

Caretech Community Services (No.2) Limited

Magnolia House

Inspection report

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Loose
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Tel: 01622747677

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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 was carried out on 23 February 2017, and was an announced inspection. The provider was given one working days' notice because the location provides a care service to a small number of people and we needed to be sure that someone would be available at the location to see us.

Magnolia House is a residential home providing care and support for up to six people with learning disabilities, autism and some people had limited verbal communication. The service is arranged over two floors and is wheelchair accessible. The provider organisation is a company that has other services across the South and East of England. At the time of our inspection, six ladies lived at the service.

At the last Care Quality Commission (CQC) inspection on 26 March 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained good.

The safety of people using the service continued to be taken seriously by the management team and staff who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to protect people's finances from potential misuse.

Risks to people's safety had been assessed and measures put into place to manage any hazards identified. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. The premises were maintained and checked to help ensure people's safety. Medicines were managed safely and people received them as prescribed.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. People were treated with dignity and respect by staff who also maintained people's privacy.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same members of staff who knew them well. People were supported to be fully involved in the care and support they received and, decisions relating to their lives.

People had access to the food that they enjoyed and were able to access drinks and snacks throughout the

day. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

People and their relatives were involved and asked for suggestions of ways the service could be improved, these were acted on. People and their relatives had access to a compliant policy and procedure. Systems were in place to monitor the quality of the service being provided to people. People participated in activities of their choice within the service and the local community. People were actively encouraged to maintain and increase their independence. The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Systems were in place to monitor the quality of the service being provided to people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The management team and staff understood their responsibilities under the Mental Capacity Act 2005.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Magnolia 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated as Good at least once every two years. This inspection took place on 23 February 2017. The inspection was carried out by one inspector 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the agency, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with two people briefly who used the service and a relative of another person using the service. Some people declined to speak to us when they were asked. People were getting ready to go out on an organised trip to an aquarium; this meant the time available to speak to people was limited. We observed people, care and support in communal areas during the morning of our visit, to help us to understand the experiences people had.

We spoke with four staff including, the manager, deputy manager and two care staff. We asked two health care professionals for their feedback of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

We asked the manager to send additional information after the inspection visit, including the training matrix and the senior management audit. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

One person told us they felt safe with staff that were supporting them. Observations showed that people appeared comfortable with other people and staff and were at ease when with each other. A relative told us they felt their loved one was safe and well cared for.

People continued to be protected from harm or abuse. Since our last inspection all staff had received refresher training in safeguarding adults, which was yearly. Staff knew the possible signs of abuse and what action to take if they suspected abuse. Such as, reporting any concerns to their manager, senior manager or the local authority safeguarding team. Staff had access to and followed a safeguarding policy and procedure, which gave information and guidance on the action that should be taken. Staff were aware of whistleblowing (telling someone) and told us the provider had a dedicated 'whistleblowing hotline' they could use if they had any worries.

People continued to be protected from any potential risks and avoidable harm. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, behaviours that could challenge themselves or others, community participation and medical needs. Each risk had been assessed to identify any potential hazards which were then followed by guidelines to inform staff how to reduce the risk. Risks relating to the environment were assessed and recorded online with a copy kept within the service. For example, risks relating to, slips, trips and falls, the use of equipment and violence at work. Systems were in place to ensure these were reviewed on a regular basis. People and staff were kept safe by detailed individual risk assessments for staff to follow.

People's money was safeguarded with systems in place to record and account for any money spent. People were supported to take as much control of their money as they were able to. Records showed that two members of staff checked and signed for any money that had been spent. Each person had an individual record book which recorded all transactions and receipt numbers.

The registered manager and the current management team continued to ensure there were enough staff available to meet people's assessed needs. Records showed a consistent number of staff were on duty each day to meet people's needs. Extra staff had been placed on shift when people were accessing the community on certain activities. Any additional support hours people had were clearly marked on the rota and the shift planner.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Each member of staff had a new starter checklist in place which enabled the registered manager, the management team and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

Accidents and incidents were recorded via an online system. Staff completed a paper version of the incident form which was then recorded online by a member of the management team. Accidents and incidents were investigated by the manager and an action plan was then completed. The system was able to detect and alert the manager to any patterns or trends that developed. All notifiable incidents had been reported correctly. The manager and senior management team was able to see, at a glance, whether accidents and incidents were decreasing or highlight any trends.

The premises and equipment continued to be maintained and checked to help ensure the safety of people, staff and visitors. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A system was in place to monitor and record any maintenance issues that were found within the service. Records showed that issues that had been reported had been responded to such as, gardening and rubbish in the front garden. The provider had a contingency and emergency plan in place for staff to follow in the event of an emergency. People had a personal emergency evacuation plan (PEEP) located in the fire file which was kept within the fire file and a copy kept within their care plan. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Medicines continued to be managed safely and people received their medicines as prescribed by their GP. Since our last inspection all staff had received refresher training in medication administration, which was an annual course. Staff completed an in-house competency check with a member of the management team before being 'signed off'. People's medicines were stored securely within their own bedroom. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. An annual audit had been completed by the local pharmacy in January 2017; this did not identify any actions which required completing.

Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Information leaflets regarding people's medicines were kept within people's medicines files for staff's reference. These processes gave people assurance that their medicines would be administered safely.

Is the service effective?

Our findings

One person told us they enjoyed the food and took turns to cook for one another. A relative said, "I have had lunch there a couple of times and everything is fine."

People were supported to have enough to eat and drink and given choice. A weekly menu was displayed in the kitchen which included pictures as well as written text. Some people had complex support needs relating to their nutrition and, received support from health care professionals. Some people living at the service had specific health needs relating to nutrition and hydration. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. Staff were observed taking equipment out with them on the day trip to enable everyone a choice of fish and chips for lunch if they wanted it. Staff monitored and recorded what people ate and drank to help them monitor people were eating and drinking enough.

People continued to be supported to remain as healthy as possible. Each person had a health action plan file which included information of the support from health care professionals and guidance for staff to follow. Staff maintained records about people's health care appointments, the outcomes and any actions that were needed to support people with these effectively.

Since our last inspection, records showed and staff confirmed that they had undertaken mandatory and refresher training in subjects relevant to their roles. Additional training was provided to meet people's specialist needs such as person centred thinking for people with learning disabilities and epilepsy. This helped staff keep their knowledge and skills up to date. Staff were given the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. One member of staff said, "I have just completed the level three, but I previously requested to complete level two which was actioned."

Staff told us they felt supported by their line manager and the management team. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. One member of staff when asked if they felt supported in their role said, "Yes, definitely. I wouldn't have been working here for 11 years otherwise." Staff received an annual appraisal with their line manager to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised. Staff completed an in-house induction plan over a 12 week period.

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. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any application or authorisations to deprive a person of their liberty had been made.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff were observed to ask people for their consent before they offered support. People's consent and ability to make specific decisions had been assessed and recorded in their records. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Is the service caring?

Our findings

One person told us the staff were "nice". Another said when speaking about the staff, "They are alright. I like living here." A relative said, "(Name) gets on with all the staff, they have a good rapport."

Prior to people going out for the day we observed positive interactions between people and staff. People looked comfortable with the staff that supported them with many staff having worked with people for a number of years. We observed that staff gave people their full attention during their conversations and spoke to people in a considerate and respectful way. During our inspection, we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. The atmosphere within the service felt friendly and welcoming, we observed laughter and joking between staff and people. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. A relative said, "Staff always knocks on the bedroom or bathroom door."

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. One person showed us the laundry room and explained how they were supported by the staff to complete their own washing on a set day. We observed staff encouraging someone to take their empty cup of tea out into the kitchen and wash it up. Information was contained within people's care plans informing staff what people were able to do for themselves, and, the support they required from staff.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had specific information relating to 'what a good day looks like', 'what a bad day looks like', photographs of important people in their life and information about things that were important to them. Staff knew people well with many staff having worked at the service for a number of years. One member of staff said, "I love working here seeing the service user's leading a good life, being happy, progressing and getting new skills."

People were involved in the planning and delivery of the service they received. People were supported to take part in regular 'service user meetings'. This gave people the opportunity to discuss any areas for improvement within the service or activities people wanted to participate in. Records were kept of what was discussed, any actions which had been identified and who was responsible for completing the action. Records showed that actions had been discussed and updated the following month. People had requested to go to an aquarium at the last meeting in January 2017; this has been actioned and had been arranged for the day of our inspection. People could be assured that their opinions and suggestions would be listened to and acted on.

Is the service responsive?

Our findings

People told us they were supported to take part in regular activities they enjoyed. One person said, "I am busy doing different activities." Another person showed us their camera and explained how they planned to take photographs of the fish they had seen whilst out that day. People were supported to participate in a range of activities which they enjoyed and met their needs. Activities included learning such as developing social skills and involvement in household tasks. Photographs of event that had taken place were displayed in the lounge which people were happy to show us such as, a recent birthday party.

Since our last inspection on 26 March 2015, people continued to receive personalised support which met their specific needs. Information from the initial assessment was used to develop care plans and risk assessments with people and/or their relatives. People were involved in the development of their care plan by advising staff how and when they would like their needs met. Records showed that people had been involved in the development of their care plan. People had the opportunity to look around the service and meet other people who lived there prior to making a decision to move in.

Systems were in place to ensure people's care plans were reviewed with them or their family on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved or supported by staff to be involved in the development and review of their care plans.

The provider continued to have systems in place to receive feedback about the service from people and/or their relatives. Annual questionnaires were sent out to relatives to gain their views of the quality of the service their loved one was receiving. The last questionnaire was sent out in October 2016, the results had not yet been collated. However, the questionnaires we saw showed that relatives were satisfied with the care and support their loved one received. People were asked for their views on the quality of the service they received through monthly house meetings and regular review meetings. Action was taken if any areas for improvement were found.

The provider continued to have a complaints policy and procedure in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. A pictorial version of the procedure was displayed within the service to ensure it was accessible to everyone living there. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been one complaint that had been fully investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

Our observation showed that people knew who the manager was. One person said, "I like all the managers." Observations with people and staff showed that there was a positive and open culture between people, staff and management. People engaged in conversations with the management team in a relaxed comfortable manner.

At the time of our inspection, the registered manager had taken an extended period of leave, which the Care Quality Commission had been notified about. The registered manager had been in post since July 2016 and had taken the period of extended leave since December 2016. The provider had made interim arrangements with a registered manager from another of their services to also oversee Magnolia House. 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.

The interim manager and deputy manager split their time between each of the two services. The manager told us that they split their time to ensure a manager was available at either service, if they were required. Staff told us they felt there was visible leadership within the service, and, they received clear direct management instructions, to ensure consistency. One member of staff said, "I am proud of the staff team. Everyone is singing from the same sheet." Another said, "The leadership is good. We all work together and it does get done."

Staff said they understood their role and responsibilities and said this was also outlined in their job description. The manager told us they have recently delegated certain responsibilities to the team, with the aim to increase and develop their knowledge and skills. One member of staff said, "The responsibility list has been recently updated. This is reviewed at meetings, we monitor each other." There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback about 'what's working and not working'. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. One member of staff said, "We know what is happening, communication's very good." Another said, "We know what's going on each day, through handover meetings and the diary." Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the manager and the locality manager on a monthly basis, including health and safety, medicines management and a systems audit. These audits generated action plans which were monitored and completed by the management team. Feedback from the audits was used to make changes and

improve the service provided to people. The provider had an internal 'quality compliance department' who audited the service on a six monthly basis. The recent inspection took place on 31 January 2017; the action plan had not yet been made available to the manager. Records were up to date and were located quickly when needed.