

S3 Care Ltd

The Magnolia Care Home

Inspection report

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Date of inspection visit:

03 August 2021

04 August 2021

06 August 2021

Date of publication:

18 October 2021

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Magnolia Care Home is a residential care home providing personal and nursing care to up to 38 people in one adapted building. At the time of the inspection there were 19 people using the service.

Since the last inspection the provider stopped providing nursing care and de-registered this regulated activity from their Care Quality Commission (CQC) registration.

People's experience of using this service and what we found

A sustained period of management instability meant the pace of improvements since the last inspection was negatively impacted. A new manager started in June 2021 who was not yet registered with the CQC.

People remained at risk of receiving unsafe care. Not all fire safety risks had been fully addressed. Shortfalls in emergency evacuation documentation were found. The process for completing and updating risk assessments associated to people's care remained ineffective. An electronic care planning and recording system had recently been introduced and needed to embed into practice. Improvements to recording practices were ongoing.

There was no effective system to learn lessons when things went wrong. Improvements to incident and accident reporting and investigation processes were in progress.

Areas of poor practice were identified which meant people remained at risk of not receiving their medicines safely and as prescribed. Improvements were found in some aspects of medicines administration and recording.

Some improvements were found in quality assurance processes but continued shortfalls remained. The provider could not assure themselves effective systems were in place in all areas of the service. Oversight of the new electronic care planning and recording system was not fully established. Audit processes did not always pick on up issues to be addressed. A person centred and positive culture was not fully embedded among the staff team to support people achieve good outcomes.

Checks were in place prior to new staff starting work to ensure their suitability to work with vulnerable adults.

Good infection control practices were in place. There was sufficient supply of personal protective equipment (PPE) available including hand sanitiser, gloves, aprons and masks. Processes were in place to facilitate testing for COVID-19 and safe visiting arrangements.

Improvements had been made to people's care plans since our last inspection although gaps remained. All care plans were being rewritten and an action plan was in place to track progress. Staff knew people well

and had good relationships with them. People were supported to maintain relationships with their relatives and friends.

Activities and opportunities to pursue interests were limited. Improvements were found in end of life care planning and recording.

Positive feedback was received about the new manager. They had the experience and knowledge to drive improvements in the service over time. People and relatives gave positive feedback about the care provided in the service. Staff felt supported by the provider and management team.

The provider and management team were supportive of the inspection process. The provider remained committed to making and sustaining improvements in the service. The management team were working closely with the local authority improvement team using an action plan to prioritise tasks and track progress.

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 12 March 2021) and there were multiple breaches of regulation. CQC issued warning notices for breaches of regulations 12 (safe care and treatment) and regulation 17 (good governance) and gave the provider a short timescale to make improvements. The service was placed in Special Measures.

At this inspection we found some improvements had been made but the provider was still in breach of regulations. The service will remain in Special Measures at this time because two of the Key Questions remains rated inadequate.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, and also check whether the Requirement Notice in relation to Regulation 9 had been met.

This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-Led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

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.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to people receiving safe care and treatment and good governance arrangements in the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

This service has been in Special Measures since 11 March 2021. During this inspection the provider had not demonstrated that enough improvements have been made.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Inadequate ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

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 Care Act 2014.

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 who visited the service and one Expert by Experience who made telephone calls to seek feedback from relatives of people living in the service. 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

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

The service had a manager who had recently started in the role and had not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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 the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the manager, senior care staff and care staff. We also spoke with a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a professional who worked with the service.

We reviewed a range of records. This included four people's care records and specific areas of a further seven people's care records. We looked at multiple medication records and two staff files in relation to recruitment and staff supervision. We reviewed accident and incident reports, team and resident meeting minutes and a variety of records relating to the management of the service. This included quality assurance audits and action plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at supervision records and training data. We also spoke with an operations director.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people receive safe care which met their needs in areas including fire safety, assessment of risks, managing distressed behaviours, 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. At this inspection, the provider had made some improvements. However, they were insufficient and were still in breach of regulations.

- Not all of the priority actions identified in the last fire risk assessment had been completed. The fire alarm system had not been upgraded and the external fire escape steps required work. This meant people continued to be at higher risk of physical harm in the event of a fire.
- Not everyone had a Personal Emergency Evacuation Plan (PEEP) setting out the support they needed if the building had to be evacuated. A one page list of everyone living in the service to be handed to emergency services in the event of a fire or similar event did not include one person. This placed people at risk or harm in the event of an emergency. These issues were fixed immediately when brought to the manager's attention.
- People did not always have assessments in their care records for known risks such as skin integrity, falls and malnutrition. Risk assessment tools were often incomplete or not updated regularly or as people's needs changes. Where specific risks were identified such as use of a catheter or wheelchair, risk assessments were not always in place. This placed people at risk of receiving unsafe care and of not having their needs properly assessed or met.
- People remained at risk of harm due to not receiving their medicines safely and as prescribed. For example, records showed one person had not received their medicine on 11 days out of 28 due to being asleep, refusing or a medicine being out of stock. The follow up action to this was not clear. Not all medicines with an expiry date were dated when they were opened. Not all medicines were double signed if they were written on the MAR by hand. This meant provider did not always follow good practice guidelines in medicines administration.
- Recording of daily notes and monitoring of people's care needs such as personal care tasks, wellbeing, food and fluid intake needed to be strengthened. The provider was in the process of transitioning to an electronic care planning and recording system and the management team were aware of the recording improvements needed. Staff feedback about using the new system was positive.
- Some staff had received inhouse training in the use of ABC charts, a process used to support people if they showed distressed behaviour. The new manager was supporting staff recognise and respond to distressed behaviour in a more person-centred way. Good staff practice, processes and recording of distressed

behaviour needed to be embedded and sustained over time.

- Since the last inspection we could not be assured effective investigations took place or relatives/representatives were always informed of incidents in a timely way. Systems and processes to properly record, investigate and follow up incidents and accidents were in the early stages of improvement. The new manager was clear about how incidents should be handled.
- There was no effective system in place for the staff team to learn lessons when an incident took place. This meant there continued to be missed opportunities to reduce the risk of the same thing happening again. For example, one person had repeated falls because they did not have the correct walking frame, which was not identified promptly.

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines. The provider had failed to have an effective system to learn lessons when incidents had taken place. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and management team had already identified the issues we found in this inspection and were committed to making improvements to people's safe care and treatment. The provider had a comprehensive action plan in place which they were using to prioritise and track their ongoing improvements.
- Care and support plans completed recently for people who showed distressed behaviours gave clear information about the behaviours the person may show and how staff should support them
- Feedback from people and relatives was positive about people's safety and care. One person told us, "I shout and they (staff) come quickly. They are all good. I am happy and safe. I am treated well."

Staffing and recruitment

- At the last inspection we identified safe recruitment practices were not followed consistently. Key documents such as police checks and references were in place prior to new staff commencing in role. Information such as full employment histories was not always recorded. The same issue was identified at this inspection.
- Throughout the inspection we observed there were sufficient staff to meet people's basic care needs. One relative told us, "When we visit there are always carers about which is reassuring." A person said, "There are always staff. They are lovely. They come and help me. I don't have to wait day or night."

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 admitting people safely to the service.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection the provider had not ensured people received personalised care which was appropriate, met their needs and reflected their preferences. These concerns constituted a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

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

- Improvements had been made to people's care plans since our last inspection and there was evidence of reviews of documentation taking place. Further upgrading of all care plans was ongoing and an action plan was in place to track progress.
- Recording of people, and their relatives or representatives, involvement in the care planning and review process required strengthening to ensure people had choice and control of their care. The manager had started to implement a 'Resident of the Day' scheme to support this process. Once a month all aspects of a person's needs, experiences and care records would be discussed and reviewed with them, involving relatives/representatives as appropriate.
- At the last inspection we identified staff were task focused. This meant staff were busy supporting people's immediate physical care needs. Improvements were needed to embed a person-centred culture where people's wider social and emotional needs were also prioritised. The management team were aware of this and taking action to improve.
- Staff knew people well and we saw positive relationships between carers and people living in the service. One relative told us, "My confidence is increased by the way staff interact with [relative]. They talk to [relative], make jokes, show love and take time with them."

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

- There were limited opportunities for people to enjoy activities or hobbies. Some of this was related to the pandemic restrictions. Some care staff had allocated hours to do activities with people. The manager was keen to develop the activity programme to ensure people had a range of opportunities available.
- People were supported to maintain their relationships with their loved ones. Relatives spoke to us positively about communication. One relative said, "I phone every day and staff will either take the phone to [relative] or tell me in detail what [relative] is up to." Another said, "Staff ask me if I have any concerns and if there is anything they can do for [relative]."

- Visits took place in line with government guidance to ensure people could spend time with family and friends whilst remaining safe during the pandemic period.

Improving care quality in response to complaints or concerns

- The complaints folder contained limited evidence of the investigations which had taken place into any complaints received. This meant the actions taken to investigate the complaints could not be scrutinised fully by the provider to inform future improvements to the process.
- A complaints process was in place. We reviewed complaints since our last inspection and saw these had been dealt with or were in progress. One relative said, "If I was concerned I'd go and see [manager]."

End of life care and support

- At our last inspection we were not assured of processes in place to support people's DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decisions. At this inspection there were still some gaps. This meant there was a risk of delay or error in decision making in the event of an emergency. We received an update following the inspection that action had been taken to address this.
- We found improvements in end of life care planning on the care files we reviewed. We saw discussion with people and their relatives had been offered and some wishes and preferences were recorded. Further development of this area needed to take place as part of the ongoing revision of all care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the Accessible Information Standard. Information could be available in other formats to support people, such as large print or pictorial, if requested.
- We saw one person whose first language was not English had picture cards in their medicine records to support staff communication with them.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 the provider failed to have systems and processes in place to ensure effective management oversight and quality assurance of all aspects of people's care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made some improvements, however they had not made enough improvements and were still in breach of regulations.

- A new manager started in June 2021 who was clear about what improvements were required and how to drive these forwards. The manager needed time and effective practical support to ensure improvements were made, embedded and sustained in practice.
- Since the last inspection some improvements had taken place but issues remained with the effectiveness of quality assurance and audit processes. For example, the medicines audit was not available during the inspection so we were not assured issues with medicines were being identified. Accident and incident analysis was a new process so we could not review effectiveness. Recent health and safety audits did not identify issues we found such as not everyone having a PEEP.
- Oversight of the process of reviewing and confirming people's DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decisions had not been completed as recommended in the last inspection. This was done immediately following the inspection.
- The provider could not assure themselves that people received care which met their needs or was line with their wishes. There remained gaps in most people's care planning processes and records. For example, not everyone had pre-assessments, mental capacity assessments and best interest decisions where needed, oral health assessments and full consideration of equality characteristics. These issues were identified at the last inspection and had not been fully rectified. The need for full review of care records was included in the provider's action plan.
- The provider could not assure themselves a person-centred and positive culture was fully embedded in the service. Care records contained limited evidence of people's involvement in care planning, reviews and consent to their care. There was limited recorded involvement of relatives/representatives. The manager recently made improvements to these processes which needed time to embed and have a positive impact.
- Quality assurance systems of the new electronic care planning and recording system had not been fully established and embedded. The provider was aware of required improvements to ensure recording and

monitoring of all aspects of people's daily care needs was effective.

- Oversight of staff development required improvements. Staff did not always receive supervision within planned timescales. However, a tracker was in place and the manager planned to ensure staff had regular supervision sessions with a senior member of staff.

The provider had failed to ensure adequate systems and processes were in place to ensure effective management oversight and quality assurance of people's care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

- A programme of improvements was underway and the provider had comprehensive action plans in place to support this process.
- The manager had the knowledge and experience to implement improvements and was passionate about people receiving good care. We received positive feedback from staff, people receiving care and relatives about the approachability of the manager and deputy manager. One relative told us, "[Manager] is on the ball and is sorting out issues with the laundry as things went missing." Another said, "[Manager] is very good. I've met them three times and they explained the paperwork to me. They know my [relative] well."
- Improved communication systems were being developed within the staff team at all levels to ensure issues were identified and information was shared in a timely way. The manager had introduced daily walk arounds, checklists for senior staff and daily update meetings to assist with this. Handover meetings took place to ensure key information was shared at shift changes to support the continuity of people's care.
- Notifications to the local authority and CQC of safeguarding or reportable incidents had improved. The provider was aware of their regulatory responsibility to submit notifications when required.

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. We could not be fully assured that relatives or next of kin were informed promptly when an incident took place due to incomplete documentation including investigation records.

Working in partnership with others

- The provider and management team worked closely with the local authority quality improvement team on their action plan. This helped the provider prioritise improvements and seek advice and guidance on best practice where needed.
- The service continued to work in partnership with other health professionals involved in people's care. For example, a nurse practitioner undertook regular visits to support people's healthcare needs.

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

- Feedback was sought from people and relatives via surveys. Regular coffee morning meetings took place with people living in the service. Minutes showed a range of topics were discussed.
- Staff meetings took place and minutes were taken. This gave the staff team opportunities to be updated on changes and developments, and to discuss important issues such as safeguarding.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Fire safety risks had not been fully addressed. Shortfalls were found in risk assessment and medicines processes, accident and incident procedures, learning lessons, recording and monitoring of people's care needs.

The enforcement action we took:

We imposed conditions on the provider's registration requiring monthly updates on improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to ensure effective management oversight were not embedded in the service.

The enforcement action we took:

We imposed conditions on the provider's registration requiring monthly updates on improvements.