Magic Care Solutions Limited

Magic House

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

This inspection took place 5 and 6 July 2017 and was announced. We gave the provider 48 hours' notice of this inspection because we needed to be sure that someone would be available to support us with the inspection process.

The service was last inspected and rated on 7 April 2015 and was rated 'Good'.

At this inspection we found that the service remained 'Good'.

Magic House currently provides personal care to 26 people living in four supporting living accommodation settings. The service aims to support people with mental health needs and learning disabilities.

People and relatives told us that they felt safe and were happy with the support that they received from care staff. Care staff understood how to keep people safe from harm and the actions to take where abuse was suspected.

The provider had a variety of systems and processes in place to ensure people were kept safe and free from harm. This included individualised risk assessments which gave information and guidelines to staff on how to reduce or mitigate risks in order to keep people safe.

Safe recruitment processes were in place to ensure that only suitable staff safe to work with vulnerable adults were recruited.

Safe medicine management processes were in place which ensured that people received their medicines safely and according to their needs and requirements.

Care staff told us and records confirmed that care staff received the required and, where appropriate, specific training to support them in their role. Staff also received regular support through the supervision and appraisal process.

People were enabled to make their own choices and decisions in the least restrictive way possible and were offered support where required.

Most people living at the scheme, lived their life according to their own wishes. This included the choosing and preparation of meals. People decided what they wanted to eat on a daily basis and supported by care staff when required. Care staff were always available to guide people in making appropriate decision in relation to healthy eating.

Most people were able to manage their own healthcare matters and appointments. However, staff were always available if and when support was required.

We observed that senior manages and care staff had developed and established positive and caring relationships with people that were based on trust and respect. Staff knew each person's likes, dislikes, mannerisms and behavioural traits and were seen to support people appropriately according to these.

Care plans were person centred and detailed and contained support plans and goal support plans which identified and monitored each person's individual goal which they had identified and wished to achieve in order to support independent living where possible.

The service had received five complaints since the last inspection. Records on the detail of the complaint and how it hand been handled and responded to were available. People and relatives knew who to speak with if they had any concerns. People were actively encouraged to complete a complaints form if they had concerns to raise.

We observed that people knew the operations manager and area manager extremely well and were confident in approaching them. Staff also confirmed that they were very well supported in their roles and were able to speak to a member of the management team at any time.

A variety of quality monitoring systems were in place which allowed the service to monitor the quality of care provision and where appropriate, learn from and make the necessary improvements when issues were found therefore ensuring that the quality of care was never compromised.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Magic House

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 comprehensive inspection took place on 5 and 6 July 2017 and announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

One inspector carried out this inspection with the support of an expert-by-experience who on the day of the inspection carried out telephone interviews with relatives of the people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted a number of health care professionals and commissioners to obtain their feedback about the provider and the service that they provided. The provider had also completed a Provider Information Return (PIR). The PIR 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.

During our inspection we spoke with seven people who used the service and observed interactions between people and staff. The expert-by-experience spoke with five relatives. We looked at five care records, 11 medicine records and a variety of other records relating to the management of the service such as policies and procedures, audits and complaints.

We also spoke with a variety of staff included the operations manager, the area manager, one project manager, one night staff and two care staff and looked at eight staff and training records.

Good

Is the service safe?

Our findings

People we spoke with told us that they generally felt safe at the scheme that they lived at and were happy with the care and support that they received from staff. One person told us, "Most of all I feel safe here." A second person stated, "I feel safe here, nothing wrong going on." Relatives also confirmed that they felt re-assured and confident with the support that their relatives received. One relative told us, "The safety is very good. They have got code numbers on all the doors and they have got security cameras. It is a really good place."

Staff demonstrated a good understanding of the terms safeguarding and whistleblowing and were able to explain the steps they would take to protect people if they suspected them to be at risk of abuse and harm. Records also confirmed that staff had received training on these topics which was refreshed regularly. One staff member explained, "I would jump to it and talk to my manager about it. If she didn't do anything about it I would follow protocol and report my concerns to the appropriate authorities." Staff were aware of the external organisations they could contact if they had any concerns including the Care Quality Commission (CQC).

People's care plans contained individualised and personalised risk assessments which identified risks associated with each person's health, care and social needs. Examples of these included, risk of drug relapse, risk of not taking medication, self-neglect, smoking, diabetes and use of illicit drugs. Each risk assessment outlined the associated risk, the person or people who were at risk and the management plan to reduce or mitigate the risk to ensure people were kept safe and free from harm. Each risk assessment had been reviewed periodically since the last inspection and where required where significant change had been noted.

All accidents and incidents involving people and staff were clearly documented with details of the accident or incident and the actions taken. Following this each report was sent to the operations manager for review to ensure the appropriate actions had been taken and where follow up referrals and actions were required this was carried with details of the outcome.

The service ensured that appropriate numbers of staff were available within the scheme 24 hours a day. Staffing levels were determined and adjusted according to the needs and level of support that people required on a day to day basis. Factors that influenced an increase or decrease in staffing levels included escorting people to activities or appointments or one to one emotional support. We observed that staff were always available at two of the schemes we visited and people were always supported in a timely manner.

The service followed safe and robust recruitment processes to ensure that only suitable staff were recruited to work with vulnerable people. Records confirmed that appropriate references had been obtained, identity checks confirmed and criminal record checks had been completed.

People were supported to receive their medicines safely. Appropriately completed documentation was available which confirmed that people were supported with their medicines and received them according to

their needs and requirements. This included medicine profiles, medicine administration records, 'as required' medicine protocols, and risk assessments especially where people where assessed as able to self-medicate. 'As required' medicines are medicines that are prescribed to people and given when necessary. The provider completed monthly medicine audits to ensure that any issues or discrepancies were identified and rectified immediately. All staff received training on medicine administration and competencies were assessed through the completion of a questionnaire at the end of the training session. The service did not observe medicine competencies of staff which was highlighted to the operations and area manager. However, following the inspection we received confirmation that an observational competency assessment had been devised and that all staff would be competency assessed within two weeks post inspection.

Good

Is the service effective?

Our findings

People and relatives that we spoke with expressed that they were happy with the care that they received from care staff. One person told us, "They seem to know what they are doing." One relative stated, "I am pleased with how they look after him. The staff are very good to him."

Each care staff underwent a week long induction before commencing work with the service. Training was also provided on a variety of mandatory and non-mandatory topics such as safeguarding, moving and handling, mental health awareness, dysphagia and challenging behaviour. The induction included a shadowing period where the newly appointed staff member would work alongside an experienced member of staff to get to know people and how the service was run. The shadowing period could be extended where staff did not feel confident and required extra support. All care staff were also in the process of completing the care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

Care staff told us and records confirmed that all mandatory training was refreshed on an annual basis and also confirmed that they were always encouraged to request any such relevant training that would support them in their role. One care staff told us, "I am definitely able to ask for training. I asked to go on a management course and I got it straight away." Care staff also confirmed that they were regularly supported through supervisions and annual appraisals. Records seen within staff files confirmed what we were told by staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the courts with the support of the person's local authority care team. The service currently was not supporting anyone with a 'judicial DoLS' in place.

Care plans demonstrated that people had been involved in the planning and delivery of their care and had signed relevant documents confirming this. Where relatives or next of kin were involved in care planning or making specific decisions where a person possibly lacked capacity, this was clearly documented. All staff that we spoke with demonstrated a good level of understanding around the principles of the MCA and how this impacted on the care and support people received. One staff member explained, "The MCA protects people to make their own decisions. It prepares them for the future and allows them to plan. It also protects staff when making decisions for people."

People did not devise any type of set menus' but chose what they wanted to eat on a daily basis. Staff explained that they would have a discussion with individual people about what they wanted to eat and this would be supported and included going shopping on a daily basis to get all the ingredients required for their

chosen meal. Care staff supported people with healthy eating and promoted this where possible. People were able to cook fresh meals for themselves and for others with support where appropriate. Care plans recorded people's likes and dislikes as well as any cultural or religious dietary requirements.

Some people managed their healthcare needs independently and some people were supported by the service to make or attend relevant healthcare appointments where required. Care plans recorded details of visits and any actions to be taken as a result. Each supported living scheme, had established links with a variety of healthcare professionals which included, GP's, consultant psychiatrists and community nurses. Where people were required to attend hospital or other health related appointments, the provider ensured that care staff were available to support them to do this.

Good

Is the service caring?

Our findings

People told us that the care staff that supported them were good and that they were happy living at the supported living scheme. One person said, "Staff are very helpful, reliable and friendly." Another person stated, "They [staff] cheer you up when you are feeling down or ill." Relatives comments included, "My [relative] is very happy where he is" and "The people are brilliant. The support is brilliant."

Throughout the inspection we observed the operations manager, area manager and care staff had all developed and built positive and caring relationships which promoted trust, respect and positive well-being. All staff members knew each of the people they supported, their likes and dislikes, their abilities and personalities. We observed senior managers and staff to hold a significant awareness of changes in people's health and well-being and we saw that where this was the case people were supported to immediately access the appropriate healthcare professional in order to obtain the immediate support that they required.

Throughout the inspection senior managers and care staff were respectful of the fact that the scheme was the person's home and that management as well as staff were all guests in their home. We observed people to be asked whether they wanted to speak to the expert by experience or the inspector rather than informing them that we were going to speak with them. We also observed people to be encouraged and supported to maintain their independence as far as practicably possible. People were responsible for cleaning their home, preparing meals where able to do so, managing their own financial budget and maintaining their own personal hygiene with support provided where required.

We saw that care staff respected people's privacy by knocking on their flat door and requesting permission before entering. People confirmed that this was normal procedure. Care staff gave us examples of how they ensured people were treated with dignity and respect. Examples given included, "I don't invade their personal space unless they invite me to and I would not pass on information to any third party" and "I always close the doors when I am talking with a person or about the person and I never enter a person's room without knocking the door."

Care plans were reflective of people's cultural, religious and personal diversity and staff were clearly aware of people's individual needs and how these were to be met. We asked staff about supporting people who may identify themselves as lesbian, gay, bi-sexual and transgender. Staff members responses included, "It's my job, it does not make a difference to me what colour, religion or sexual orientation you are. I love my job!" and "It doesn't make a difference to me, we are all human."

Good

Is the service responsive?

Our findings

People's care and support had been planned and delivered in a way that was responsive to their care and support needs. A comprehensive pre-admission assessment was completed prior to the person being offered a tenancy agreement at the appropriate supported living scheme. The assessment looked at the person's background history, the proposed support package, social skills and behaviours, mental and physical health and well-being as well as family relationships. This information formed the foundation of the care plan which was then further developed in partnership with the person, any involved family members and health care professionals.

People's care plans included a support plan as well as a goal support plan. Care plans were personalised and provided clear information and guidance about the person they were supporting, their likes and dislikes, health care needs and a detailed paragraph about the person's background. Care plans were reviewed on a monthly basis or sooner if any significant changes were noted.

The goal support plan identified short and long term individualised goals that people wished to achieve and details on how they were to achieve these. Examples of these included, getting a birth certificate, to get a job in a office, start to self-medicate and attend the gym. One person told us, "[Name of manager] has been very, very helpful, encouraging me and supporting me to get to where I am." We saw records confirming that allocated key workers held monthly key worker sessions with the person which included reviewing their support and goal support plan. Key workers are nominated staff members who people knew and who were responsible for reviewing the persons care plan and risk assessments as well as reviewing their set goals and targets in relation to their health and social care needs.

As a result of identifying and setting goals for people, two people receiving a service had been supported and encouraged to develop their identified goal and ability to such a level that the provider had employed both people as bank staff to provide the services that they were skilled in, across all four of the supported living schemes. Both people underwent an interview and selection process where reference and character checks had been obtained. One person was employed as a musician and the other person as a gardener and both provided services at each scheme.

The impact that this had on both people had been empowering and had led to a sense of independence which they had not achieved since they had been diagnosed with mental health problems. One person explained, "This has made a 100 per cent difference in my life. I haven't worked in a long time. I am really pleased and that kind of progress is difficult to achieve. I am happy that I have accomplished this. Thanks to the service for giving me this opportunity. [Name of manager] has made a difference as he explained what he had been through and what he has achieved and it makes me think I can do the same." During the discussion with this one person we were able to observe and feel the positivity that they had experienced as a result of being empowered to pursue their passion. The person also played their instrument for us during the inspection and was proud and happy to do so.

Activity timetables and posters had been displayed around the schemes informing people of the activities

that were available for them to attend if they so chose. Staff explained that people did not have set activity timetables but were able to attend and take part in activities as they so wished. Posters displayed advertised cooking competitions, gardening and music events. People also attended external activities such as day centres, music clubs and volunteering opportunities.

People knew who to speak with if they had any complaints or issues and were confident that these would be appropriately addressed. A complaints policy was display in both schemes we visited which gave people information on how to raise a complaint. Since the last inspection the service had received five complaints. Records of these detailed the nature of the complaint and the actions that had been taken. People were actively encouraged to record any complaints that they had on a complaints form which would then be passed onto a senior member of staff for them to investigate. One person told us, "The last complaint was dealt with very quickly. [Name of manager] is very good. So peaceful here now." A second person stated, "I can complain to a member of staff, they listen."

Monthly resident meetings were also held as a way of obtaining regular feedback from people and their experiences. Minutes of meetings confirmed that a variety of topics were discussed which included the lounge area, the garden and use of the office phone. One person told us, "We have monthly meetings. They listen to your ideas."

Good

Is the service well-led?

Our findings

A registered manager was in place on the records held by the Care Quality Commission (CQC). However, during the inspection we were informed that the registered manager, who was also a director of the provider's company was no longer with the company and was due to submit their de-registration application. The provider had already identified the area manager as the person to take on the role as the registered manager and their application to register with the CQC was due to be submitted. 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.

People knew the operations manager and the area manager and we observed that people were confident in approaching them during our visit to two of the schemes. One person told us, "The management is good and I can call upon them." Relatives were also confident in the way that the service was managed and comments received included, "Magic Care Solutions is well organised and managed. It is brilliant. I would rate it as one hundred per cent" and "They go beyond. They're great."

Staff also expressed positivity and commendations for the management team with whose support they were able to support people effectively. Comments from staff included, "I get a lot of support from the managers. They are good managers" and "They are good managers, nice. I can sit and tell them anything, very open minded." Staff also told us and records confirmed that apart from regular supervisions and appraisals they were supported as a team through team meetings and project manager meetings. Agenda items included clients, medication, activities and paperwork. Comments from staff included, "I feel that I can speak up and that I am listened to" and "I get a lot of knowledge when projects come together. I have a lot of ideas of what I want to do, different activities and I know I can make suggestions and the management listens."

The provider had a number of checks and audits which were completed on a weekly, monthly and annual basis which allowed managers to monitor the overall quality of the care and support that was delivered at each of the schemes. This included health and safety audits, fire checks, medicine audits and support plan audits. Each audit identified areas of concern and issues, however, the service did not always list the actions taken to remedy the concern or issues. We highlighted this to the operations and area manager who confirmed that this would be recorded consistently going forward.

The service carried out annual satisfaction surveys for people, relatives and staff. The most recent had been completed at the beginning of 2017.Overall feedback from surveys were positive and where issues and concerns had been identified, a list of actions had been completed and improvements that had been made as a result of the feedback had been recorded.