



Inspection Report on

Magnolia House Residential Home LTD

**Park Road
Rhosymedre
Wrexham
LL14 3EF**

Date Inspection Completed

04/10/2019

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Description of the service

Magnolia House is a care home for adults located in Rhosymedre in Wrexham County Borough. Magnolia House Residential Home Ltd is registered with Care Inspectorate Wales (CIW) to provide personal care for a maximum of 19 people. The responsible individual (RI) is Margaret Catherall. A manager has been appointed who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

Overall, we found people living at Magnolia House residential care home receive a good quality of care from an enthusiastic care team. People are happy, and we saw that care was delivered in the ways people wanted, which respected their individuality and people had opportunities to do things that matter to them. The environment is light and bright and designed to ensure people feel at home. Staff work well in partnership with external professionals to promote people's health and well-being. Activities are provided, which enhance people's well-being. Management staff are visible and approachable; with quality assurance given value and priority.

2. Improvements

This was the first post registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five sets out recommendations to improve the service. These include:

- New admissions to the home documentation.
- Ensure people have access to safe and secure outdoor area should they choose to.
- Update some policies and procedures.
- Staff training.
- Pre- employment checks completed prior to staff appointment.
- Weight and nutritional monitoring to be enhanced.

1. Well-being

Our findings

People's rights are respected. We saw people were treated with dignity and respect and people we spoke with confirmed this. We observed there was a happy atmosphere in the home throughout the day. People were able to make some choices and decision about their daily routines, where they spent their time and with whom. Some people did not have a least restrictive option to access to the outside gardens, to spend time enjoying the fresh air as the outside area to the back is currently under refurbishment. Alternative plans are to be put in place to ensure people have access to safe and secure outdoor space should they choose to access this. One visitor said their family member was *'very well looked after and staff were excellent'*. One person living in the home told us how they are outside *"planting and sorting out most days"* and we saw this happening on two occasions during the inspection. People had opportunities to speak to the management of the home as they were regularly around the home and made themselves available. There was a person wanting to *"return home"* and we saw this was being explored by the provider working with the family and local authority. People are able to exercise their rights and have control over their day to day lives.

People are supported to be healthy and active. We saw that people were encouraged to join in activities and given a choice of what to do and that people were offered a range of meals they told us they enjoy, one person told us how they *"help with the meal preparation on a daily basis"*; another told us how they *"enjoy the food very much"*. We saw from records that people were supported to access health professionals, if required and a visitor we spoke with confirmed this. People are supported with their medication by suitably trained staff whom had received training in the last twelve months for medication administering and there was a range of policies and procedures in place to guide staff. People are supported to be physically and mentally well.

People live in a home that they enjoy and can personalise. People we spoke with, including regular visitors to the home, told us the home was homely and always clean, our observations confirmed the home was kept clean and people's bedrooms were personal. We saw that people could have their rooms as they wanted, including bringing in furniture from their own homes. The RI has regular oversight of the environment and it was well maintained. People live in a home that supports them to achieve their well-being.

People are protected from abuse and neglect. The manager and staff team were clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they were comfortable talking to staff and the manager about any concerns they may have, and felt confident they would try to address them. All staff had received training on safeguarding within the last twelve months with one person requiring a refresher as they were over due. There are policies and procedures for

them to follow, however the policy requires updating to reflect current practice, legislation, national guidance and local adult safeguarding procedures. People are supported to protect themselves from abuse and neglect.

2. Care and Support

Our findings

People have personal plans and risk assessments which help staff know how best to support them. We viewed five personal plans and associated documentation, we found one had no personal plan, two were using the homes 'old' personal plan and two were using the homes 'new' personal plan. The 'new' personal plan for two people; contained people's personal history and their likes and dislikes were recorded. The information focused on what mattered to the individual, their day-to-day care and support needs, and their desired outcomes. How staff should support people to achieve their outcomes were recorded, which facilitated consistent care delivery. Behavioural and communication plans were not included for people living with dementia, which could provide staff with detailed suggestions for distraction techniques regarding behaviours which challenged. The 'old' personal plan for two people; provided limited information for staff to be able to support people. Staff told us they "*prefer the new forms*" and the manager told us about plans for updating all personal plans ensuring the use of the 'new' forms. On the second day of inspection, it was confirmed this process was almost complete. On the first day of inspection there was one admission to the home, we were not provided with any personal plans and associated documentation, it transpired the home had not produced any personal plans for this person prior to admission. On the second visit to the home we saw sufficient personal plans and associated documentation was now in place. We have advised magnolia residential care home that improvements are needed in relation to personal plans records in order to fully meet the legal requirements. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for the person using the service. We expect the service provider to take action to ensure this does not happen with future admissions and this will be followed up at the next inspection.

People are provided with the quality of care they need. People are supported in a dignified and respectful manner. We observed many interactions throughout the inspection which were all respectful, kind and warm in manner. From the nature of the interactions we saw that care staff knew people well and what was important to them. We saw from diary and personal records of care that people were supported to see a range of health care professionals; this included GP, District Nurses, Chiropodists and Social workers. Referrals to professionals were timely with a clear outcome documented in the records. National risk assessments were in use for falls risk, and they were being regularly reviewed and updated. Most personal plans and associated documentation were reviewed monthly and updated if required to reflect people's current needs however, this requires improvement. For example; one person's Multifunctional Risk Assessment (MRA) evidenced reviews had been completed however, there was a lack of robust risk of falls management as this person had continued to have falls despite measures put in place. The person's personal plan completed 19.07.2019 stated "*no moving and handling risk*" however this person has vertigo and is in a wheelchair. Falls pathway documents were reviewed for three people

and we found they were not always reviewed on a consistent basis and did not always correspond with personal plans. For example one falls pathway stated “*two hourly checks*” however the ‘old’ style personal plan did not inform staff they were to check every two hours “*check at night*”; another described how staff were to observe for signs and symptoms of urine infection but did not specify what signs and symptoms they should be monitoring: improvement is required to ensure staff have accurate information about how to meet people’s care needs. We observed residents were given daily choices regarding getting up, what to eat and generally how to spend their day. One person was expressing a desire to leave the home, and we saw this was being taken seriously and relevant professionals had been consulted, with actions taken by the manager documented. People get the right care and support when they need it and are listened to.

People are supported to maintain a healthy diet and be active. The menus showed choices were available at all mealtimes, meals were freshly prepared often with the help of one person living in the home, the food stocks were plentiful. On the first day of inspection the menu displayed by the main entrance was for the incorrect day and when brought to the managers attention this was resolved. We were told by staff that people could have an alternative if they did not like the meal on offer and the notice board showed two choices for the day of inspection. People told us how much they enjoyed the food “*food is always very good*”, “*good home cooking*” and one visitor told us that the food provided is “*excellent*”, one person told us how they “*help with the meal preparation on a daily basis*”; and how this “*makes their day*”. The dining room offered a homely ambience and tables had been set out to encourage people to socialise with each other. The atmosphere at lunchtime was relaxed with people chatting to each other. We completed an observation of people during lunchtime and found staff interactions to be meaningful and positive. People weight was regularly monitored; we had a discussion with the provider regarding nutrition monitoring as we viewed six people’s records for a twelve-month period and found five months missing in weight records for three people and four months missing for one person due to “*broken scales*”. Although there was no immediate concerns for the six people nutritional needs the provider has confirmed they will consider enhance weight monitoring to ensure they are seeking professional advice as required. Staff training records evidenced no staff have received nutritional training which the provider is required to provide. People can be confident they will be supported to be as healthy as they can be.

People are protected from abuse and neglect. The manager and staff team were clear about the aims of the service, their roles and responsibilities and built safe and positive relationships with people. People told us they were “*comfortable talking to staff*” and the manager about any concerns they may have. All staff had received training on safeguarding within the last twelve months with one person requiring a refresher, as they were overdue, staff told us they were aware of their responsibilities with safeguarding and there are policies and procedures for them to follow, however the policy requires updating to reflect current practice and national policies. Some people are subject to restrictions on liberty and

we saw that the provider has maintained clear accurate records for any authorisations requested, they have a policy in place, however the policy requires updating to reflect current practice and national policies, most staff have received training however five have not. Overall people are supported to protect themselves from abuse and neglect and staff are trained to support them.

Medication management systems are in place. We examined a sample of medication administration records (MAR). There were secure arrangements for storing medication in a lockable room, accessible only to authorised staff, however on the first day of inspection we saw this was not being used and the medication trolley was left locked in the dining room unattended for most of the day. On the second day we saw this had been suitably addressed by the management. We observed a medication round and found safe practice. There was a system for monitoring controlled drugs and for the medication room and fridge temperatures. We found there were no gaps in signatures. The manager told us that they worked closely with the pharmacy. We found one person was subject to receiving their medication covertly however, the information obtained for this was not sufficiently detailed to guide staff and was not providing prescriptive procedure for correct administration; the management assured us that this would be followed up. We concluded that there are overall good systems in place with regards to the management of people's medication.

3. Environment

Our findings

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. Appropriate weekly, monthly and annual fire safety checks had been completed and recorded. Personal emergency evacuation plans were in place for residents. We viewed a sample of hoisting equipment and saw evidence that these are been serviced regularly. We were provided with a public protection local authority report dated 30.01.2019, which was almost fully addressed aside from staff training and information for visual checking of lifting equipment, which the provider assured us would be completed. We find that the service takes appropriate action to ensure people are cared for in a safe environment.

People are cared for in a clean, and comfortable environment. We found that visitors could not gain entry into the home without approval from a staff member. A visitors sign in system was used to monitor those entering and leaving the premises, however consistency of use was evident as we were not asked to sign in on the first day of inspection, but on the second day we were. Keypads or push button entry system was in place on doors leading to hazardous areas to promote people's safety. We saw that records were securely stored in the main office to ensure the confidentiality of those using the service. The kitchen has a hygiene rating of five which is the highest available, we saw the report from January 2019 which noted the extractor fan was "*dirty*", our observations confirmed this remained the case which we discussed with the provider who gave assurances this would be addressed. We saw that other facilities such as the laundry were busy, but clean and well ordered so as to keep clean and dirty clothes separate. Each area of the home we viewed was clean and tidy, with separate domestic staff employed to ensure satisfactory cleanliness standards. Domestic staff records were viewed and found to be a clear account of duties completed.

People live in an environment in which the service provider ensures that individuals' care and support is provided safely. We were shown around the home by the manager and viewed several bedrooms.. They told us they were happy and content living there. These rooms had been personalised and contained a variety of personal possessions. We spoke to two relatives who commentated positively about the quality of the decoration and furnishings. Relatives commented that "*it's a lovely home*" and another relative commented "*our relative is very happy here and so are we, there is always something going on when*

we visit". We saw that the environment was designed with people's safety in mind, there are number locks on doors; the environment is mostly clutter and obstacle free.

4. Leadership and Management

Our findings

The service provider has systems in place to ensure the quality of the service was being monitored. In addition, staff had access to policies and procedures to enable them to safely carry out their roles although some required enhancement. The responsible individual (RI) was undertaking monitoring visits, as is required, and reports were available to reflect the information collated during the visit. We saw all areas of the service provided were monitored and action plans were created, and completed, to address any areas identified as needing attention. The newly appointed manager spoke positively on their relationship with the RI and felt well supported. Staff told us they felt valued by management and they were very happy working at the home, one person told us *"it's like family here"*. All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it. We observed the management had a hands on approach and had a familiarity with people in the home, as well as staff. We saw audits of medicine administration records had been conducted weekly and monthly. Other audits were discussed such as daily records as we highlighted a documented reportable incident that the RI and manager had no knowledge of and oversight of people weights for nutritional monitoring. We conclude that systems are in place to monitor, review and improve the quality of care for residents with further improvements being considered.

The service provider ensures the Statement of Purpose accurately describes the service people receive, is kept under review and up to date. We looked at the Statement of Purpose, which was detailed and included the necessary information. We found that it described the service, which we found was being provided to people as we evidenced this through discussions, observations and documentation seen during our visit. People are supported in line with the Statement of Purpose.

There are systems in place for ensuring the safe recruitment of staff although they are not consistently followed. This is because we viewed four staff files and we saw that the service had conducted Disclosure and Barring Service (DBS) checks but for two staff this check was not prior to appointment to certify they were suitable to support vulnerable adults. One staff file showed following up information provided in references was not fully completed although some work had been completed. Staff members' files showed that they had completed application forms which contained details regarding their qualifications, previous work experiences and whenever possible, references from previous employers. Discussions with the provider revealed that dates recorded as start dates may not be the date of commencement so this is to be addressed by the provider. Overall the safety and well-being of people living in the home is ensured through safe staff recruitment systems providing they are consistently followed.

Staff enjoy the work that they do, receive relevant training, and good support from management. Staff completed an induction upon starting work at the service and undertook a mandatory training programme. Training records evidenced mandatory training was overall up to date, with the remaining care workers awaiting training dates in Mental capacity and Deprivation of liberty safeguards. Staff personnel files evidenced regular formal supervision from management was provided, which facilitated the opportunity for discussing any learning or training needs. Staff told us they felt valued by management and they were very happy working at the home, one person told us *“I have worked here for a long time and can see how things are getting better organised”*, one care worker told us they have regular meetings as a team which we saw evidence of. There appeared to be sufficient number so staff and the RI told us about and provided a *“dependency tool”* used to assess staff levels regularly. All the staff we spoke with told us they worked well as a team and could always access managerial support if they needed it.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None. This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

- Ensure all new admissions to the home have necessary documentation in place prior to moving in.
- During the refurbishment of the outdoor back garden area alternative arrangements to be put in place to ensure people have access to safe and secure outdoor area should they choose to.
- Update Mental capacity act (MCA) and Deprivation of liberty safeguards (DoLS) policy to reflect current practice and national policies, ensure all staff have received training.
- Update safeguarding policy and procedure to reflect current practice and national policies
- Update covert medications policy and procedure to reflect current practice and national policies to ensure accurate information is obtained to guide staff in such situations.
- Pre- employment references and disclosure and barring service (DBS) clearance sought and followed up where necessary prior to staff appointment.
- Weight and nutritional monitoring to be enhanced to ensure professional advice is sought timely, staff to be provided with suitable training.

6. How we undertook this inspection

This was a full inspection. We made an unannounced visit to the home on 27 August 2019 between the hours of 09:00 and 17:30 and a second visit on 4 October 2019 between the hours of 09:15 and 15:30.

The following methods were used:

- We spoke with people living and working at the service during the inspection, nine people using the service, two relatives, four staff members, a director, the registered manager and the responsible individual.
- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We considered the statement of purpose and service user guide
- Consideration of the home's policies and procedures.

We looked at a range of records;

- Five care plans and associated documents,
- four staff records including supervision records,
- medication records including observation of medication administration,
- legionella monitoring records,
- health and safety report,
- local authority safety report,
- responsible individual regulation 73 records,
- environmental health report and
- quality of care review?

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Magnolia House Residential Home Limited
Responsible individual	Margaret Catherall
Registered maximum number of places	19
Date of previous Care Inspectorate Wales inspection	28 February 2019
Dates of this Inspection visit(s)	27/08/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: An 'Active Offer' means a service is provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the 'Active offer'.	

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