

Magnum Care Limited

# The Magnolia Care Home

## Inspection report

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31 January 2018

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Magnolia Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides personal and nursing care and accommodation for older people, people living with dementia, and people with a physical disability.

The inspection took place on 29 and 31 January 2018. The first day of the inspection was unannounced.

At our last inspection we identified a regulatory breaches related to safe care and treatment and good governance. At this inspection we found the registered provider had made sufficient improvements in these areas.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

People and their relatives told us they were safe living at this service.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. People were not fully protected from the risks of infection.

Medicines were managed safely and people told us they had received their medicines.

Staff had been trained in safeguarding (protecting people from abuse) and, in the main, understood their responsibilities in this area, though staff needed more training in which relevant outside agencies to contact.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way.

People, their relatives and staff were satisfied with how the home was run by the registered manager.

Management had carried out audits and checks to ensure the home was running properly to meet people's needs though some essential had not been audited.

## 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 not consistently safe.

Risk assessments to promote people's safety were not always in place. Lessons had been learned from past safety incidents but there had been no analysis as to whether falls in communal areas could have been prevented. Medicine had been safely supplied to people. Staffing levels were, in the main, sufficient to keep people safe. Staff recruitment checks were in place to protect people from unsuitable staff. People and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse to their management.

**Requires Improvement** ●

### Is the service well-led?

The home was not comprehensively well led.

Some systems had not been audited in order to ensure that people were always provided with a quality service. No information was available which clarified governance duties and responsibilities for management and staff. We had been informed, as legally required, of serious incidents affecting the service. People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

**Requires Improvement** ●

# The Magnolia 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as the previous inspection in October 2017 stated that there had been breaches of Regulation 12, Safe Care and Treatment and Regulation 17, Good Governance.

The Magnolia Residential Home provides personal and nursing care and accommodation for up to 38 people. On the day of the inspection the registered manager informed us that 24 people were living at the home.

The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience and a specialist adviser. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of people with mental health needs. A specialist adviser is a person who has expertise of the client group of the service. The specialist adviser was a qualified nurse who had expertise of nursing care.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

We observed care and support in communal areas. A number of people who used the service were unable to verbally communicate with us; we undertook observations of care and support being given to help us understand the experience of people who could not talk with us.

We spoke with six people living in the home, three relatives, the registered manager, a visiting occupational

therapist, the nurse on duty and five care staff.

We observed interactions between staff and people living in the home. We looked at records relating to the issues we were inspecting including care, staffing and quality assurance records. We also looked in detail at five people's care records.



## Our findings

At the last inspection in October 2017, there was a breach of Regulation 12, safe care and treatment. On this inspection, we found systems and practices had improved in relation to having a robust staff recruitment system, staff monitoring of lounge areas to keep people safe, ensuring that hot drinks did not scald people, and ensuring the safe administration of medicines. Risk assessments to keep people safe had been improved, though there were still areas for improvement.

We looked at care plans for four people assessed as being at risk of falling. Risk assessments were in place to provide information to staff to protect people's safety to prevent them from falling. These stated that staff needed to monitor people's movements to keep them safe. This happened. For example, one person was reassured when they were walking around the home and asked if they wanted a drink. Another person was assisted to walk. People were wearing suitable footwear which followed the risk assessment to prevent falls.

There was one occasion when a person at risk of falls walked from the lounge to a corridor without staff being present, though staff spoke to the person and checked they were safe when staff were in their vicinity. The registered manager stated that staff would not be present at all times but they always monitored people to ensure they were safe. If people were assessed not to be safe then they would be constantly monitored.

For another person, we saw on two occasions that they had slumped down in a chair. Staff did not provide immediate support to them. The registered manager said that staff would be reminded to go to the person swiftly to support them. On one occasion the person slipped to the floor. Staff responded calmly and the nurse on duty was called. The GP was contacted and reviewed the person's health that day.

A risk assessment was in place for a person that was risk of developing pressure sores. The risk assessment said that staff needed to assist the person to change their position to prevent pressure sores developing, every 3 to 4 hours. However, in January 2018, records did not always indicate that this was being carried out. The registered manager thought this care had been carried out but agreed that records did not prove this.

A person with diabetes had a form in place so that their blood sugar could be checked. There was information for staff about when staff needed to contact health professionals if the person's blood was not at safe levels. There had been a review of this condition which stated in January 2018 that the diabetes remained under control. The dietician had been involved in monitoring the person's health. However, there was no information in place which indicated what type of food and fluids the person needed to protect their

health. The registered manager said this would be followed up.

There was no fluid target volume tool in use in care plans. Food and fluid charts were completed regularly. However, fluid charts had not been totalled up to see if the person was drinking sufficient amounts. Totals fell short of the recommended amount in the continence care plan to safely protect people from the risk of dehydration. The registered manager said that this was due to staff not completing records and they would be reminded about this.

A detailed risk assessment was in place for a person's skin integrity; this stated they were at risk of developing pressure sores. The care plan outlined required measures such as pressure area care every four hours, placing the person's heels off the bed, and cream applied to areas of dry skin. Repositioning charts showed that the person received this care regularly.

We saw that care plans had been reviewed regularly in response to changes in people's care needs. One care plan stated that the person would refuse her food so the plan was to go back again after 10 minutes to encourage them to eat.

We checked pressure relieving mattresses for three people. Two were at the correct settings but one was set at a higher level than the person's weight. The registered manager said this would be followed up and rectified.

People were supported to maintain their health and received referrals from external healthcare agencies as appropriate. For example; a person had been referred to the specialist team dealing with swallowing food. They had been seen by the dietician and the advice had been followed by staff.

The registered manager told us that sufficient staffing levels were in place to keep people safe. All staff, except one, said that staffing levels were sufficient to keep people safe and meet their needs. A staff member said, "There is usually enough staff although that varies."

We saw a staff presence in the communal areas which meant there was constant supervision of lounges where people sat to ensure people were safe. We looked at the staff rota. This indicated that there needed to be six care staff on duty in the morning and five care staff on duty in the afternoon and evening. This staffing level had not always been achieved on a small number of shifts. The registered manager stated that agency staff would make up staffing shortfalls though there were times where staff absences would be reported late and it was difficult to always maintain staffing numbers. This would be reviewed again to try to ensure that staffing levels were always maintained.

We saw occasions where staff understood the help that was needed to maintain peoples' safety and wellbeing. For example, a person did not look well. Staff were concerned and informed the nurse. The person's oxygen levels were tested, as they were currently being treated for a health condition. The GP also checked the person that day. Another person was asked if they were in pain and whether they wanted painkilling medicine. This showed staff responding to safely manage people's health conditions.

People and their relatives considered the home to be a safe place due to staff being around to assist when needed. They thought the service was secure.

We spoke with an occupational therapist who had received a GP referral for one person. The occupational therapist told us that they thought that people were safe, that staff followed up requests for care and that they were caring in their approach.



There were risk assessments for a person using the call bell. If a person was unable to use their call bell they were checked on an hourly basis to check they were safe. This was evidenced by hourly record charts.

Fire records showed that there were regular fire practices. Fire systems had been tested on a regular basis. For example, the testing of fire bells, emergency lighting systems and fire doors. There were personal emergency evacuation plans for people. This information was indicated on people's bedroom doors. This meant staff could then easily see what assistance the person needed in an emergency.

The premises protected people's safety. There were level surfaces without trip risks. There were grab rails for people to hold onto in toilets. This reduced the risk of people falling when using the toilet.

Information about the prevention and control of infection in care homes was available. Staff were aware of the steps they needed to carry out to preserve infection control if someone had a serious infection. They were aware of regularly washing their hands, wearing protective equipment and placing dirty washing in a special coloured bag. Infection control risks had been controlled except slings used on a hoist which had been used for more than one person. The registered manager said this issue would be followed up and rectified.

The home presented as generally clean and tidy, although there was odour in one bedroom and near a first-floor bathroom. The registered manager said this would be followed up to see whether any products were effective in eliminating this odour.

A bedroom where someone was in bed continuously was not warm as the radiator did not work. A small heater had been placed in the bedroom but this only came on intermittently. It did not produce a great deal of warmth and the room remained cold for the duration of the inspection. The registered manager said there had been an ongoing problem with the heating in some bedrooms and that a plumber was coming to repair this. She later sent us information stating that a plumber had attended to repair this and radiators were now working correctly. There would be continued monitoring of room temperatures to check this did not re-occur.

We looked at two hoists and weighing scales. All three had been tested and were in working order. Staff told us they checked equipment before it was used, such as whether the hoist was safe to use, the right size sling was used for people and that hoist batteries were working. We saw evidence that equipment and appliances had been serviced such as the hoist, the lift and electrical appliances.

Staff records showed that before new members of staff were allowed to start, management took up some references with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals were made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained essential information about reporting any concerns to CQC and the local authority.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, but some staff were uncertain how to report this to relevant external agencies if needed. The registered manager said this would be followed up.

People said that they received their medications on time. Medicine records showed that people received their medicine as prescribed. Medicines were securely locked with medicine keys held by the person in charge. We observed two staff supplying medicine to people. Staff spent time gently encouraging a person who was reluctant to take their medicine.

The nurse on duty was an agency nurse. They had received training on the medication system which was computerised. This improves the safety of medicine administration as the system does not allow a medicine to be given before time. Any medicine that is due is highlighted in blue. There were clear photographs of each person and any allergies were highlighted.

The Controlled Drugs were kept in a locked cupboard in a locked room. The nurse in charge kept the keys. The controlled drugs were signed for and were correct. Medicines for end of life care were also in date and labelled. Unwanted regular medicines were stored safely for return to the pharmacy. We checked random medicines in the cupboards and the drug trolleys and they were all in date and clearly labelled.

The temperature of the treatment room and fridge were checked daily. However there were some gaps. The registered manager said this would be followed up with staff.

We saw that where accidents and incidents had happened, these were analysed to see whether there were any lessons to be learned for the future. For example, where a person had fallen, and medicine review had been held with the GP.



## Our findings

At the last inspection in October 2017, there was a breach of Regulation 17, good governance. On this inspection, we found systems and practices had improved, though there were still areas that needed improvement.

A system was in place to ensure that quality was monitored and assessed within the service, such as monitoring people's weights, call bell response times met people's needs, staffing levels, infection control, cleaning, protecting people's health and safety and ensuring medicines were properly administered. There were no audits in place on other important issues such as whether risk assessments were robust, staff training and staff recruitment. The analysis of falls had included what action needed to be in place to prevent people falling, but there had been no analysis as to whether falls in communal areas could have been prevented. This meant trends had not been fully identified and acted upon.

People and relatives had not been systematically consulted about the quality of care, and whether they had any worries or any suggestions on how to improve the home. The registered manager said that questionnaires had been sent to people and relatives. Results were awaited so that people or their relatives could then influence how the home was run.

The home had a registered manager, which is a condition of registration. However, there was no information available which clarified governance duties and responsibility for management and staff. This did not ensure that people all relatives knew the responsibilities of management and staff.

People knew who the registered manager was. They were observed in the home throughout the day. They were considered approachable by everyone we spoke with. People and relatives thought the home was well managed and they would recommend the home to others. Most people and relatives felt the home was a happy place for them and that the atmosphere was a good one.

We spoke with a relative who was very complimentary about the home. They said that the new registered manager managed well and staff seemed happier. "Staff are caring and attentive." Another relative told us, "The new manager has picked morale up."

The nurse on duty was from an agency. She had received an orientation when they had commenced duties. They said the registered manager was approachable and that at the home were good to work with.

Staff told us that they receive good support from management staff. A staff member said "The new manager is very good. I feel I can go to her any time and she will listen to me." All staff told us that the registered manager was always available to speak with them at any time to help them.

Staff meetings were held and these discussed relevant issues such as ensuring that infection control was maintained. A staff member said staff had felt listened to when they made suggestions. The suggestion had been made about improving paperwork and ensuring that records showed that people had the opportunity to go to the toilet regularly. They told us that the suggestion had been implemented by the registered manager. This showed us that staff had a voice in organising the home to the benefit of people living there.

Staff said that management expected them to make sure that people were treated properly, with respect, ensuring their welfare and giving them choices.

The registered manager had understood the legal obligations including the conditions of their registration. A comprehensive system was in place for notifying the Care Quality Commission of serious incidents involving people using the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating of the service and on their website.