

Haigh Healthcare Limited

Magnolia House Residential Care Home

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 House Residential Care Home is a residential care home providing personal care to up to 62 people aged 65 and over at the time of the inspection. Some people were living with dementia. There were 60 people living there at the time of our inspection.

People's experience of using this service and what we found

People were safe and protected from avoidable harm and abuse. Risk's to people were assessed and measures were in place to reduce known risks. People received their medicines safely. The home was clean and hygienic, and risk of infections was managed safely. There were enough staff to meet people's care and support needs.

People's individual needs were assessed. Staff were well trained. People and their relatives told us staff were kind, caring and compassionate. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People told us they were supported to enjoy a healthy, nutritious and balanced diet.

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

People and their relatives told us they felt well cared for by staff. People and their relatives told us they were happy with the standard of care and felt supported with their care needs. Overall, there was a positive and relaxed atmosphere in the home. Staff had a good knowledge of people they supported, respected their privacy and dignity and promoted people's independence.

People received personalised care that was responsive to their needs and preferences. People and their relatives told us they were involved in decision making regarding their care. Staff knew people's needs well. Activities co-ordinator had worked hard to provide meaningful social activities to reduce the risk of isolation.

People and relatives felt the service was well managed. The home has had consistent management team. There was a positive culture and ethos at the home. Staff were aware of their roles and responsibilities and felt supported by the management team. The management team had systems in place to ensure there was effective oversight of the home.

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

Rating at last inspection and update

The last rating for this service was good (published 24 January 2019). We also carried out a focused inspection to look at the infection prevention and control processes, however the service was not rated at

that time (published 27 November 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magnolia House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Magnolia House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service on 7 December 2021. An Expert by Experience spoke with eight relatives on the telephone on 10 December 2021.

Service and service type

Magnolia House Residential Care Home 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.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy managers, senior care worker, care workers, domestic staff and the chef. We also spoke with one visiting professional. We reviewed a variety of records relating to the management of the service, including governance and auditing systems. We looked at five staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed a range of records. This included five people's care records. Our Expert by Experience spoke with eight relatives of people living at the home about their experience 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; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People were supported by staff who had received safeguarding training and understood their responsibility to identify and report safeguarding concerns. A staff member told us, "If I had any concerns about the safety of anyone, I would report it to the management, I know they would address it straight away."
- People and their relative told us they felt safe at the home. One person told us, "100% safe, they are lovely here, I have no concerns" and another relative told us, "My [relative] is very safe, I've never known any different."
- Previous safeguarding concerns had been addressed by the registered manager in line with provider policy. The local authority safeguarding team and CQC were notified about safeguarding incidents.
- The registered manager had a system in place to record and monitor accidents and incidents so action could be taken to prevent potential recurrence.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, assessed and managed safely.
- Relatives told us they felt their loved ones were well cared for and any potential risks were managed well. One family member told us their relative had a number of falls and as a result a sensor mat had been put down near their relatives' bed to alert staff when they tried to stand up. They told us, "Since [person] has had the sensor mat, other than one little trip, they had no falls."
- People had individual risk assessments where risks had been identified. Effective risk assessments were in place for catheter care, nutrition, tissue damage or falls. However, the moving and handling risk assessments we looked at missed some details, for example what type of sling should be used or its location. Following our feedback, the management team immediately reviewed these risk assessments to ensure they contained enough detail.
- Checks to the premises and equipment were carried out to ensure people, staff and visitors were safe. This included fire checks, hot water temperature checks and a range of other environmental audits. External providers were used to complete regular maintenance checks such as gas safety or legionella's checks.

Staffing and recruitment

- People were supported by sufficient number of staff.
- People and their relatives had not expressed concerns about staffing. One relative told us, "There seems to be plenty of staff when I visit, my [relative] told that on couple of occasions they had to wait about 20 minutes for staff to come but this does not happen very often, usually they respond to nurse call quickly"

and another relative said "I've used the bell by accident and they ran in, in seconds."

- The registered manager had used a dependency tool to assess staffing levels to help ensure people living at the home were supported safely. Staff told us they felt there were enough staff to carry out their roles.
- Staff were recruited safely; however, recruitment records for two newly employed staff showed full references were not always obtained. We discussed this with the management team who told us they struggled to obtain the references, however, would ensure appropriate risk assessments were in place if full references could not be obtained. Following the inspection, the registered manager showed us completed risk assessment for those two staff. Other necessary background checks such as criminal record checks were completed to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely, and people had received their medicines as prescribed.
- We checked people's medicine stock and found it to be correct as recorded on the system. When people required 'when needed' (PRN) medicine such as pain relief, there were protocols in place to inform staff when should PRN be given.
- Staff who were responsible for administration of medicine were trained and had their competency to administer medicines regularly assessed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. Visits for relatives and friends were facilitated and visitors were asked to show proof of a completed lateral flow device test (LFT) with a negative result. Professionals visiting the home were asked for proof of their vaccination against COVID-19 before they were allowed to enter the home.
- We were assured the provider was using PPE effectively and safely, we saw staff were wearing appropriate PPE in line with the latest guidance. The provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home looked clean and hygienic. The domestic staff worked at the service over seven days and completed cleaning schedules.
- All relatives we spoke with told us they had no concerns about the cleanliness of the home. One relative told us, "I judge it on the sniff test. It always smells nice and clean. [Person]'s room is always spotless, they come in daily. They do the laundry and that's done well."

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

- People's needs and choices were assessed. The assessment covered areas of the person's physical, social, psychological and cultural needs in line with nationally recognised standards.
- People and their relatives told us they felt staff were well trained and knew how to support them well. Comments included, "Absolutely, staff often do training and they know my [relative]. They know what to do with [person], [person] is comfortable with them at ease". Another relative said. "They [staff] are on the ball with everything."
- Assessments captured people's protected characteristics, such as race, religion and sexuality. This was in line with the law and sought to ensure people's equal rights were maintained.
- People's assessments were regularly reviewed and updated following any changes to their health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, skilled and experienced in care.
- The staff training matrix showed staff completed a range of training relevant to people's needs.. There were a small number of gaps, but the registered manager assured us they would ensure staff completed their mandatory training as soon as this was practicable.
- Staff were supported in their role by the management team. Staff received regular supervision and reflective practice sessions which helped staff explore and understand their role.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People and their relatives told us they enjoyed their meals and were given choices of what food they would like to eat. One person said, "Food is very good, nice traditional meals."
- The service had recently achieved the highest rating awarded by the 'Food Standard Agency' which meant there were no concerns about the cleanliness of the kitchen and food preparing processes.
- We observed the dining experience was positive for people. Tables were nicely set, and people had a choice of drink to go with their lunch. We saw staff supporting people, who required additional assistance, with eating and drinking. However, we also saw that one person struggled to eat their meal because the meat was very tough. We told the registered manager about this who immediately raised this concern with kitchen staff. The registered manager assured us they would make sure this type of meat was no longer served to people because it could present a choking risk.
- People who were at risk of malnutrition were monitored and had their weight regularly checked. When concerns were highlighted the management had contacted the GP to seek additional advice and guidance.

This was then implemented to ensure people received appropriate diet and nutritional supplements to help them maintain their weight. Kitchen staff were aware of people's dietary needs and requirements.

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

- People were supported to live healthy lives and were supported to access healthcare services and support when this was needed.
- The management team had worked with other agencies, such as district nursing team, occupational therapists or dietitians to ensure people received effective care. Any advice given by external professionals was recorded in people's care plans and shared with the wider staff team.
- Multi-disciplinary meetings were arranged so people's needs were holistically considered. Health professionals we spoke with during our inspection said staff knew people's health needs well and sought medical advice appropriately and promptly. One visiting Community Support worker told us, "I never came across any concerns here, people are well cared for, I have no worries about people's safety. The management team and seniors are very responsive, and they will call us about any concerns."

Adapting service, design, decoration to meet people's needs

- Magnolia House was designed to offer people choices about where they spent their time. There were spacious communal areas on both floors with a small kitchenette which allowed staff to support people with drinks and snacks throughout the day. Communal areas were comfortable and had a homely feel.
- People's bedrooms were personalised and contained their own decorative items which included photographs of their family members and relatives. Each bedroom had its own en-suite and there was a range of adapted bathing facilities.
- Other facilities included '1940's reminiscence room' and a themed hair salon with own dedicated hair stylist who was available to people two days per week. External secure gardens were also available for people's use during warmer months.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The management team was working within the principles of the MCA and people's liberty was lawfully restricted.
- Where people were assessed as lacking capacity to make specific decisions, mental capacity assessments and best interest decisions were in place and relatives confirmed they had been consulted as appropriate.
- Staff recognised that people's capacity to make decisions could fluctuate and they offered support accordingly.

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

- People were treated with kindness and respect.
- People and their relatives told us staff had a caring attitude and they knew them well. One relative told us, "Everyone seems to know your name, staff will come and sit with my [relative] to talk to [person], it can be a carer, domestic or a laundry staff. Staff are very friendly" and another relative said, "Staff who are here do go above and beyond, you can hear them talking to other residents in nice and caring ways, sometimes just having a joke with them."
- Where people had any specific cultural or religious needs, these were recorded to ensure staff were aware of them. People who did not celebrate main religious events were offered alternative activities to ensure they were not left out or isolated.

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

- People told us they felt able to make choices around their daily routines, such as what they wanted to eat and how they wanted to spend their time.
- The management team encouraged family members to share their views about the care their relatives received through a satisfaction survey, The comments from survey included, "Any issues I raise are dealt with really well by all staff", and "Overall, I am happy with the care my relative receives."
- Relatives told us they had some involvement in care planning, however during COVID-19 pandemic this was not regular. However, they were regularly updated by the management team about any changes to their loved one's care plans or health needs.
- Relatives told us they felt confident in expressing their views and comments with the management team, and they felt their concerns were listened to and taken seriously.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was considered and promoted by staff.
- Feedback from relatives confirmed people were treated with dignity and respect. One relative told us, "Staff are looking after my [person], their clothes are always clean, [person] is always clean, I have no concerns. They had a panto last night and they all enjoyed." Another relative told us, "When we are visiting in [person]'s room, staff always knock before they come in."
- Staff ensured doors and curtains were closed when they were supporting people with personal care. People had a choice of the gender of staff supporting them with their personal activities and this was accommodated.

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

- People received personalised care that met their needs and preferences. The care plans were person centred and reflected people's needs, preferences, likes and dislikes and how their care was to be delivered. Care plans were reviewed regularly to ensure changing needs and preferences were identified and staff tasked accordingly.
- Overwhelmingly relatives told us that staff knew their loved ones really well and were aware about their likes and dislikes for example food and drink preferences. One relative told us, "Staff know my [relative] is more a pudding person than a dinner person. [Relative] likes hot chocolate at night, so staff got hot chocolate for them."
- People had information about their previous history included in their care plans. This helped staff provide personalised care. Staff knew people well and it was clear they understood what was important to them.

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 detailed in their care plans.
- One relative told us staff had developed very good communication methods with their loved one. They said, "Staff appear to me to be better at communicating with [person], better than we are."
- People's care plans guided staff on how to share information with them. This enabled staff to ensure the person was understood and they were able to express themselves.
- There were pictorial aids throughout the home. This included complaint procedure as well as the daily food menus were displayed on a large TV in communal areas and pictorial menus were provided at each table.

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 maintain relationships with their relatives and those important to them and encouraged to take part in meaningful activities.
- People were encouraged to maintain regular contact with their relatives throughout the COVID-19 pandemic. The provider had erected a visiting pod where people were still able to see their relatives in a safe way. Relatives were now able to visit their loved ones in their room and they told us they were always made to feel very welcome when they visited.

- An activity co-ordinator provided meaningful activities and stimulation to people. On the day of our inspection we saw a number of people were engaged in Christmas cards making and others were watching a film on a big projector screen. People who did not want to take part in any activities were able to spend time as they wished in their own rooms and they were regularly visited by staff to ensure they were not at risk of social isolation.
- People and their relatives praised activities at Magnolia House. One person told us about a Pantomime which took place the day before our inspection which they enjoyed.

Improving care quality in response to complaints or concerns

- The management approach to concerns was open and transparent.
- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with. One relative told us, "They [all staff] seem to be very positive and concerning, they take things seriously when I raised concerns. They seem to be very people orientated."
- Where the home had received a complaint, this had been investigated and responded to appropriately by the registered manager. All relatives we spoke with told us they had no concerns or complains about the quality of the care and they praised the staff and management. Relatives told us they knew how to complain if they had to, one relative told us, "I'm aware of the complaints procedure, it's on the notice board and there's a lineage of who you go to."

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.
- Information about people's last wishes were gathered from them and their relatives and recorded so staff knew what to do when people were approaching the end of their life.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a compassionate and caring culture in the home.
- People and their relatives were also positive about the running of the home. One relative told us, "It always feels like a home from home, welcoming. The service they provide is over and above some other care homes. They have daily entertainment; they do some great stuff. The way they keep us up to date, there is a daily Facebook group, you can see it is happening."
- People's care plans were person-centred and captured information about their likes and dislikes. People took part in activities they liked and were encouraged to be as independent as possible. People's rooms were individual to their tastes, and people were given choice and appropriate support. Another relative told us, I think it's a really caring, family environment. I feel they're my friends as well. It feels extended family'. [Persons] individual needs are met; If [person] chooses to have tea in their room [person] can.
- Staff, people and their relatives were encouraged to share their views about the home through satisfaction questionnaires. Relatives also told us the management team had involved them in discussions about their loved one's care. One relative told us, "If they need to speak to us, they call us. It's like an open door and you can always speak to someone. [Person] needed their booster, they put our minds at rest that it was all taken care of."
- Staff told us that morale was good and we saw this led to a happy environment for people to live in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were quality assurance systems to ensure effective monitoring of safety of people in the home. These quality assurance systems also sought to make improvements at the service where shortfalls were found.
- The registered manager was aware of, and adhered to, their legal responsibilities. They had notified the Care Quality Commission, to inform us of significant accidents, incidents, safeguarding concerns or deaths.
- The registered manager told us they understood the present difficulties with staffing the home and felt there had been some progress although more was needed to recruit regular staff.
- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service. Staff told us that the management team was very supportive, and they felt confident raising any issues or concerns. One member of staff told us, "I feel supported by the deputy manager and registered manager, they are approachable."

- The management team had been very responsive following our initial inspection feedback and immediately addressed the minor concerns we had highlighted.

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

- The registered manager was aware of their responsibilities in relation to the duty of candour.
- Relatives told us they were always informed about any incidents that had occurred.

Working in partnership with others

- The registered manager and staff team worked closely with other health and social care professionals to ensure people received the care and support they needed. They had regular contact with multi-disciplinary teams to discuss people's on-going needs or any concerns they might have. They had also developed good links within the local community.