

S3 Care Ltd

The Magnolia Care Home

Inspection report

6 Monsell Drive
Leicester
LE2 8PN

Tel: 01162915602

Website: www.midlandscare.co.uk

Date of inspection visit:
27 April 2022

Date of publication:
30 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Magnolia Care Home is a residential care home providing accommodation for persons requiring personal or nursing care to up to 38 people. At the time of our inspection there were 30 people using the service.

People's experience of using this service and what we found
People felt safe and happy at the home.

Systems were in place to reduce the risk of harm to people. People and their relatives said people were safe, and knew how to raise a concern if needed.

Staff understood people's care needs and how to meet these. An electronic care planning system was in place which was used by all staff to record daily information, and keep records up to date.

People were supported by enough staff to meet their needs. Staff knew people's preferences and supported them to make choices. People were supported to have contact with family and friends.

People received their medicines as prescribed.

Measures were in place for the safe emergency evacuation of people.

A programme of improvement had taken place. People and staff told us the culture within the service had changed, and how positive outcomes were achieved for people.

Audits, checks and oversight was effective. The management team knew and understood people and the staff team well, and took prompt action when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 18 Oct 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 11 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Magnolia Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Magnolia Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Magnolia Care Home 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. The Magnolia Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager registered with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service. We spoke with one relative of a person receiving care. We also spoke with three staff, the registered manager, the deputy manager, and the provider. We looked at a range of records. This included care records for five people, multiple medication records, a variety of records relating to the management of the service, including policies and procedures.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; using medicines safely

At our last inspection the provider had failed to ensure people received safe care which met their needs in areas including fire safety, assessment of risks, record keeping and medicines practices. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to the physical environment and emergency procedures. Many areas within the building had been re-decorated. We saw that personal emergency evacuation plans (PEEP) were in place for people. Emergency equipment was ready and available should an evacuation be required. Staff we spoke with were confident in following this guidance if required.
- An electronic care planning system was fully in use within the service. This included risk assessments and daily recording for people. Detailed assessments had taken place to explain risk present in people's lives, and detailed daily recording took place to ensure changes to risks were documented.
- Staff all spoke of the ease of use of the system, and they understood the importance of accurate recording and monitoring of information.
- Systems and processes were in place to ensure that incidents and accidents were fully documented, and followed up as required. This included involving people's family members when required, and ensuring all staff were aware of changes to people's routines or risk assessments.
- Care and support plans for people who showed expressive emotions gave clear information about the behaviours the person may show and how staff should support them. One person had an alarmed floor mat in their room. This was to alert staff if anyone else went into their room, as they could not alert staff themselves.
- At our last inspection, medicine administration was not always safe as records were not clear. At this inspection, all the records we looked at were accurate and filled out correctly.
- People received their medicines safely as prescribed. Staff followed instructions on medicine administration records to ensure the correct medicine was given to the right person at the right time. Body maps were completed to identify accurately where creams and other topical medicines should be applied.
- Audits were completed, and action taken to address any issues identified.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I always feel safe. It's better now. There have been a lot of improvements. Everything has got better." Another person said, "I used to work in homes, I don't think it

could be better here. They are fantastic, I was nervous about coming here. I am thinking about whether to stay. I am here for a while then have to decide. I think I will stay. I am thinking about it."

- Staff had completed training in safeguarding. Staff were able to identify what could be abuse and knew how to report concerns. Staff were confident any issues they raised would be addressed by the management team.
- People and their relatives were confident issues would be addressed by the manager if they were raised. We spoke with one relative who told us they knew who the managers were and found them helpful and supportive.

Staffing and recruitment

- Staff were recruited safely. At our last inspection, some recruitment documentation was not in place. At this inspection, we saw that safe recruitment procedures were followed, which included identity checks, employment references, and Disclosure and Barring Service checks (DBS). DBS checks are criminal record history checks on people to ensure they are suitable to work in a care setting.
- There were enough staff deployed to meet people's needs. The manager used a dependency tool for guidance towards identifying the staffing required to meet individual's needs. The registered manager told us this was used in conjunction with general spot checks, observations and feedback around the service to see how quickly people's needs were met.
- One person we spoke with told us. "Staff are always around. They are very good when helping me into my wheelchair or moving around."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The building had undergone redecoration and refurbishment since the last inspection. People and staff spoke positively about their environment, and were proud of it.
- The provider supported visitors to the service in line with current government guidance.

Learning lessons when things go wrong

- At our last inspection, the registered manager team had very recently been put in place to drive improvements in all areas, and provide support and leadership to the staff team. They were open and honest about the problems within the service, and had started to work immediately on improvements, for example, care planning, risk assessment, and record keeping. At this inspection, the improvements were embedded into staff practice and the culture of the service.
- Systems were in place to ensure lessons were learned from mistakes. The staff we spoke with told us about the culture change within the service. The team were confident to identify and share any mistakes or areas for improvement and take the right actions to improve and learn from those.

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 Inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the management team needed time and effective practical support to ensure improvements were made, embedded and sustained in practice. We found improvements were in progress but they were still in breach of regulation. At this inspection, sustained improvement had been made in all the areas we looked at, which were embedded in the way staff worked.
- Oversight and governance arrangements were effective. We saw that regular audits were completed across all key areas within the home, for example, medicines, cleanliness, and risks, including falls. Actions were promptly taken to make any required changes. This meant people were receiving consistent and safe care.
- The management team held regular weekly meetings to discuss all aspects of the home, including issues identified and any action to address them. Information on updates within the service and required action for staff was shared.
- Oversight of staff support and management had improved. Staff members told us they thought the service had improved, and they were feeling positive in their roles. One staff member said, "It is much nicer now, we have proper manager with a positive attitude. I feel more at ease to go to managers, the door is always open. We are given the right tools to do the job."
- The provider was aware of their regulatory responsibility to submit notifications when required.
- People were supported by staff who knew them well and understood their needs. One relative told us, "I have been very impressed with everything, very friendly staff, the registered manager has such a good and positive attitude."

Working in partnership with others

- Since our last inspection, the management team had worked openly with a range of outside health and

social care professionals to ensure improvements were promptly made, and embedded in to the service. We spoke with one visiting social worker who told us, "The management here are amazing, they get everything done, before I have even asked for it. [Name] is treated like a family member here and has flourished. I can't recommend the place enough."

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 was aware of their responsibilities under the duty of candour to be open and honest when things went wrong. Investigations took place, and families were informed as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Continuous feedback from people and relatives was sought by management, both formally and informally. Questionnaires had recently been sent out for people to give feedback which included one comment, 'I find everywhere is a high standard of cleanliness. The food is well prepared and served and on occasion is quite outstanding. The staff are kind and considerate and the whole atmosphere one of friendly welcome.'
- Staff meetings took place regularly, and staff told us they felt comfortable to raise any concerns and ask questions, which were listened to and acted upon by management.