Caring Homes Healthcare Group Limited

Magna Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Magna Care Centre is registered to accommodate and provide both personal and nursing care for up to 65 people. The home aims to meet the needs of people living with dementia and frailty of old age as well as providing end of life care. At the time of our inspection there were 58 people living at the home; 42 people were receiving nursing care, 11 of whom were placed in the home for end of life care.

There was a registered manager at the home at the time of the inspection. 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.

This was an unannounced comprehensive inspection that was carried out over two days by two inspectors and a specialist advisor on 3 and 9 December 2015. The specialist advisor had a professional background in nursing.

Staff were caring and met people's needs, respecting their privacy and dignity. Care planning was person centred and people were treated by staff as individuals.

Summary of findings

People or their representatives had been included in planning how their care and treatment was provided through assessment of needs and development of care plans.

People's nutritional needs were met and there were systems in place to make sure people had enough to drink. Where there were concerns about people's nutritional of fluid intake, monitoring was put in place. If this monitoring identified concerns, action was taken such as referral to a dietician.

People's legal rights were fully protected because legal requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed through. The provider was complying with the requirements of the Mental Capacity Act 2005.

Medicines were managed safely and people received their medicines as prescribed by their doctor

People or their representatives felt that the home provided a safe service. People were kept free from harm as staff were aware of their responsibility to protect people from harm or abuse. They had been trained and were aware of the action they should take if they suspected abuse or ill treatment.

There were robust recruitment procedures in place which were followed, making sure all the required checks were carried out and records in place before a new member of staff started working at the home.

New staff completed induction training before working in the service to equip them with the skills and knowledge to meet people's needs. Staff received regular training and were knowledgeable about their roles and responsibilities. Staff knew the people they were supporting well and supported people to maintain their independence and control over their lives.

There were sufficient numbers of staff on duty to meet people's needs and this view was shared by staff and relatives we spoke with. Some people had concerns that more staff should be provided

The home was well led with a good morale amongst the staff team. There was good record keeping with care records up to date and accurate. There were effective systems in place to monitor the quality of service provided at The Magna Care Centre.

Summary of findings

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 safe.

The Magna Care Centre provided safe care and treatment for people.

Risks were assessed, and measures put in place to make sure care and treatment were delivered as safely as possible.

Robust recruitment procedures were followed and there were sufficient staff on duty each day to make sure people's needs were being met.

Good

Is the service effective?
The service was effective.

People's consent was sought about their care and treatment and in cases where people did not have capacity to consent; the provider was complying with the requirements of the Mental Capacity Act 2005.

Staff were provided with appropriate training and supervision to help them carry out their roles.

People were supported to access health care services when they were unwell.

Good

Is the service caring?
The service was caring.

Staff were caring and knew the needs of the people living at the home.

People were supported, cared for and treated in line with their care plans.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People received personalised care and assessments and care planning showed that when people's needs changed, appropriate and responsive action had been taken.

There was a team of staff with responsibility for providing activities and stimulation for people, both individual activities and communal. People could choose what activities they wished to take part in.

Complaints had been taken seriously and responded to in line with the provider's policy and procedure.

Good

Is the service well-led?
The service was well-led.

The home was well managed with an open culture with good systems in place to monitor the quality of service provided.

Good

Summary of findings

There were systems in place for recording and analysing accidents and incidents to see if there were trends that could lead to changes in practice to reduce incidence of their recurring.

People and staff were encouraged to provide feedback and suggestions on service improvement.

Magna Care Centre

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used as part of our planning, and provided us with evidence of how they managed the service.

This comprehensive inspection took place on 3 and 9 December 2014 and was unannounced. This inspection was brought forward in response to information of concern that was shared with us. Two inspectors carried out the inspection over the two days with the specialist advisor joining us for one day of the inspection. We met the majority of people living at the home and spoke with 16 of them. We also spoke with the registered manager, six members of staff and three visiting relatives. Many of the people living at the home were living with dementia and were not able tell us about their experience of life in the home. We therefore 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 looked at 10 people's care and support records, including monitoring records, the medication administration records for people in the nursing section of the home and documents about how the service was managed. These included staffing records, audits, meeting minutes, maintenance records, training records and quality assurance records.

Before our inspection, we reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law. We also liaised with the local social services department and received feedback from district nurses about the service provided to people at the home.

Good

Is the service safe?

Our findings

People who were able to tell us about their care said that they felt safe living at the home. Relatives we spoke with also felt that overall the home provided a safe environment.

Staff had received training in safeguarding adults. Staff were able to describe what constituted abuse and what steps should be taken should abuse be suspected.

Action had been taken to identify, assess and manage the risks to people. Risk assessments had been completed. These recorded the steps staff should take to minimize risks in delivering people's care, such as checks of bed rails to make sure that people were not at risk of entrapment. Other examples included; assessments of the risks of people not having enough to eat and drink, management of people's skin care to prevent pressure ulceration and assessments to make sure personal and nursing care needs were met safely.

Further risk assessments had been carried out, such as a risk assessment of the premises, to make sure the environment was safe. The registered manager took us for a tour of the building and we did not identify any hazards that posed a risk to people.

Personal emergency evacuation plans had been completed and procedures developed so that staff knew how to support people in the event of an emergency.

Accidents and incidents were recorded and the registered manager reviewed these each month looking for trends where action could be taken to reduce the possibility of similar accidents or incidents recurring.

People and staff held a range of views about the levels of staffing provided. Staff told us that generally the staffing levels were suitable to meet people's needs. However, this view was not shared by some people. Three people said there had been times when they had concerns about the amount of time taken for staff to respond to their call bell when they had called for assistance. One person said, "They are not always as quick as I would like in answering", and another person said, "The girls are always rushing around, there are not enough staff". We discussed staffing levels with the registered manager. They told us that staffing levels were determined through the use of a dependency profile completed for each person and provided us with records to show this. The registered manager had also carried out analysis of how long it took staff to respond to call bells. The registered manager also gave us examples of instances when staffing levels had been increased in response to people's changing needs. There were therefore systems in place to make sure that staffing levels were suitable.

There were robust recruitment procedures in place. The three staff recruitment files we looked at showed that all the required checks had been carried out about the staff member's suitability for employment. Required records, such as a criminal record check, health declaration and proof of identity were held on file.

Disciplinary procedures were in place and the registered manager told us about incidences where these had been used when staff had not followed procedures.

Medicines were managed safely. We focused on medicine administration in the nursing section of the home. Medicines were administered by trained members of staff and there was a sample signature list held on the medication administration file so that the person administering medicines could be identified. There was a photograph of the person concerned at the front of medication administration records to make sure that a new or agency member of staff could identify the correct person to whom they should administer medicines.

Medication administration records were completed correctly showing that people had medicines administered as prescribed by their GP. There was good practice adopted such as, recording the number of tablets given when a variable dose had been given, checking and signing by a second member of staff when entries were made to administration records and recording of allergies suffered by individuals. We completed a random audit of medicines showed that the stock of medicine balanced with the records

The home had appropriate storage facilities and medicines were stored correctly and there was accountability for keys for the medication cabinets and trolleys.

Good

Is the service effective?

Our findings

Most people were happy with the way they were the effectiveness of the home. One person told us, "Generally, staff know what to do to help me".

Staff told us that they had received induction training when they started work at the home. One member of staff was new to working at the home. They told us that they had undertaken a 12 week induction program and said that the program was comprehensive, equipping them with appropriate knowledge and skills. Induction training records were in place on their personnel file to evidence this.

Staff also said that they received good levels of training and had one to one supervision and also direct work place supervision. They also said they had an annual appraisal each year to review their personal development and training needs. Records were in place that confirmed this.

People's consent was sought through discussing their care needs and through people being asked to sign their individual care plan. Where people did not have capacity to be involved in planning their care, relatives were either involved because they had legal authority through a Lasting Power of Attorney for care and welfare, or they had been involved in making 'best interests' decisions on behalf of their relative.

The registered manager was aware of the Supreme Court ruling made in 2014, which extended the scope for when a Deprivation of Liberty Safeguard (DoLS) authorisation should be made. Referrals to the local authority for people who fell under these criteria had been made appropriately. One application had been authorised and the documentation setting out the restrictions to the person concerned were in place.

Mental capacity assessments had been carried out for the people whose records we looked at in depth. The assessments identified the areas where people lacked capacity as well as the arrangements to make sure that actions were in people's 'best interests' where people lacked capacity to make specific decisions.

We discussed restraint with the registered manager. No physical restraint had been used at any time. Bed rail risk assessments were in place for some people but these were used to make sure people were safe in bed and not as a means of restraint.

Most people were satisfied with the food provided at the home. There was always a choice of meals and if these were not to their liking, people told us that they could have something light to eat such as a sandwich. One person told us that sometimes meals were not very hot when served. Minutes of residents' meetings showed that this had been raised and discussed at the last meeting. Lunchtime observations showed that people who needed assistance were supported appropriately and the meal was relaxed with people unrushed.

Some people were having their intake monitored as they had been assessed as being at risk of not having enough to eat. We saw some charts were not being added up each day and we discussed this with the registered manager. They explained that senior staff reviewed fluid intake over several days to gain a better view of these people's fluid intake. Action would then be taken to make sure that people had sufficient to drink.

People were regularly weighed and their body mass index (BMI) monitored. We saw examples of where action was taken such as a referral to a dietician when people had lost weight.

People were provided with support to access healthcare services. Everyone was registered with a GP and appointments had been made for GP visits when people were unwell. Referrals had also been made to specialist services, such as speech and language therapists appropriately.

The premises were in a good state of repair and the registered manager showed and explained to us some of the changes to use of rooms that were in progress during the inspection. These changes were being completed to provide better facilities for people living at the home.

Good

Is the service caring?

Our findings

Overall, people were happy with the way they were cared for and the following were some of the positive comments people made; “I’m pleased, they respect my privacy and treat my room as my home”. “The staff are very kind, despite times when they are a bit rushed”. “I chose well; the staff are very attentive”. Not everyone was so positive. For example, one person said, “It is not as good as it used to be”.

Staff supported people respectfully and were also seen to be friendly when interacting with people. There appeared to be good relationships between staff and people, who were at ease with the staff.

During the inspection we observed examples of good relationships between staff and people. For example, at lunchtime, staff assisted the people who needed help with eating, staff sat next to the person they were helping, spoke with them and encouraged them to eat without rushing them. Also when staff administered medication, they explained what medicines were being given and for what purpose. People were offered a drink and asked if they were okay.

One person, who wished to remain as independent as possible, but was at high risk of falls was sitting in the reception area of the home on one day of the inspection. Staff respected their privacy but when this person tried to stand they immediately came over to offer the person assistance to make sure that they did not fall.

We saw occasions when people were unsettled and staff intervened appropriately. They consulted people about what was upsetting them and offered reassurance.

People had been involved with the development of care plans, evidenced by them, or their representative, signing the plan.

Relatives said that there were no restrictions on visiting times and that they were made to feel welcome whenever they visited. They also said that when they visited, their relatives were well groomed and dressed in clean clothes.

At the time of the inspection there were 11 people who were receiving end of life care. The registered manager told us that they worked in close liaison with end of life service providers. The home was working towards the National Gold Standards Framework in end of life care. The deputy manager was also completing a master’s degree in end of life care and developing specific person centred plans to meet these people’s needs.

People were treated with privacy and dignity. When people were receiving personal care, their bedroom doors were kept closed. On one of the days of the inspection, undertakers attended the home for collection of the body of a person who had died. This was managed in a dignified way and in a manner so as not to impact on other people at the home.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's health conditions, their likes and dislikes as well as personal care and nursing needs. People's care records contained information about their life history, which meant staff knew about people's preferences, interests and routines that they wished to maintain. One person commented, "I chose well in coming here".

Before people moved into the home, a comprehensive assessment of their needs had been carried out by one of the senior staff. This procedure made sure that The Magna Care Centre could meet the person's needs of people admitted for care or treatment. A copy of the pre-assessment was held in people's personal care records. Relatives or other appropriate people had been involved in helping people make a decision about moving into the home.

When people moved into the home, further assessments had been completed. Staff used recognised assessment tools, such as the Malnutrition Universal Screening Tool to assess nutritional risk and assessments for the management of people's skin care. The care plans were person centred and contained sufficient information for staff to be able to meet people's needs. There was also evidence that care plans had been reviewed to make sure they were up to date, and that they had been updated when a person's needs had changed. Care plans we looked at reflected the needs of people we pathway tracked through the inspection.

The home had a team of three activities co-ordinators who provided activities six days a week. People were very positive about the activities provided and the activities staff were praised by several people. On both days of the inspection there were activities taking place in the main lounge area. Time was also allocated to spend time with those people who stayed in bed to make sure that they had some stimulation and social contact.

In people's care records was a life history, giving information about people's work and family history as well as their interests and hobbies. This information was used to provide meaningful person centred activities for people.

People told us that there was no pressure to attend activities and that they could choose those they wished to take part in. Records of residents' meeting showed that activities were discussed; which ones were successful and what people would like to plan for the future.

Records were kept of any complaints made about the service as well as any compliments received. Complaints had been investigated and records included the issues raised and actions taken. Complainants had been responded to within the timescale of the home's complaints procedures.

Good

Is the service well-led?

Our findings

There were clear managerial structures in place. Staff were aware of their delegated responsibilities and the role of other members of the staff team and how they fitted into the staff structure. There were systems for monitoring accountability to make sure that staff met expectations of their role within the organization. For instance, there were daily written handovers when information from the previous shift was handed over to the next shift to make sure action was taken where this was needed.

There were also a range of meetings for different staff groups so that issues related to specific roles could be discussed and any action taken. Staff were able to contribute fully to meetings, and were aware of how to whistle blow, should they have any concerns.

There was a good morale amongst the staff team who felt supported and valued. Staff had a positive value base and told us of the importance of putting people first, which was the cornerstone of their practice. Staff views were taken into account with regards the development of the service. In January 2014 a staff survey had been carried out with results analysed looking at how the service could be improved.

Relatives, friends, advocates and people living at the home had taken part in a quality survey in August 2014. The results had been analysed with respect to seeking service improvement and an action plan had been put in place. One relative, when asked about communication and care provided at the home, told us, “I can answer 10 out of 10; everything has gone really well.”

The registered manager was open with us in discussing our findings from this inspection and they were also knowledgeable about the people living at the home in relation to their health and well-being. The registered manager was working with the local authority team to further improve the service. They also told us that they felt well-supported by representatives of the organisation.

The registered manager had put in place systems to monitor the quality of service provided at The Magna Care Centre. These included the assessment of each individual’s needs and the monitoring of call bell response times for the purpose of monitoring staffing levels; medication audits to make sure medicines were administered as prescribed by people’s doctor. They also audited incidents and accidents to look for trends where action could be taken to reduce risks of their recurring.

The registered manager told us about improvements and developments to the service. For example, at the time some rooms were being re-furbished for change of use and end of life care services were being improved with development of improved care planning.