

Magnolia Care Disability Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Magnolia Disability Care Services Limited provides personal care and support to people and children who require assistance in their own home. Some of the people they support have complex care needs and have limited communication due to this we spoke with relatives. Only a small number of people received a regulated activity, the service also offered companionship and community support.

People's experience of using this service: Relatives were very complimentary of the staff and the service they received. A relative told us, "The staff have been amazing they have turned our life around." Another relative said, "I would highly recommend them, and I have, to other people."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported with their dietary requirements. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good. (last report published 19 September 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Magnolia Care Disability Services Limited

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.

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

Magnolia Care Disability Care Services Limited is a domiciliary care agency. It provides personal care and support to people in their own home. At the time of our inspection they were providing approximately 200 care hours a week. Not all hours were for regulated activities, as they offered some companionship services to support people in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 March 2020 and ended on 5 March 2020. We visited the office location on 4 March 2020.

What we did:

Before the inspection, the provider completed 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 reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service must let the CQC know about by law.

During our inspection we spoke with four relatives. We spoke with the registered manager and two care workers. We reviewed two care files, two staff files and records held in relation to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt safe using the service. One relative said, "I have complete confidence with the staff." Another relative said, "[Person name] would let me know if they were not happy."
- Staff had received training in safeguarding and knew how to safeguard people from the risk of abuse. A member of staff told us. "If I had any worries I would tell the manager or I could go to other agencies like the council."
- The registered manager had policies in place on 'whistle blowing' to guide staff if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

- The registered manager had worked with relatives and other health professionals to fully assess people's individual risks.
- Risk assessments we reviewed were detailed and guided staff how to safely support people in their care.
- Assessments identified how to minimise risk to people whilst supporting them to have fulfilled lives. For example, how to safely support people when using transport or whilst in the community.
- There was guidance for staff to follow should risks escalate or if people became unwell.

Staffing and recruitment

- People received support from a consistent care team. One relative told us, "We have a team of care workers and we know who is coming in."
- The registered manager told us they only agreed to take on new care packages when they had the staffing capacity to do so.
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.

Using medicines safely

- Generally, people did not need support with taking medication as relatives assisted with this. However, all staff had received training on how to support people safely with medication.
- The registered manager told us it was important staff still understood the effect medication had on people and were aware of any side effects. We saw care plans contained all the information staff would need to understand medication being used.
- Where people were supported by staff to take medication appropriate records were kept.

Preventing and controlling infection

- The registered manager was closely following the government guidance on how to manage the recent outbreak of infectious diseases and was putting contingency plans in place should this impact staffing levels.
- Staff had received training in infection control and told us they were provided with the appropriate personal protection equipment.
- Staff we spoke with had good knowledge of how to manage infections and prevent the spread of infectious diseases.

Learning lessons when things go wrong

- The registered manager had systems in place to review incidents and learn lessons when things went wrong. There were good communication systems and staff told us they were kept up to date by the registered manager.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people and relatives to discuss the support they required before care packages were put into place.
- The registered manager kept themselves up to date with best practice guidance and care and support was delivered in line with these.

Staff support: induction, training, skills and experience

- New staff were supported with a full induction, which included training and working with more experienced staff. Any staff new to care were commenced on the Care Certificate, an industry recognised induction and training course. One member of staff told us, "I had a good induction which included shadowing other staff, and I completed the care certificate as I had not worked in care before."
- The registered manager completed spot checks on staff as an opportunity to review their practice and to give them support. Staff also received regular supervision and had a yearly appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had received training in the safe handling of food. Where people did require support with eating and drinking there were clear guidelines for staff to follow. For example, making sure people were positioned properly to prevent choking.
- Where people required specific diets, this was clearly identified in care plans, for example, if thickener was required to be added to fluids to assist with swallowing.
- Some people enjoyed going out into the community for lunch. One member of staff told us, "When we go out for the day [person name] always picks where they would like to eat, this week they chose to go to a fish and chip shop for lunch."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they worked with a number of other healthcare services to ensure people had all the support they required. This included supporting people to attend health appointments.
- A relative told us, "Whilst [person name] was in hospital the staff came and gave support so that I could have a break."
- The registered manager told us they frequently liaised with social workers, educational services, district nurses and the palliative care team.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate, with decisions on care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager told us how they were very passionate about people being treated equally and for them to feel included and involved in all their care and support.
- People were consistently supported by the same care workers so that they got to know them well and developed good relationships with them.
- Relatives we spoke with were very complimentary of the staff and the registered manager. One relative said, "[staff name] has done absolute miracles, they have turned my relative's life around. Their empathy is outstanding." Another relative said, "I can't say enough good things about them. I won't trust anyone else."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager completed a full assessment with people, relatives and other healthcare professionals. This assessment was then used to devise a care plan that was fully inclusive of everyone's opinions, concerns and how best, support could be provided. This was then described in detail in a person-centred way in the care plan.
- Care packages were regularly reviewed with people and relatives to ensure they were still meeting their needs and requirements.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect, one relative said, "The staff have a lovely relationship with [person name]. They always kind and calm."
- Another relative told us, how much staff had encouraged their relative's independence. They said, "In the last few months the staff have enable him to use a bus, to go to the barbers and to go bowling." They told us before the staff had started working with their relative, they had not done these things.
- Staff we spoke with, told us how they supported people's privacy in their own homes when delivering personal care and how they supported people with dignity in the community when required by using disabled facilities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us, they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed and followed up to make sure people were happy with the service they were receiving.
- Care plans were kept up to date and any changes notified to staff. Daily records were maintained which outlined the care provided on each visit in detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and this was recorded in care plans so that staff knew the preferred way to communicate with people.
- Where people had specific communication difficulties staff were aware of this and how to support them. Staff had training in the use of sign language and some people were supported to communicate using visual aids.
- The registered manager told us, information was supplied to people in a format they could understand. For example, if people were dyslexic documents were written in a certain font on yellow paper which made it easier for them to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow interests in the community and to attend educational facilities and day centres. The registered manager told us, they had supported people so they could attend school and day centres. Staff stayed with them at these facilities to offer one to one support.
- A relative told us, "Staff have taken [person name] out to all different places including the zoo and festivals."
- The registered manager told us they were working on setting up a friendship group where people could be supported to meet up in the community to do activities they enjoyed together.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure and we saw if complaints or concerns had been made these were fully investigated and responded to.
- People we spoke with told us they generally did not have any complaints but were confident if they did make a complaint the registered manager would deal with this. One relative said, "You can talk to the manager about anything, they are very open and honest."

End of life care and support

- Staff had received training in end of life care and had supported people at the end of their life.
- The registered manager told us, where necessary they had worked with the palliative care team to support people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All the relatives we spoke with were very complimentary of the service and the positive impact it had on their lives and their relatives' lives. One relative said, "[person name] has been thriving, they are outstanding, I have not had a care agency like them before."
- The Registered manager was committed to providing good outcomes for people and ensuring they had the service and support they wanted. A relative told us, "There has been no hiccups at all I have complete confidence in them."
- The registered manager fully understood their responsibility to say when things went wrong to investigate these fully, and to learn from these and take steps to put right. This is known as 'duty of candour.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were clear about their roles and told us they felt well supported by the management team. One member of staff said, "[managers name] is very supportive, they are always available, I tend to talk to them everyday when I am working to give them feedback."
- Staff shared the registered managers vision for people to live inclusive lives. One member of staff said, "We want to encourage people's independence and enable them to have access into the community to do what they want to do."
- The registered manager had a number of ways of engaging with people who used the service and their relatives. There were regular reviews of care packages, through face to face meetings, telephone contact and they also sent out a survey to get feedback on the service. We saw where any issues were raised these were addressed.

Continuous learning and improving care; Working in partnership with others

- The registered manager had oversight of the service, on a day to day basis. This included systems in place to monitor quality performance and regulatory requirements.
- Staff were provided with learning opportunities to help develop their skills and continue their learning. The registered manager belonged to learning networks for their own professional development such as Skills for Care.
- There were governance systems in place to monitor the effectiveness of the service.

- The registered manager worked in partnership with other healthcare professionals such as social workers, education facilities and day centres to meet people's support needs.