

Magnolia House 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 ●

# Summary of findings

## Overall summary

### About the service

Magnolia House is a residential care home providing personal care to up to 96 people. The service provides support to older and younger adults, some of whom who are living with dementia. At the time of our inspection there were 65 people using the service.

### People's experience of the service and what we found:

The provider had systems and processes in place to protect people from the risk of abuse. Staff were trained and understood their roles in relation to safeguarding people and told us they felt able to report concerns. Risks posed to people were assessed and mitigated. Environmental risks were managed, and maintenance of the premises was in place. People and relatives told us they felt safe.

People were supported by enough staff. The service had a core staff team in place and people were supported by staff who knew them well. Staff were safely recruited. Medicines were safely managed. Systems were in place and allocated staff were champions to promote effective infection, prevention, and control. Staff were observed to be wearing personal protective equipment (PPE) and the service was visibly clean. Accidents and incidents were monitored, with lessons learned and action taken to mitigate risks to people.

Staff received an induction and ongoing training to ensure they were competent to support people. Supervisions were carried out regularly and covered a range of topics which were currently relevant to the service's needs. Staff worked closely with external agencies to meet people's needs. We saw various visiting healthcare professionals at the time of our inspection, and they told us the service worked well with them to ensure people's health needs were met.

People were offered a choice of meals and drinks and were involved in menu planning. Snacks were available to people throughout the day and people told us. Where people required support with meals, such as specialised diets, records were in place to guide staff about how to safely support and monitor people's dietary intake.

The service was designed to meet the needs of people living there, such as coloured doors and signage, which can be useful for people living with dementia. Some areas of the service required refurbishment. The provider had an ongoing refurbishment plan in place to improve the environmental decor.

People's needs and wishes were assessed and recorded in care plans. People and relatives told us they were offered choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy, dignity and independence was respected. People were able to personalise their rooms, with some having access to a private ensuite bathroom. People and relatives told us staff were kind and

caring. Staff were passionate about providing person centred support and promoting people's well-being. We observed staff treating people with kindness and compassion.

Visitors were welcomed into the home. An activity co-ordinator planned daily activities, this included musical entertainers, crafts, and puzzles.

The service had a warm and welcoming atmosphere. People, relatives, and staff told us the service was well led. Staff felt supported in their roles and told us the registered manager was always available and approachable.

The provider had governance systems in place and had regular oversight of the service. Various audits were undertaken by the registered manager and provider, to ensure ongoing monitoring of the safety and quality of the service. This included compliance audits by an internal and external quality compliance team.

Systems were in place to gain feedback from relatives and staff. Feedback was used to continuously improve outcomes for people. Complaints and concerns were effectively managed. People and relatives were kept informed of key events and achievements through a newsletter. People were involved in regular meetings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was Good, published on 11 December 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and 2 Experts 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Magnolia House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed the information we held about the service. We sought feedback from local authorities who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who use the service, 7 relatives and 7 members of staff, including the director, registered manager, care workers, and auxiliary staff. We spoke with 3 visiting healthcare professionals. We observed how staff supported people and provided care.

We reviewed a range of records including 4 care plans and 4 medicines administration records. We looked at 3 staff files in relation to recruitment, training, and support. A variety of records relating to the management of the service, including policies and procedures were examined.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff were trained in relation to safeguarding, to ensure they had the ability to spot signs of abuse. Staff told us they felt able to report concerns if required. A staff said, "I absolutely believe people are safe here, if I noticed anything I would not hesitate to report it."
- The registered manager understood their roles to report safeguarding incidents to external agencies, such as the local authority and CQC.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Up to date risk assessments and management plans were in place to guide staff about how to safely support people. At the time of the inspection some improvements were needed to ensure records contained detail about people's hoist slings. This was brought to the attention of the registered manager and rectified immediately.
- Health and safety risk assessments and checks were in place to ensure the environment was safe. This included fire safety management, gas, electricity, and risks related to legionnaires disease.
- People and relatives told us they felt safe living at the service. One person said, "I feel safe here, they look after me." Another person said, "I couldn't manage at home now, I am safer here."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes. Pre employment checks were in place, including references and criminal records checks, to ensure staff were suitable for their role.
- People were supported by a core staff team who knew them well. We observed enough staff to meet people's needs, staff were visibly present and were quick to answer call bells.
- People, relatives, and professionals told us there were enough staff. A visiting professional said, "There are always staff here to discuss people's needs with us, our assessments are thorough, and staff are present throughout."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff completed medicines administration records and where people were prescribed 'as required' medicines, protocols were in place to guide staff about how to safely administer these.
- Staff were trained and had their competency assessed prior to administering medicines to people.

- Medicines were appropriately received, stored, and disposed of. Regular audits were undertaken to ensure people were receiving their medicines as prescribed.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had up to date IPC policies in place and staff followed these. The service was visibly clean, smelt clean and we observed staff wearing appropriate personal protective equipment.
- Allocated staff were IPC 'champions' and the registered manager completed regular audits. Records evidenced thorough and ongoing cleaning was taking place. A professional said, "The home is always clean, they adhere to IPC practices."

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider used an electronic system for recording incidents, accidents and incidents were monitored, with action taken to mitigate risks posed to people. For example, lessons learned supervisions were recently undertaken with staff following an incident.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- Peoples needs and choices were assessed prior to people using the service. Peoples care plans were person centred, regularly reviewed and reflected people's current needs. This provided staff with guidance about how to support people effectively.
- Audits were in place to ensure records were kept up to date.
- People and relatives told us staff offered choices. Comments include, "Staff show [Name] meal choices, so they can choose what they have each day" and, "Staff know my relative so well, they know how to get the best out of [name]."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.
- Staff received an induction at the commencement of their employment. Staff were trained in a range of subjects, to ensure they were knowledgeable and safe to effectively support people.
- Staff received regular supervisions to support them in their roles. Supervisions also covered a range of topics, relevant to the current service needs. For example, recent supervisions had covered accidents, and another had covered dress codes.
- Staff told us they felt supported in their roles. One staff said, "The manager is great, I can talk to her about anything. I am supported." Another staff said, "The manager has an open-door policy, they are approachable and easy to talk to."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Where people required a specialised diet, care plans and monitoring records were in place to ensure people received their diet and fluid intake in line with their assessed needs. Information about people's dietary needs was also available in the kitchen area.
- People had access to drinks and snacks throughout the day, such as biscuits and fruit.
- People were offered choices and involved in devising menus. Menu planning was discussed at service user meetings.
- Most people and relatives told us they were happy with the food provided, comments included, "[Relative] enjoys the food" and, "[Relative] eats really well and likes the food."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- Records showed referrals were made to external professionals where required. A regular ward round was undertaken by the G.P.
- During our inspection, several external healthcare professionals were observed visiting people. Professionals told us the service worked well with them to ensure people's health needs were met. One professional said, "Staff access prompt care when people's health is declining, they are good at raising issues with us or contacting emergency services if required."

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

- People's individual needs were met by the adaption, design, and decoration of the premises.
- The service was designed to meet the needs of the people living there. Dementia friendly decoration was in place throughout the memory care unit.

Some areas of the home needed of refurbishment. The provider had recognised this and there was an ongoing refurbishment plan in place to improve the environmental décor. Some areas of the home had recently been decorated and contained new dining furniture.

- Assisted bathing and shower rooms were available to enable people with reduced mobility to receive personal care.

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 MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People's capacity to consent to care and treatment was assessed and where required DoLS authorisations were sought. Conditions relating to DoLS were being met.
- Staff were trained and understood their roles in relation to MCA and sought people's consent.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- People were supported by a staff team who knew them well. A visiting professional said, "Staff always have a lot of insight into the residents we review and are knowledgeable about them." People and relatives told us staff treated them well and were kind and caring in their approach.
- We observed people being treated with kindness and compassion. A relative said, "The staff are fabulous and take care of my [relative] so well. I have no worries about them living here, is very well looked after."
- People's equality and diversity was respected. For example, one person was receiving a vegetarian diet as requested. Information about people's specific needs in relation to religious and cultural preferences was included in their care plans.

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

- People were supported to express their views and make decisions about their care.
- Staff were passionate about delivering person centred care and promoting people's choices and wellbeing. One staff said, "I am passionate about the care and safety of our resident's, it is a lovely home, people are happy here." Another staff said, "People here are kept safe, we care for them, we know them and know what they need."
- People attended regular meetings which provided them with opportunities to make suggestions and express their views. Meeting agenda's included discussions about meals, outings, activities, and the environment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People had access to their own private rooms, with some having their own private bathroom. Care plans contained detail about how to maintain people's privacy and dignity and care records were securely stored, to maintain people's confidentiality.
- People told us staff respected their privacy and dignity, one person said, ""The staff are lovely and can't do enough for me. They make me feel safe."

We observed people being encouraged to be independent and staff treating people with dignity.

- A dignity champion was in place and discussions were held in staff meetings about how dignity can be promoted for people.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans were individualised and contained information about people's needs and wishes.
- People had choice and control about what they did on a day-to-day basis. People had access to outside areas, and we observed people going for a walk and utilising the garden spaces.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standards. People's communication needs were understood and supported. Care records included information about people's communication needs and preferences. We observed staff communicating with people well.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests, and take part in activities relevant to them.
- Visitors were welcomed into the home. We saw several friends and family visiting people on the day of the inspection. One relative told us they felt staff looked out for their wellbeing as well as caring for their loved one.
- Some people told us activities could be more varied and take place more often. The service had recently employed an activities co Ordinator who was in the process of devising daily activity plans and day trips out. An activities board was in place and included planned activities for the week, such as puzzles and crafts. A musical entertainer visited the home weekly, and we observed people enjoying the music provided.
- People had been involved in making bird boxes for the communal gardens. One person told us they had been gardening during the summer months and had grown flowers and plants.
- The service had an on-site hairdressers and people told us they enjoyed having their hair done. One person said, "The staff do my nails, and I can book into the hairdressers."

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- People and their relatives told us they felt confident the registered manager or senior staff would act on their concerns. One relative said, "If I had any questions, I would ask one of the seniors. I see [Staff name] around a lot though so if I needed to, I could speak to her, I believe they would deal with any issues. I don't have any though".
- Complaints were recorded, actioned, and responded to.

#### End of life care and support

- At the time of our inspection no one living at the service was receiving end of life care. Staff were trained and knowledgeable about how to support people at the end of their life, should this be required in the future.
- Policies and procedures relating to end-of-life care were in place. People and their relatives had been consulted about their end of life wishes and this was included in their care records.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has select option Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- The service had a welcoming and homely atmosphere. A person said, "I definitely would recommend the home. I don't think they could do anything better, all the staff have been lovely and help me. Everyone is very caring". One staff said, "When I first started working here, I knew it was a good place to be."
- Staff interactions whilst supporting people were positive, kind, and respectful. We observed safe practices when staff were providing moving and handling support and pressure care support. This reflected the registered manager's approach to meeting people's individual needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager was open and honest. The service informed the relevant agencies, including the local authority and CQC of notifiable incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had oversight and governance systems in place. Audits were undertaken regularly and included checks of records, medicines, IPC, maintenance, and safeguarding. This included compliance audits by an internal and external quality compliance team.
- Staff told us they felt supported in their roles. Staff received regular supervisions, were kept informed of any changes to people's needs and were involved in regular team meetings. A staff said, "During supervisions we give feedback and can ask questions, the management are good, I can go to them."
- Systems were in place to gain feedback from relatives and staff. Feedback was used to continuously improve outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- People and staff were involved in the running of the service and fully understood and took into account

people's protected characteristics. The provider had created a learning culture at the service which improved the care people received. The provider worked in partnership with others.

- People and relatives felt listened to. A relative said, "I went away on holiday, and they kept me informed about [relative] because they know I worry so much. The staff have been amazing."
- People and relatives were kept informed of key events and achievements through a quarterly newsletter and the service had recently started using an online system which would increase communication and sharing between the service and relatives. People were involved in regular meetings.
- Staff worked closely with external agencies to ensure people's needs were met. This included G.P's, falls teams, frailty teams and speech and language therapists. Professionals told us the service was organised and well led. The service had recently had a positive quality monitoring visit from the local authority.