



Inspection Report on

Magnolia House Residential Home LTD

**Park Road
Rhosymedre
Wrexham
LL14 3EF**

Date Inspection Completed

11 April 2022

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About Magnolia House Residential Home LTD

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Magnolia House Residential Home Limited
Registered places	19
Language of the service	English
Previous Care Inspectorate Wales inspection	27 August 2019
Does the provider offer this service in Welsh?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service

Summary

People are encouraged to have their say and express themselves about their routines, wishes and feelings. Care staff are kind and attentive; people respond positively to care staff because they know them well. Management are passionate and person centred; they are proactive in their approach to managing and overseeing the care provided. The environment is clean, homely and colourful, with activities available in all communal areas and staff are available to facilitate these.

Well-being

People have control over their day to day lives. People have choice how they spend their time. Care staff are encouraging, kind and available to assist people to do what they want to do. Management are supportive of people and care staff are passionate about the service they provide. The environment is homely, clean and there are a variety of communal areas, which are designed and decorated to enable people to be independent.

People's physical and emotional well-being are encouraged. People are encouraged by all staff to interact with each other, get involved in activities and events. Care staff are available to provide support and their approach is kind and also humorous. Management encourage people to participate and they ensure people are and remain central to the care provided, and encouraged to be as independent as they choose to be. The environment is organised in such a way, which encourages people to get involved in various activities and events.

There are measures in place to safeguard people. Appropriate risk assessments are in place where required according to individual needs. Care staff know what to do if they are concerned about someone. Management are approachable and ensure care staff are supported and trained in safeguarding and other areas to reduce the risk of harm, for example, moving and handling and medication. The environment is safe and secure.

People and care staff are encouraged and supported to be involved in recreational activities and training. People are supported to participate in a variety of activities. Care staff are encouraging and enable people to have their say in what activities they choose to be involved in.

Care and Support

People's personal plans are accurate and up to date. The care files we viewed are personalised to people's individual needs, detailed and reviewed regularly. Records are consistent with people's care needs. The systems in place enable ongoing and regular update, on a daily basis and when care needs change. We observed care staff and management reviewing care files throughout our visit. We evidenced how care files are initiated and added to over time, by getting to know people's care needs, choices and routines, links to health professionals and families.

People receive good quality care which is designed around consultation with them. People we spoke with, told us they are involved in the planning of their care. They told us they are in control of their routines, and choices; we observed people telling care staff how they wanted to spend their day. We observed care staff fulfilling their wishes and assisting and enabling people to be as independent as possible. The care records we reviewed are consistent with the care, which we observed. We observed care staff and management updating care records, while they were with people. We evidenced appropriate risk assessment are in place according to need and various steps are introduced within the service, to reduce risk.

People access health care and other services. People's care files are planned in partnership with health care professionals and other relevant professionals. Health care professionals we spoke with told us they find communication about people's care needs is effective. Care files demonstrate health care professionals are involved in the ongoing planning of people's care needs. Care records are updated following consultation with professionals.

There are measures in place to safeguard people. We reviewed records which demonstrate appropriate steps are taken by care staff to safeguard people. Care staff we spoke with told us they know what to do if they are concerned about people. The supervision records we viewed evidence discussions about ensuring people's safety. We viewed the training programme, which shows care staff are up to date with training in safeguarding. There are up to date policies and procedures available to care staff and support the training care staff attend.

There are effective infection control measures in place. We observed care staff wearing, using and disposing of personal protective equipment (PPE); we observed care staff practicing safe infection control throughout the day. There are well stocked PPE stations in various places throughout the service. We evidenced infection control is monitored and reviewed. We observed safety checks are undertaken when professionals or visitors arrive at the service. Care staff are trained in infection control and we viewed records which evidence this. There are infection control policies and procedures, which are up to date and available for staff. There are good cleaning and hygiene routines in place.

Environment

We observed the environment is safe, secure and clean. There are various communal areas where people can spend their time, including a dining room, living room and conservatory area. People's bedrooms are tidy and homely. We observed people sitting together and care staff are attentive. Heavy furnishings are safely secured. There are a variety of games, activities and crafts available for people. Entertainment and outings are frequently available for people to enjoy. There are several visual stimulation activities and games which are beneficial for people living with dementia.

The service entrance is secure, and care staff ensure appropriate infection control checks are made before anyone enters the building. We found all communal areas are safe and secure. Bedrooms are bright and colourful. We viewed maintenance records, which show lighting and fire checks are undertaken within time. The medication room and control of substances harmful to health (COSHH) are locked. We evidenced regular fire drills are undertaken. Mobility aids are cleaned and checked. Personal evacuation plans are clear and available for access.

Leadership and Management

The provider ensures people receive good quality care and choice. The statement of purpose (SOP) is an accurate reflection of how the service is provided. There are policies and procedures in place, which are available for staff and these support the training care staff receive. Care staff receive ongoing training which enables them to fulfil their caring roles. The care staff we spoke with told us management are very supportive and they feel supported. The manager meets regularly with the responsible individual to ensure they are supported and to ensure ongoing improvement of the service.

There are systems in place to monitor, review and to ensure ongoing improvement of the quality of the service. We evidenced, management gather feedback from people, their families and visiting professionals; these are positive. We viewed the collection of compliments received by the service. Management respond appropriately to concerns/complaints and take steps to respond positively to improve the quality of care.

We evidenced staffing levels are sufficient on the day we visited. The care staff rota demonstrates sufficient staffing is maintained. Staffing levels have been maintained through the pandemic and there is a contingency plan in place in the event care staffing levels reduce. The care staff we spoke with told us they feel supported, trained and the staffing levels enable them to spend good quality time with people to provide the care to meet people's needs. Care staff files show safe recruitment and induction of care staff, most of whom have worked for the service for several years. Care staff files also show they receive regular supervision and training; the training programme evidenced this.

The provider efficiently provides appropriate and timely notifications to regulatory agencies, including Local Authority (LA), Health, and Care Inspectorate Wales (CIW). We find communication is open, honest, timely and transparent.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	The registered person is not compliant with regulation 15 : Personal plans. This is because One admission	Achieved

	to the home, did not have any personal plans and associated documentation prior to moving in..	
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