence sessions were provided. Additionally, small animals had been brought to the service and school children from the nearby school had visited.

As well as the well written June 2016 version of 'Magnolia House News' there were two copies of a local daily paper in the reception area and at least four filled bookcases. We also saw there were plenty of boxed games available for people. Spiritual care was provided by the local Church of England vicar who held a monthly service. A Catholic lay minister and Catholic priest had also recently visited the service.

On the day of our inspection a visiting hairdresser was in attendance. The hairdressing salon décor was in a 1970s theme and the hairdresser told us their dress was of the same era. We saw people enjoying their time in the hair salon which provided a social activity in addition to getting their hair done.

People and visiting relatives told us that they had no complaints about the service but said they knew who they could talk to if they had any concerns or wished to make a formal complaint. This included talking with the registered manager and the provider who people knew by name and described as "the owner."

Staff were aware of the complaints policy and procedure. We saw that information about how to make a complaint was on display for people who used the service and visitors.

We looked at the complaints log and found there was no recorded complaints, the registered manager confirmed that they had not received and complaints about the service.

Good

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People told us that they knew who the registered manager and provider was and that they regular saw them. People were positive about the leadership of the service. They spoke highly of both the registered manager and provider, saying communication was good and the service was well organised.

On the day of our inspection the registered manager supported staff with providing care to people who used the service. They were seen to positively engage with people, visiting relatives and healthcare professionals, clearly showing that they knew people well. The provider was visiting the service on the day of our inspection, they were seen to sit and talk with people who were relaxed in their company.

Feedback from professionals was positive about the leadership of the service. One healthcare professional told us it was one of the best care homes they visited. They described Magnolia House Residential Care Home as well organised, staff were always willing to help and dedicated time to support them on visits to the service. Another healthcare professional said they had no concerns about the care and treatment people received and that anything raised with the registered manager was taken on board and acted upon.

Staff had a clear understanding of the vision and values of the service. This matched information found in the service user guide available for people that explained what they could expect from the service. Staff were positive about working for the provider and the leadership of the registered manager. One staff member said, "I've worked in other care homes but this is far the best. It's really nice working here, you don't mind getting up in a morning to come to work." Another staff member told us, "I love working here; staff work well together and clearly know what they are doing."

We found that staff were clear about their role and responsibility, there was accountability and the service was well organised creating a relaxed and calm atmosphere.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

Staff told us that they felt well supported and that they felt valued and listened to. Staff told us that they attended daily staff handover meetings and staff meetings were organised. The registered manager said and records confirmed that they arranged full staff meetings and additional meetings with senior staff and the kitchen, housekeeping and maintenance staff. This told us that there was good communication and staff worked together to develop the service.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required. We were aware that the service had been audited by the local authority in November 2015 and an infection control audit was completed in March 2016 by the local clinical commissioning group. We looked

at these reports and found where shortfalls had been identified the registered manager had taken appropriate action.

As part of the provider's quality assurance systems in place that monitored quality and safety. They sent questionnaires to people that used the service and relatives inviting them for feedback about their experience of the service. The registered manager told us they were in the process of sending these annual questionnaires out. The registered manager told us that they would analyse the feedback received for any action. We also saw that a suggestion box was available in the reception area as an additional method for people and visitors to share their opinions.

The registered manager told us that they arranged meetings for people that used the service and their relatives. This was used as an opportunity for the registered manager to share any information about the service and to seek feedback about the running of the service and about such things as the food choices and activities. Meeting records confirmed what we were told. A monthly newsletter was also provided to share information about events and information about the service.

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, accident and incidents, infection control and care plans were regularly carried out. The provider told us that they visited the service regularly, but did not carry out any further audits to assure themselves that the service was safe and effective. The provider told us however, that they would formalise their visits and complete checks and audits of the service provided.