

Community Integrated Care Magna Road

Inspection report

109 Magna Road
Bournemouth
Dorset
BH11 9NE

Date of inspection visit: 05 April 2017

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Tel: 01202582448

Ratings

Overall rating for this service

Is the service safe?

Good

Good

Summary of findings

Overall summary

Magna Road is a care home for up to seven people with learning disabilities in Poole. There were four people living at the home at the time of the inspection.

At the last inspection in November 2015 the overall rating for Magna Road was Good.

This was an unannounced focused inspection on 5 April 2017 to follow up on the actions taken to address the breach of regulation in relation to the premises. This was because at the last inspection the carpet in the lounge was stained, had an iron burn mark in it and smelt unpleasant. The walls were damaged and needed to be repaired.

At this inspection the maintenance and cleanliness of the service had improved. The carpets and sofas had been replaced and the walls had been repaired.

There were systems in place to safeguard people from abuse.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

Risks to people's safety were assessed and managed to minimise risks.

There were enough staff to meet people's needs.

There were robust systems in place for the maintenance of the building and equipment.

At this inspection we changed the rating for the key question 'Is the service safe?' from Requires Improvement to Good. The overall rating for the service remained Good.

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 and the rating is now Good.





Magna Road Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 April 2017 and was unannounced and was conducted by one inspector. We met, spoke with one person and used Makaton (a type of sign language) with the person. The person we met had complex ways of communicating and was not able to tell us their experiences of the service. Another person chose not to meet with us. We observed staff supporting the two people. We also spoke with the acting manager and registered manager who is also the regional manager and three support workers.

We looked at two people's care and risk management plans and records about how the service was managed. This included staff rotas, safeguarding systems, incident and accident reporting systems and systems and records for the safe management of the premises.

Before the inspection we looked at incidents that the service had notified us about. We also contacted the local authority contract monitoring team following the inspection.

Our findings

The person we met was very relaxed with staff and actively engaged with them. The staff understood the person's communication and what their sounds and verbalisation meant. The person was very animated and was smiling and laughing with staff. This indicated they felt safe at the home with staff.

There were posters displayed in the dining area and office about how people and staff could report any allegations of abuse. Staff received safeguarding training as part of their induction and on going training. Staff told us there had not been any safeguarding incidents recently and this reflected the information we had received. The staff had reported any previous allegations of abuse to both the local authority and CQC. Action had been taken to minimise the risk of reoccurrence where the allegations had related to the behaviours of one person towards other people or staff.

Staff told us they had received training in medicines administration. Three staff had received additional guidance and training from the previous deputy manager (who had left the service the month before the inspection), to be able to complete the medicine audits and checking the medicines into the home when they were delivered by the pharmacy. The acting manager was responsible for ordering peoples' medicines from the GP and pharmacy.

Medication Administration Records (MAR) showed that medicines were administered as prescribed. People had PRN 'as needed' medicines plans in place. Where any 'as needed' medicines were used as part of a person's positive behaviour support plan, an explanation was recorded.

The acting manager had updated and reviewed people's risk assessments and risk management plans. They had used a new format that was easy to follow and used a traffic light colour coding to reflect the levels of risk. People had risk assessments and plans in place for: specific health conditions, using the kitchen, choking, and access to activities at home and in the community, and behaviours that needed positive support. For example, there were positive behaviour management plans in place for people who needed them. These strategies focused on people's positive behaviours and there had been a marked reduction in people's behaviours that needed positive staff support over the last 12 months. One person had a risk management and safe swallowing plan in place as they were at risk of choking. Staff were aware of how the person needed to have their fluids thickened and the consistency and size of pieces of food.

We looked at the staffing rotas for a four week period including the week of the inspection. Staff told us there were enough staff to meet people's needs. Agency staff were used when the staff team were not able to cover absences. There was a very stable staff team working at the home with the last staff member being recruited nearly a year ago. There remained a small number of staffing vacancies that the provider was making every effort to recruit to. A majority of the vacant hours were covered by the existing staff team. The acting manager told us, and rotas showed, that regular agency staff were used. Agency staff did not work alone with people and were always supported by staff employed by the provider. This meant people were supported by staff that knew them well.

We did not review any staff recruitment records because no staff had been recruited since the acting

manager started working at the home. There were new systems and checks in place to ensure that any agency staff used had the correct skills and training before they worked at the home. The acting manager received a copy of the agency staff's profile that included evidence of their training, skills and recruitment checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

The staff rotas and people's records were checked each week to ensure that people received the one to one or two to one support they needed or were funded for. People received the care and support they needed. Staff responded to people's vocalisations immediately.

There were emergency plans in place for people, staff and the building maintenance. In addition, there were weekly maintenance checks of the fire system and water temperatures. There were systems in place for the maintenance of the building and equipment.

Accidents and incidents were monitored and reviewed to look for any trend where action could be taken to reduce the incidence of recurrence.

At the last inspection we found a breach in the regulations. This was because there had been some repairs to walls that had been damaged but these were not robust enough. The carpet in the lounge was stained, had an iron burn mark in it and smelt unpleasant.

At this inspection, the walls had been repaired and the carpet had been replaced. The home was clean and maintained. There were systems in place to be able to report any damage to walls or the premises and staff told us any damage was quickly repaired.