

Haigh Healthcare Limited

Magnolia House Residential Care Home

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

About the service: Magnolia House Residential Care Home is a residential care home that was providing personal and nursing care to 60 people aged 65 and over at the time of the inspection. Some people were living with dementia. There were 59 people living there at the time of our inspection. The accommodation was spread across two floors with several communal areas and secure gardens.

People's experience of using this service:

The service met the characteristics of good in all areas.

People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

The care that people received was effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People had positive relationships with the staff who were caring and treated people with respect and kindness. They were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager responded to any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: This was the first inspection under a new registration.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

Magnolia House Residential Care Home

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.

Inspection team: The inspection was completed by two inspectors 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.

Service and service type: Magnolia House Residential Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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: The inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this one year previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with eleven people who lived at the home about the support they received. As some of the people found verbal

communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with four people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the deputy manager, one senior care staff, six care staff, and the cook. We also spoke with two visiting health and social care professionals to gain their feedback. We reviewed care plans for six people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff said, "There are different types of abuse, if I had any concerns I would document it and tell the manager."
- People we spoke with told us that they felt safe in the home. One person said, "Yes, I am safe; 100%."
- When safeguarding concerns were raised and investigated we saw that action was taken to protect people from further harm and this included referrals to other health and social care professionals.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- One person said, "I am lifted using a hoist and they always wait until there are two staff because that is the safe way. I have my own sling in my room."
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of staff or using cushions to protect their skin. One person was unable to move in their usual way at one point and staff offered them reassurance while they got additional help and different equipment. This showed us that staff had a detailed understanding of risk and how to react in unexpected circumstances.
- Staff we spoke with knew about people's individual risks in detail. For example, they told us who required a specialist diet and what it was.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels

- There were enough staff to ensure that people's needs were met safely.
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- One person said, "There is always a member of staff pottering around and they come quickly if you ring your buzzer." One relative also told us, "There are enough staff and they have a good routine."
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people. One member of staff told us, "They sent for the police check straight after my interview and I didn't start work until it came back."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The

provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- One person told us, "The staff always wait until I have taken my tablets."
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- One person told us, "It is always clean and tidy and if anything gets damaged they fix it quickly".
- Staff understood the importance of protective equipment in managing cross - infection. One member of staff said, "I know to wear the gloves and aprons and handwashing is very important".
- We saw staff wearing protective equipment and that it was readily available.
- There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to ensuring people wore sturdy footwear.
- After people in the home had been unwell the provider ensured that the home had a deep clean and action was taken to avoid repetition. This included giving one member of staff additional training so that they could lead infection control systems and develop links with other professionals.

Is the service effective?

Our findings

Effective – this means 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 and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements, mental health support etc.
- They also demonstrated how different conditions were interrelated; for example, one person's heart condition was described in terms of advice for weight, diet, fluid intake and medicines management. This demonstrated to us that people's needs were thoroughly assessed.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training. One person told us, "Oh my word yes, the staff are well trained."
- One member of staff said, "I have done the training but there is always someone to ask as well. The senior staff will show me how to do something differently if I need help; for example, I had previously been taught a different way to move people in bed and so the senior staff demonstrated how to do it here for me".
- We saw staff support people patiently throughout the inspection visit and demonstrate skills when needed; for example, they successfully diffused situations when people became agitated or upset to assist them to remain calm".

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- One person told us, "The food is good here". A relative also said, "[Name] always eats the food and particularly enjoys the puddings".
- Staff were attentive during mealtimes. When people required support to eat this was given patiently with gentle encouragement.
- People were not restricted and when one person left their meal to walk for a short period staff noted where they sat down afterwards and moved their food to them to encourage them to continue to eat.
- We spoke with the cook who had a good understanding of special diets and had written information about people's likes and dislikes.
- People were involved in designing menus which were discussed at resident meetings.
- Special diets were catered for and this included suitable alternatives for people who had diabetes.
- We saw drinks and snacks offered throughout the day of the inspection.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- There were good relationships in place to ensure that people saw healthcare professionals when required. One visiting health professional told us, "All referrals are timely and appropriate and the staff are keen to learn when I speak with them".
- When one person returned to the home from hospital on the day of our inspection, the staff contacted other health professionals to provide ongoing support for them. They ensured that their care was altered in response to their changed needs and implemented regular checks on the person to keep them safe.
- One person told us about being unwell and that the staff at the home responded quickly to ensure they saw the doctor and district nurse. They told us that staff helped them to get better by following the plan that was put in place.
- Some people needed regular support from district nurses and there were arrangements in place for them to visit on a daily basis.
- There was an emphasis on improving wellbeing for people in various ways such as access to individualised and group activities. One member of staff told us, "If we get well-being right then improvements to health will follow".

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- The home had been extended to include two large communal areas which were used for activities such as cinema screenings.
- There was a room which was decorated in 1940's style with age related furniture and an old oven. The hairdresser salon was styled in the 1950's era.
- There were items for textural stimulation on the walls, for example a display of different types of locks, bolts and door handles and a "Bus stop" which included a seat and a timetable with a 'shelter' to sit under.
- There was dementia friendly signage on the corridors for toilets and the dining room and photos of people outside their rooms to assist them to find their own room.

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).

- Staff constantly obtained consent from people during the inspection. For example, when a member of staff assisted someone with a drink they asked them, "Can I give you a hand with that?" When people said no to something this was respected and an alternative suggestion made.
- When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure that their best interests were considered.
- DoLS authorisations were in place when some people had restrictions in place that they couldn't consent to and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.

Is the service caring?

Our findings

Caring – this means 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

- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are marvellous and I love them all."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.
- Staff spoke enthusiastically about the care they provided. One member of staff said, "It's about gaining the trust of a person and building on that relationship." Another member of staff told us, "I love it here, the atmosphere and the people we care for."
- A visiting healthcare professional reinforced this by saying, "Staff do a lot for people, they are well cared for and the whole team go that extra mile for people."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. One person told us, "The staff are very respectful and they look after me in the way I want them to." Another person described how their sleep routine involved them sleeping in a chair in the early hours of the night and getting up at 4am. They explained how staff supported them to meet these choices.
- Some people were supported to access advocacy services to assist them to make choices. Advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes. One visiting advocate told us, "I think the staff team here do an exceptional job and always try to understand all perspectives".
- Other people were encouraged to make decisions about how they spent their day. One person told us how they preferred to spend time quietly in their room and they were supported in this by staff who brought them meals and drinks throughout the day.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. One relative told us, "They treat [Name] with respect and dignity; for example, when they take them to the toilet they leave them to use it in private".
- We saw staff knock on people's doors before entering and ask for their permission to talk with us. One member of staff told us, "I show people here the same respect for their dignity as I would my own parents."
- People were encouraged to be as independent as possible. One person told us how staff supported them to get up but they used an electric razor so they could do their own shave. One member of staff told us, "I always encourage independence such as brushing teeth or putting dentures in, that's really important for a person."

- Important relationships were supported and encouraged. One person who lived at the home with their spouse told us how they were supported. They said, "I can spend as much time with [Name] as I want to."
- People's families and friends could visit the home freely. Relatives visited throughout the inspection and were greeted warmly by staff. One relative told us, "When it was [Name] birthday the family visited and we all had fish and chips together in one of the smaller lounges."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised, detailed and regularly updated. One member of staff told us, "We read the care plans to find out about people and their likes and dislikes for care."
- People and relatives told us how responsive staff were to changing needs. One relative described the action staff took to recognise and respond to a recurring health problem their relative had which meant that they prevented the person becoming too unwell.
- People's communication preferences had been assessed and there were plans to guide staff. For example, one person disliked wearing hearing aids so a wipeable board was provided on their table so staff could communicate if they were having difficulty hearing them. This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Activities were planned with people to ensure they were engaged and interested. One person told us, "There's a lot going on and I help to organise the activities. We have an activities co-ordinator who always listens to our suggestions."
- People told us that they enjoyed the activities. One person said, "I don't get bored. The activities are good, they have them on Saturdays and Sundays as well you know. I am very proud of the arts and crafts that I've done. Recently, the school visited and did a Nativity play, it was delightful." A visiting health professional confirmed, "The activities coordinator knows people very well and there are lots of activities taking place."
- Restaurant evenings had been organised for people to enjoy a meal with their families. The registered manager told us how 'Italian Nights' and Christmas nights were organised for a few families each evening. One person told us, "I went to the Italian night and that was lovely. My son and granddaughter came and we had breadsticks, olives and a glass of wine." This person invited us to their room to show us the photograph they had of the evening. A relative also told us about their evening. They said, "It was beautiful. My aunt and cousin came and my relative was the chattiest they had been in ages."
- A senior member of staff had completed specialist training in supporting people with dementia and was working closely with the activities co-ordinator to provide engaging and stimulating opportunities for people.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to.
- One person told us about a complaint they had made and how impressed they were with the efficiency with which the registered manager resolved it.
- When complaints were received they had been recorded and reviewed in line with the provider's procedure.

End of life care and support

- People had plans in place for the end of their life, including choosing when they would want to be resuscitated.
- Some people who had been unwell had medicines in the home to manage their pain if they deteriorated in line with their wishes.
- There was no-one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means 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.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were infection control, health and safety, care plan and medication audits monthly which had actions for improvement recorded.
- External audits also led to immediate improvements. For example, when the pharmacy completed an audit they recommended that waste shelves should be labelled and that there should be a thermometer in the storeroom. We saw that both of these had been put in place.
- The provider regularly visited the home and the registered manager and staff told us how supportive they were, including supporting all improvement initiatives in the home.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- All staff understood their roles and responsibilities and there were clear lines of delegation. One visiting health professional told us, "I know the provider and manager well, they give good direction to the staff."
- Staff spoke very positively about the culture of the home and the support they received from the registered manager. One member of staff told us, "Her door is always open, she always asks us if we are alright and she knows the residents so well. She just mucks in." Another said, "If I have any concerns the door is always open and I can just go and speak to her." We saw that information about how to raise a concern was available throughout the home, including in the staff room.

Engaging and involving people using the service, the public and staff

- There were regular meetings with people who lived at the home and their relatives. One relative told us, "We do come to the meetings; the residents have their own meeting and the relatives is held separately. They have also started a news sheet. If I can't make the meeting there are always minutes available." One person said, "We have resident's meetings and also visitors and relative meetings. I rate this place as very good."
- Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others

- There were strong relationships with local health and social care professionals, schools, churches and social groups.

- The senior member of staff who was focussing on wellbeing for people told us, "I want to bring the outside world in."