Care Management Group Limited

Care Management Group - Magnolia Cottage

Inspection report

26 Sydney Road
Spixworth
Norwich
Norfolk
NR10 3PG

Tel: 01603897764
Website: www.cmg.co.uk

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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: Care Management Group - Magnolia is a residential care home providing accommodation and personal care to people with learning disabilities. At the time of the inspection there were three people living in the home. The building design fitted into the residential area and was similar to other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service:
The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff understood how to safeguard and protect people from abuse.

Individual risk assessments were in place with guidance for staff on how to manage risks when supporting people.

People received their medicines as they were prescribed. There were safe protocols for the receipt, storage, administration and disposal of medicines.

The service had systems in place to enable the service to learn when things went wrong to prevent incidents happening in the future.

People's needs were holistically assessed and detailed in care plans. Care plans enabled staff to provide person-centred support and respond to people's needs.

Staff received the training they needed to support people and were competent to carry out their role.

Staff understood people's needs around eating and drinking and supported them in a way that also encouraged independence.

Staff worked well with healthcare professionals to make sure that people received the specialist support they needed.

The premises were adapted appropriately to people's needs and people were consulted on the decoration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were kind and caring and treated people with compassion.

People were encouraged to be involved in the service through regular resident meetings.

Staff promoted people's independence, often by encouraging them to do small parts of a more complex tasks if people could not manage the whole of a task.

Peoples preferences, likes and dislikes were clearly documented, and staff used pictures to enable people to communicate their preferences in order to respond to their needs.

Relatives and staff were positive about the management of the service.

There was an open and supportive culture that promoted learning and improvement.

People using the service were engaged in a way that was appropriate to their communication needs.

The service made links to support people to be involved in their local community.
Rating at last inspection: At the last inspection the service was rated good (report published 15 December 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

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.

Care Management Group - Magnolia Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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:
Care Management Group - Magnolia is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodated up to four people in a bungalow. Each resident has their own bedroom and there is a shared living room and kitchen/dining area. There is a ramp from the kitchen to enable access into a small garden.

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 24 hours' notice of the inspection because the service is small, and we needed to make sure that people would be in.

What we did:
Before the inspection we looked at all the information we had about the service. This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We used the information in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted professionals working with the service for their views.

During the inspection we spoke to the registered manager, the regional manager, and two support staff. We spoke to one person using the service and one relative. We reviewed three people's care records and looked at the medicine administration records (MAR) and supporting documents for one person. We looked at records relating to governance and management of the service. After the inspection we asked the registered manager to send us further documents which we received and reviewed.

Good

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff were aware of how to identify signs of abuse and knew how to report concerns.
• Safeguarding was discussed with people using the service at resident meetings and there was a poster in the kitchen in easy read format reminding people how to report abuse.
• People had safeguarding risk assessments within their care plans.

Assessing risk, safety monitoring and management
• Individual risk assessments were in place for issues such as choking risks, trips and falls, fire evacuation, and health conditions such as epilepsy.
• Staff were aware of the risks that might affect people and knew how to manage them.
• There were visual instructions with pictures of people showing what to do in the event of a fire.
• The registered manager carried out monthly health and safety checks on the home environment. Arrangements were in place with a maintenance contractor to ensure that any necessary works were carried out.
• Environmental risks had been assessed and we saw annual checks were in place for fire equipment, gas safety and water checks.

Staffing and recruitment
• There were enough staff to support people.
• There were procedures in place to help protect against employing staff who were unsuitable to work in the service.
• There was a robust induction process in place for new staff. Staff who were new to care were supported with a more intensive induction.

Using medicines safely
• Medicine management systems were organised, and people received their medicines as prescribed. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
• Separate protocols were in place for medicines that were taken as required. We suggested to the registered manager that these could have more information on how people might communicate that they need the

medicine, for example by observing behaviours.
• Staff were aware of concerns associated with 'over medicating' and there were protocols in place to assess and manage this.

Preventing and controlling infection
• Staff had attended training and told us how they prevented and controlled the spread of infection.
• The home was clean and odour free.
• We observed good food hygiene in the preparation of food and the home had a five-star rating which is the highest rating for food safety standards.

Learning lessons when things go wrong
• Staff understood the action to take in the case of incidents and accidents.
• Records of incidents and accidents were entered on an electronic system and reviewed by the registered manager and appropriate action taken. For example, when a person had a seizure that was longer than their usual seizures they were taken to hospital and then referred to the epilepsy clinic.
• Staff told us that outcomes and actions from incidents and accidents were communicated to them verbally from the registered manager via staff meetings.

Good

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

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 were holistically assessed and included information to enable staff to support people in a person-centred way, such as support needs, communication and health needs.
• People's preferences and choices were recorded in assessments and included 'how I like to live my life' and how to support people to maintain and build relationships.
• Recognised tools were used to assess people, such as the Malnutrition Universal Screening Tool (MUST) to assess risk of malnutrition and monitor people's weight.
• There was a vacancy in the house at the time of inspection. The registered manager described how the assessment process considered not just the needs of the new person but also the needs and preferences of existing residents to make sure that the new person would fit into the household.

Staff support: induction, training, skills and experience
• Staff regularly attended training. They were positive about the training and told us it supported them to do their jobs.
• Training was a combination of face to face and e learning. One staff member told us, "the e-learning is good because it's a refresher of what I have learned over the years face to face. It's stuff I do every day to support service users."
• Staff said that they would be supported to do extra training if they felt they needed it.
• There was a folder called 'Magnolia Cottage all about us' that had information about the service, pen pictures of people living in the service as well as pen pictures of staff with tips on how they like to work. This was used to introduce agency staff and new staff to the service, to help them get to know both residents and staff.

Supporting people to eat and drink enough to maintain a balanced diet
• People's care plans included the support they needed around eating and drinking.
• We saw staff supporting people with the preparation of food for their lunch.
• Staff were aware of individual needs for eating and drinking, including if people had a soft food diet or food needed to be cut up. A relative confirmed that staff supported a person with a fortified diet.

• Staff were aware of making sure that people drank enough fluids. The day of inspection was a sunny day and we observed staff encouraging people to drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The relative told us people were supported with their health appointments.
• People had a health action plan where their health needs were recorded along with details of any appointments they attend with health care professionals.
• Advice and guidance from professionals was included in people's care plans.
• Staff were aware of guidance was in place from professionals relating to individuals needs, for example the speech and language therapist or the epilepsy nurse.
• Feedback from professionals was positive about the service. One professional told us that the new registered manager was responsive and had responded to concerns that staff in the service had become 'used to things' rather than picking up on changes to residents to ensure that any changes were responded to in a timely manner. As a result, they felt confident that issues were picked up and referrals made in a timely manner.

Adapting service, design, decoration to meet people's needs
• The relative told us they thought the building was adapted to people's needs and told us, "[Name has [their] own bedroom with their things in it."
• The registered manager told us they had recently redecorated with lighter colours as they felt that dark colours were having a negative affect on one of the people. This person was supported to chose new colours and décor for their own room.
• The ensuite shower room for one person was being upgraded to include a bath to reflect the person's preference.
• There was a ramp with handrails to make it easier for people to access the garden.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Staff understood the importance of helping people to make their own choices regarding their care and support and understood the principles of the Mental Capacity Act.
• We observed staff obtaining consent before providing support. They knew people well and understood how people gave consent if they found it difficult to communicate. For example, when one person got up from the lunch table with their food, staff allowed them to go because they realised the person wanted to go and eat their lunch in the living room.
• DoLs applications had been made for two people living in the service.
• Risk assessments were carried out where practices were restrictive.
• We discussed improvements to records relating to mental capacity assessments and best interests' decisions with the registered manager at the inspection. Following our inspection, the registered manager sent us updated records which contained clear guidance on supporting people in their best interests, in the

least restrictive way possible around particular tasks where they did not have capacity.

Good

Our findings

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

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 relative told us the staff were kind and caring.
• People were supported to visit families if their family was unable to come to visit them in their home.
• We observed staff treating people with kindness and compassion, responding to people's needs.
• Staff understood people's needs and knew people well. They responded to nonverbal cues when supporting people to ensure their needs were met. For example, we saw a member of staff put on the sensory lights for a person when they went into their room.
• People were treated fairly according to their individual's needs.
• There was a calm atmosphere in the house which staff helped to maintain in the way they supported the residents. They were aware of things that may cause anxiety to individuals and made sure that they provided appropriate support to help manage their anxieties.
• Staff discussed with people things that were important to them, even where people had limited communication. For example, staff spoke to one person about the plants in the garden that they were growing, and the person responded positively to the conversation, repeating the names of vegetables.
• One person's communication passport included example conversations that they liked to talk about, with response options for staff. Some of these examples were also on the noticeboard in the kitchen to help new staff get to know the person.

Supporting people to express their views and be involved in making decisions about their care
• The relative told us they felt involved in their family member's care, could ask questions and were listened to.
• Staff described how they supported people in their reviews to be involved in their care.
• Pictures were used to support people to make decisions around activities and choices. One member of staff described how pictures had been used to support people to make a choice about where they wanted to go on holiday.
• Key workers prepared monthly reports about people, summarising what they had done during the month including social activities, activities in the community and appointments with health care professionals. These were shared with family in order to keep relatives updated and involved in the care of their loved

ones.

Respecting and promoting people's privacy, dignity and independence
• Staff described how they supported people to be independent, by prompting them to do things for themselves. Staff told us they work as a team to make sure that they were all working to the same goals for people.
• One member of staff told us, "Everyone needs to be working off the same page, so if we are promoting independence it is for the right reasons and it needs to be in a simple enough format that [person's name] can understand."
• Equipment was used to support people's independence. A special kettle, where hot water was dispensed by pressing a button instead of having to pour the jug, had been purchased for the kitchen. This enabled one person who enjoyed cups of tea to make a hot drink independently. We saw the person using this several times throughout the day.
• We observed staff supporting and encouraging people to carry out their household chores such as laundry and food preparation.
• Staff described how they protected people's privacy and dignity, by making sure doors and curtains were closed when supporting people with personal care.

Good

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care and support was personalised to meet people's individual needs.
• Staff responded to people's individual needs throughout the day. For example, one person enjoyed spending time outside in the sunshine while another person preferred to spend time on their own in the house.
• The service responded to changes in people's needs and involved healthcare professionals to ensure they continued to meet people's needs.
• A new system was being introduced where keyworkers were asked to put together an annual plan for each person to set goals and activities. Goals were broken down into smaller tasks for the person to achieve. For example, one person had a goal of getting dressed themselves and the first task was for them to pull up their trousers.
• Care plans were reviewed every six months and updated if there were any changes to ensure they were relevant to people's current needs.
• People's rooms were personalised and decorated according to their choice.
• Daily records contained information about people's mood, what they had eaten and activities that they had done in the previous shift. Information was shared through the daily records as well as a handover book to communicate between staff on different shifts to enable them to respond to people's needs. For example, on the day of the inspection, one person had not slept well the night before, so staff were mindful that they were tired and therefore changed the plan for activities in response to this.

Improving care quality in response to complaints or concerns
• There was a complaints procedure in place.
• An easy read version of the complaint's procedure was available on the wall for residents.
• The relative told us that they would speak to management if they had any concerns and were confident they would be responsive.
• There had been no recent complaints at the time of inspection

End of life care and support
• People using the service were relatively young and there were no plans in place for end of life care.

• However, there had been situations where a person had become seriously ill very quickly and was being cared for in bed. We discussed this with the registered manager. They told us they were planning to look at staff training in this area as well as to start conversations with people and their relatives about the future, and how people might want to be supported at the end of their life.
• The registered manager was booked to attend training on end of life care with provider. They told us they would use this to develop this area of the service.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• There was a positive, person-centred culture throughout the service. The provider had a statement of values which formed the basis for support provided.
• Best practice was shared between services by the provider through a newsletter.
• There was a culture of openness. Staff told us they could approach management with concerns and felt listened to.
• The regional manager told us that the provider was currently reviewing quality monitoring and had set up a regional quality forum for managers to discuss how to monitor and drive up quality.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager regularly worked shifts in the service in order to get to know people and observe staff delivering care in order to monitor quality and improvement.
• The registered manager carried out regular audits of people's files, health and safety and medicine management on a monthly basis. The regional manager carried out quarterly audits which were fed back to the registered manager in their supervision.
• There were clear line management structures in place and staff were supported in their roles by regular supervision with a line manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were engaged in the service through regular resident meetings that were chaired by a support worker who had the lead for resident meetings.
• The provider ran conferences nationally attended by people using services, so they could gather their views.

• Staff felt engaged in the service through staff meetings which covered organisational issues, issues relating to the service such as redecoration plans or holidays, and clarification around staff roles.

Continuous learning and improving care
• Appropriate action was taken when things went wrong in order to improve things for the future.
• There was a business plan in place to drive improvement. This was based on learning within the service as well learning from other services managed by the provider. The business plan focussed on areas such as service user voice and outcomes, safeguarding, documentation and environment.
• The business plan was discussed with staff at staff meetings and in supervisions in order to ensure staff were aware of priorities for the improvement of services.

Working in partnership with others
• The service worked in partnership with other organisations in order to create opportunities for people using the service.
• People living at the services attended events and social activities organised by a local charity to help them engage with activities in the local community.
• The service was looking to develop opportunities for volunteering and had trialled volunteer work in a local church.