# St. Vincent Care Homes Limited

# Magnolia 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 |

## Overall summary

This inspection took place on 30 July and 5 August 2015 and was unannounced. The home provides accommodation and personal care for up to 46 people, including some people living with dementia. There were 39 people living at the home when we visited.

There was a registered manager at the home. 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 and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet. A range of daily activities were offered with people able to choose to attend or not.

# Summary of findings

Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been complied with. Staff were offering people choices and respecting their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People felt safe and staff knew how to identify, prevent and report abuse.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program with consideration and action taken to ensure the environment supported people living with dementia or those with visual perception difficulties.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received appropriate training and were supported through the use of one to one supervision and appraisal.

People and relatives were able to complain or raise issues on a formal an informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager and providers representatives were aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

# Summary of findings

## 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.

People told us they felt safe and staff knew how to identify and report abuse.

People received their medicines as prescribed. Risks were managed appropriately.

There were enough staff to meet people's needs at all times and the process used to recruit

staff was robust and helped ensure staff were suitable for their role.

Good

**Is the service effective?**
The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received a choice of fresh and nutritious meals and were supported appropriately to eat and drink enough. Staff were suitably trained and received appropriate supervision.

People could access healthcare services when needed. Guidance had been followed to ensure the environment was suitable for people living with dementia.

Good

**Is the service caring?**
The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Good

**Is the service responsive?**
The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

People had access to a wide range of activities.

The provider sought and acted on feedback from people. An effective complaints procedure was in place.

Good

**Is the service well-led?**
The service was well led

Good

# Summary of findings

Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.

There was an open and transparent culture within the home. The provider and the registered manager were approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

# 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 inspection took place on 30 July and 5 August 2015 and was unannounced. The inspection team consisted of an inspector, a specialist advisor in the care of older people and an expert by experience in dementia care. 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 reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 15 people living at the home and two family members. We also spoke with the provider's representatives, registered manager, the deputy manager, ten care staff, the activities coordinator, the cook and two cleaners. We looked at care plans and associated records for five people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also received feedback from a community health care nurse.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Oh, safe? Yes, you don’t have any worries here. I can walk with help – I kept falling at home”. Another person told us “Safe? Oh Lord yes, I’m safe here”. A family member told us “I know (name of person) is safe and comfortable”.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults and knew how to identify and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff told us, “I have been trained in safeguarding and I know what to do and who to report to if I saw something was wrong but here the managers would take me seriously if I raised anything as being wrong”. The registered manager and providers representatives were also aware of safeguarding and what action they should take if they had any concerns or concerns were passed to them.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where people had fallen, comprehensive assessments were completed of all known risk factors and additional measures put in place to protect them where necessary. Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance. A community nurse told us staff were quick to seek advice if they had any concerns about people and followed all advice given.

Environmental risks were assessed and managed appropriately. For example, we saw changes to the entrance area of the home had been made to reduce the likelihood of visitors leaving a gate open and placing people at risk. We also saw comprehensive risk assessments had been completed for all external contractors when work was undertaken at the home.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff administered medicines competently, explaining what the medicines were for and did not hurry people. Staff undertook a daily medicines audit to ensure that the balance of medicines was correct and that people had received medicines as prescribed and as recorded on medication administration records (MAR). Training records showed staff were suitably trained to administer medicines and had been assessed as competent to administer medicines. Where people had been prescribed ‘as required’ (prn) medicines, most had a prn plan which explained when the medicine could be given. Staff were aware of how and when to administer medicines to be given on an ‘as required’ basis for pain or to relieve anxiety or agitation and were able to provide extensive information about a wide range of medicines. They had a good understanding of reasons why people should not receive some medicines and the side effects that some medicines might have. The provider had good systems for the safe management of medicines in the home.

There were enough staff to meet people’s needs at all times. We observed that any communal areas of the home were under supervision or within eyesight of, at least one member of staff every few minutes. This meant staff were available to support people when they required help. Staff were organised, understood their roles and people were attended to quickly. People told us they never had to wait long after ringing the call bell. One person said, “Sometimes you wait a bit in the evenings, but never long. They are always quick at night”. We saw that call bells were responded to quickly throughout the two days of the inspection. Staffing levels were determined by the registered manager on the basis of people’s needs and taking account of feedback from people, relatives and staff. They were clear about the need to have staff with a mixed skill set on each shift and provided additional training to achieve this. A staff member told us, “it is busy here but it is manageable, because we work together helping each other

Good

# Is the service safe?

out". Absence and sickness was covered by permanent staff working additional hours or the use of regular agency staff. Therefore, people were cared for by staff who knew them and understood their needs.

Records showed the process used to recruit staff was safe and helped ensure staff were suitable for their role. The provider carried out all necessary checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. New staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity. One said, "it took longer as I did not have a passport or utility bills in my name. I had to get a provisional driving licence before they could do the police check".

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. People had personal evacuation plans in place detailing the support they would need in an emergency. Staff had also undertaken first aid training and were able to correctly describe the action they would take in an emergency. Staff had 'walkie talkies' which they could use to communicate with other staff and get support promptly if required in an emergency.

Good

# Is the service effective?

## Our findings

Everyone was complementary about the food. One person said, "It's a wonderful breakfast, if you want it – I like cereal, eggs, bacon and tomato. I like the new evening meal, too". We observed staff supporting people to eat their lunch. They did not rush them with their food and spoke with them gently during the whole process.

People received appropriate support to eat and drink enough. Most people chose to eat in the dining room where they sat in small groups at tables for four to six people. Tables looked attractive and had been laid with tablecloths, serviettes, cutlery, glasses and placemats. This helped make the mealtime a pleasant and sociable experience. Brightly coloured beakers and plates were used which helped make food look more attractive to people living with dementia, and encouraged them to eat well. People were offered varied and nutritious meals which were freshly prepared at the home prior to each meal. This included, if people wanted, a full cooked breakfast, lighter lunch and a main meal in the evening. Alternatives were offered if people did not like the menu options of the day. Drinks were available throughout the day and staff prompted people to drink often. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food. Special diets were available for people who required them and people received portion sizes suited to their individual appetites. Catering staff were aware of people's special dietary needs and described how they would meet these. Staff monitored the food and fluid intakes of people at risk of malnutrition or dehydration. They monitored the weight of people each month or more frequently if required due to concerns about low weight or weight loss.

People told us staff knew how to care for them. They praised the quality of care and told us their needs were met. One person told us "I can have a bath on demand, and I do like a bath! I'm very happy here". Another person said of the staff, "I do worry about being a nuisance, but they are all so reassuring about it". People were able to access healthcare services when required. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified.

The environment was appropriate for the care of older people with specific adaptations such as passenger lifts to all floors. Decoration had taken account of research to support people living with dementia or poor vision to find their way around the home. This included brightly coloured doors to bathrooms and toilets and hand rails of contrasting colours to walls. People had access to the gardens which were safe, fully enclosed and provided various seating options. One person said "I love the garden – I go and put food out for the birds; I like to do that". Extensive work to the stairways and corridors of the older part of the home was in progress. The areas completed were seen to be of a high standard with consideration of lighting and colours to support people's independence and quality of life. The manager told us about additional work that was planned for the gardens and inside the home including the dining room.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people living with dementia. Before providing care, they sought consent from people using simple questions and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. Where people had been assessed as lacking capacity, best interest decisions about each element of their care had been made and documented, following consultation with family members and other professionals.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications were being processed by the local authority. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights

Staff were knowledgeable about the needs of people living with dementia and how to care for them effectively. All staff, including catering and housekeeping staff undertook

Good

# Is the service effective?

dementia awareness training. Ancillary staff said this had given them an understanding of dementia so that they could interact and support people living at the home. New staff received induction training which followed the Care Certificate. This sets the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with essential training and this was refreshed regularly. One staff said "I am really well trained (they listed a number of courses they had attended) and feel I can do anything asked of me". Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were cared for by staff who were motivated and supported to work to a high standard.

Staff were supported appropriately in their role. They received one-to-one sessions of supervision and a yearly appraisal with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. Staff were positive about the registered manager and providers representatives. One staff said "(name provider's representative) has been supportive and enabled me to undertake the level three in leadership; this taught me such a lot. They have also supported me to do a lot of care courses so that I'm up to date". Another staff said "I have had lots of training and get lots of support, if I have any questions or need any help the seniors are always happy to help, it's like that here".

Good

# Is the service caring?

## Our findings

People were cared for with kindness and compassion. One person told us "They are very kind here, I'm very, very happy here". Another person said of the staff, "They are all very nice, the people who work here. I've got a nice life!" We were also told, "The atmosphere here is good: they're nice girls here, they really are". Another person said, "the staff are absolutely the best you could find, they really care about us, they are kind, loving people – they choose them to be like that – kind and caring". A relative said "(person's name) used to go on about getting back home all the time, but they have settled here now, and don't mention it at all. They seem quite happy".

We observed that staff were kind, affectionate, knew each person well and had plenty of patience. We saw staff responded promptly to people who were requesting assistance and they did so in a patient and attentive way. When staff were talking with people they would bend or kneel down to be at face level with the person which would facilitated better communication. Staff spoke with people while they were providing care and support in ways that were respectful. This was often accompanied by friendly banter which both the person and staff seemed to enjoy.

Staff spoke fondly of the people they cared for which seemed to indicate that they held them in high regard. They had good knowledge of people as individuals and knew what their likes and dislikes were. Several examples of extra special care and support were provided by staff. For example, we saw the chef crumble rosemary in their fingers so that a person who had chosen a dish with the herb in it could smell it in its raw state. The chef did not hurry this experience and the person was smiling. The chef asked, "did you use this when you used to cook lamb" and the two had a recall session about cooking in the past. Although the person had impaired verbal responses they clearly showed this was something they were engaged with.

Staff understood people's individual needs. For example, we saw care staff communicated effectively with one person who was very deaf using notes written on a dry-wipe board, and also some very expressive miming. This enabled the person to understand and they found it amusing which added to their enjoyment. When people, for example those living with dementia became anxious or confused staff remained calm and patiently encouraged them to accept help and support. We also observed staff supporting people gently when moving around by holding their hands and offering reassurance and guidance. They encouraged people to move at their own pace and offered them choices, such as to where to sit in the lounge and dining room.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names.

Staff ensured people's privacy was protected by speaking quietly and keeping doors were closed when providing personal care. People stated that staff maintained their privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. We saw when moving and handling equipment was used staff ensured the person's dignity throughout. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

Good

# Is the service responsive?

## Our findings

People received personalised care from staff who supported them to make choices and were responsive to their needs. One person told us, "if we want to go out and there's no trips organised, you can always ask to be taken in a taxi to the shops or whatever – they're really good like that". We saw that staff noticed a person had had no food at lunch time and asked if they could get them something else other than what was on the menu. The person told them, "I had a massive cooked real English breakfast, I am still full up but I am looking forward to my supper". A staff member asked them "if you could have anything to eat, anything at all that you really love, what would it be? The person replied "a salmon sandwich on granary but only half a one cut in two". The chef returned within a few minutes with exactly what the person had asked for. The person looked extremely pleased and seemed happy as they ate their chosen sandwich with a glass of beer. We spoke with the person afterwards and they told us, "this is a very good home, the sandwich was typical, I didn't think of it before but then realised it was just what I fancied. They are really good like that here, nothing is too much trouble".

Initial assessments of people's needs were completed using information from a range of sources, including the person, their family and other health or care professionals. Care plans provided comprehensive information about how people wished and needed to receive care and support. They each contained a detailed description of the individual care people required covering needs such as washing, dressing, bathing, continence and nutrition. These detailed what people could do for themselves and how they needed to be helped. This helped ensure people received consistent support and maintained skills and independence levels. Where able people had signed care plans and risk assessments which demonstrated that they had been involved in the planning of their care. Where people lacked capacity relatives had been involved in care planning and reviews. Reviews of care were conducted regularly by senior staff. As people's needs changed, care plans were developed to ensure they remained up to date and reflected people's current needs. One person told us, "when I first came here, I was able to go out for walks on my own, just to the shops; then it was suggested I should have someone with me, and I really like having the company now".

We saw staff followed the care plans. For example, we saw people supported with moving around the home as described in their care plans to maximise their independence. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. Staff were able to describe the care provided to individual people and were aware of what was important to the person in the way they were cared for.

People told us they felt well occupied. People said they could choose to join activities or not. One person said, "I love the trips out". Another person said, "The activities have improved lately – there is flower arranging, games, trips out – all very good. Although I also like to sit in my window – I can see the sea, and if it's nice we can go to the beach. I'm partially sighted, so it's nice to have an escort for things like that". The interests, hobbies and backgrounds of people were recorded in their care plans. There were activities records and monthly plans which included group and individual activities scheduled daily. This included activities organised by the activities staff and those provided by visiting entertainers and activity professionals. Records were kept of people's attendance at activities and also their reactions, likes and dislikes. These showed that flower arranging was popular, as were games (dominoes and bingo were highlights) and that a new garden club had been started. People were able to enjoy a range of activities.

People were given opportunities to express their views about the service. Meetings with people and their families took place regularly. Records showed these were minuted and actions taken as a result. People and relatives were also able to express their views anonymously via an external organisation with freepost envelopes and comment cards available in the entrance hall. The registered manager said they made a point of talking to people and visitors and felt this meant people could raise any issues in an informal way which could be quickly resolved.

People knew how to complain or make comments about the service and the complaints procedure was included in the 'residents' handbook' seen in each bedroom and displayed on the notice board in the entrance hall. Relatives and people told us they had not had reason to complain, but knew how to if necessary. They said they would not hesitate to speak to the staff or the managers

Good

# Is the service responsive?

who they said they saw regularly and who were very approachable. The complaints records showed that when complaints were made these were investigated comprehensively. The person or relative who had raised the complaint received a full written response including, where necessary, an apology and information as to what would be done to resolve the issue.

Good

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. People and staff told us the registered manager, provider's representative and senior staff were "fantastic", "caring", "exceptional", and "supportive". Similar comments were made by other people who felt able to raise issues and were confident these would be sorted out. People liked living at the home and felt it was well-led. A relative told us "I used to come and see another person here, so I know this place well. They're the best".

People were cared for by staff who were well motivated and led by an established management team. The registered manager had worked at Magnolia House for over five years and the deputy manager had worked there for two years. There was a clear management structure in place and all staff understood their roles. They praised the management and said they were encouraged to raise any issues or concerns. One member of staff said, "this is the best place to work, you would not find a better home, the staff are so caring and everyone works together helping out, it makes such a difference as we are one team with the same purpose which is to look after the residents in the very best ways". They added, "the manager and deputy and the owner are all good listeners, so anything would be sorted out quickly". Another staff member said "the manager knows everything that goes on which is good".

The registered manager told us they had access to advice and support from the provider's head office, which in turn had links to national training academies and trade bodies which circulated information about best practice. In addition, the managers of all of the provider's services shared information and guidance, which was used to improve standards of care on a daily basis. The registered manager was actively involved with the local care homes association and described their involvement in organising a training day relating to falls prevention.

We observed positive, open interactions between the registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way. There was a whistle blowing policy in place, which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. There were links to the community through voluntary groups.

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. This included the registered manager from a sister home undertaking audits of the home. Where changes were needed, action plans were developed and changes made. These were monitored to ensure they were completed promptly. We saw a report of an unannounced night visit the registered manager and deputy had undertaken at the home to assess the quality of care people received at night. This showed the registered manager was willing to monitor the service over the 24 hour period.

Senior representatives of the provider were regular visitors to the home. The responses of all staff to members of the provider's management team who were at the home during the inspection showed they had a relaxed and informal relationship and felt able to discuss issues together. For example, a member of the housekeeping team told us how they had been consulted about the most appropriate form of floor coverings for part of the home being redecorated. Their views had been listened to and their recommendation was being implemented. The provider's representatives produced regular reports about the progress being made towards the goals that had been identified. The provider's representative told us they referred to national guidance organisations for health and social care to ensure they kept themselves up to date about best practise in adult social care. The registered manager was aware of key strengths and areas for improvement. On the first day of the inspection we identified minor areas which could improve the service. By the second day of the inspection the registered manager had taken action to address these. Over the past few years various parts of the home had been upgraded and we were told of further plans to improve the environment for the benefit of the people living there. The ethos of the provider and staff was one of continuous improvement.

There was an extensive range of policies and procedures which had been adapted to the home and service provided. Any new policies were reviewed internally by the registered manager before being put in place to ensure they reflected the way the home was working. This ensured

Good

# Is the service well-led?

that staff had access to appropriate and up to date information about how the service should be run. A folder containing policies and procedures was available to all staff at all times in the care office.

The registered manager sought feedback from people and staff on an on going basis. For example, they had spoken individually with people to ascertain their views about a proposed change to the meal timings. The responses had been collated and showed that people were in favour of having their main meal in the evening. This showed that the registered manager had fully involved and considered people prior to making any changes to the service.