

HC-One Limited

Magna Nursing Home

Inspection report

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Date of inspection visit: 2 June 2015
Date of publication: 21/08/2015

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

This inspection took place on the 2 June and was unannounced.

Magna Nursing Home accommodates up to 36 older people, some of whom are living with dementia. It is situated in Wigston on the outskirts of Leicester. The home is on two floors with a lift for access. It is close to local shops and amenities. At the time of the inspection there were 33 people using the service.

The home had a registered manager. This 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 2008 and associated Regulations about how the service is run.

Relatives said they thought their family members were safe at the home and had peace of mind about them being there. Staff knew how to keep people safe and ensured they had the support they needed to live as safely and independently as possible.

Summary of findings

Staff were trained to keep people safe and understood the signs of abuse and how to report any concerns they might have. People who lacked capacity to make certain decisions were effectively supported with staff using the least restrictive methods available.

There were enough staff on duty to meet people's needs. Staff had the time to both support people and interact socially with them. Staff were safely recruited and the right skills and experience to provide safe care. Medicines were safely managed the home and given to people in the way they wanted them.

We observed lunch being served and saw this was a friendly social occasion where staff encouraged people to interact with them and with each other. Relatives praised the food served and said their family members enjoyed it. The menus we saw were varied and balanced and showed that people had choices at every meal.

People's health care needs were identified and care plans put in place to assist staff in meeting them in conjunction with health care professionals where necessary. Relatives told us staff acted quickly if people using the service needed medical attention.

Relatives told us the staff were caring and kind and staff told us they would be happy for one of their own family members to be cared for at the home. We felt there was a happy caring atmosphere in the home and staff went out of their way to include people in activities.

Relatives told us the staff were always respectful to the people using the service and we observed this during our inspection. However some improvements were needed to the way records were written to ensure people's photos were dignified and the appropriate language used when describing people's mental health needs.

Relatives told us the staff provided personalised care that focused on the needs of the individuals.

Care plans instructed staff on how to support people in the way they wanted. All the staff we spoke with had a good understanding of people's individual needs.

The home's activities co-ordinator provided a range of group and one to one activities for the people using the service. During the inspection we observed people singing, doing art, having hair care and manicures, and playing board games. We saw that staff constantly encouraged people to remain active and get involved in the life of the home.

Relatives told us that if they had any concerns they would raise them as the home had an 'open' culture where it was easy to do that. Records showed that if someone did complain or raise a concern staff documented this and took action to put things right.

All the relatives we spoke with said they thought the home was well-led and homely. The atmosphere was warm and welcoming. The focus was on quality and life with the people using the services at the centre of how the home was run.

Relatives told us the registered manager was always friendly and approachable. Both the registered manager and deputy were knowledgeable about the people using the service and had a good understanding of their individual needs. The registered manager had systems in place to monitor and assess the overall quality of the service.

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.

People were safe in the home and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the home and administered by trained staff.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to enable them to care for people safely and effectively.

People's consent to care and treatment was sought in line with legislation and guidance.

People were satisfied with the food served and had a healthy balanced diet supplemented by freely available snacks.

Good



Is the service caring?

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff were encouraged to build positive, trusting relationships with the people using the service.

People were encouraged to make choices and involved in decisions about their care.

Some improvements were needed to the content of care records.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

Staff provided a range of group and one to one activities for the people using the service.

Relatives told us they would have no hesitation in raising concerns if they had any.

Good



Is the service well-led?

The service was well-led.

The home had an open and friendly culture and people told us the registered manager was approachable and helpful.

People using the service and relatives had opportunities to share their views of the service.

The provider used audits to check on the quality of the service, however these had not identified an odour in the first floor lounge.

Good



Magna Nursing 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 is 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.

This inspection took place on 2 June and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A

statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with four people using the service, four relatives, the registered manager, the deputy manager, six care workers, and the activities organiser.

Due to communication difficulties not all the people using the service were able to share their views with us so we spent time with them and observed them being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Is the service safe?

Our findings

Relatives told us their thought their family members were safe at the home. One relative said they had had 'absolute peace of mind' since their family member moved into the home." Another relative commented, "There are no safety issues here that I'm aware of."

We observed that staff kept people safe. Staff knew which people needed support and when. For example, one person got up out of their chair and a staff member was quick to support and walk with them. They told us, "[Person's name] is quite active and we don't want to stop that but we do need to make sure they don't fall."

Staff were trained to keep people safe and understood the signs of abuse and how to report any concerns they might have. One staff member told us, "I am convinced that the staff are vigilant and quick to report any safety issues or concerns to the people in charge."

We saw staff had taken action to reduce risk in the home. For example, one person who liked to explore their surrounding had been moved to a ground floor room. This gave them easier access to the gardens where they liked to spend time. And staff made sure that another person, who needed constant reassurance due to anxiety, was always seated close to a staff member who could provide this.

Records showed that where people were at risk, staff had the information they needed to help keep them safe. We sampled people's risk assessments. Records showed they were reviewed regularly and covered people's physical and mental health needs. When staff needed advice from specialists on keeping people safe, for example with regard to mobility aids or strategies for managing behaviour that challenges us, this was obtained and the advice followed. People's risk assessments were updated monthly or when their needs changed.

Staff understood what it was about a person that might result in them being at risk. For example, one person had previously had a very active job and liked to keep busy. This meant they were constantly on their feet looking for something to occupy themselves with and becoming frustrated if they couldn't find anything. From knowing this staff ensured this person had plenty of opportunities for physical and mental stimulation by offering them a range of suitable activities.

Records showed that some people using the service became distressed or agitated at times. Staff had clear instructions on how to support people when this happened. For example one person's care plan stated 'during this period she likes staff to sit and talk to her and she sometimes likes her hand held'. Records also contained information on what might lead up to someone becoming agitated, for example, 'starts to pace up and down'. This meant staff had the information they needed to prevent an incident occurring where possible.

During our inspection we observed staff de-escalating a situation when two people using the service became agitated over seating arrangements. Two staff immediately intervened talking with both the people concerned and re-arranging the seating to suit their needs. Staff were calm and professional when this happened and made sure that both the people concerned were happy and comfortable seated before they moved away. This showed that risks to people using the service were well-managed and people using the service protected from harm.

The relatives we spoke with were satisfied there were enough staff on duty to meet people's needs. One relative told us, "There always seem to be plenty of staff around." Another relative commented, "This is better staffed than other homes I've been to. I don't have any concerns about staffing levels."

Staff told us the staffing situation at the home had improved. They said less agency staff were used and if cover was needed it was usually provided by members of the existing staff team. One staff member said, "That's better for the residents became they know us already and we know them."

We observed there were enough staff on duty to enable staff to provide support and also interact socially with the people using the service and assist them with activities.

On staff member told us staffing levels were flexible as sometimes people needed on-to-one staffing if they were ill or distressed and this was provided.

Records showed the provider operated a safe recruitment process to help ensure that the staff employed had the right skills and experience and were safe to work with the people living at the home.

Is the service safe?

Relatives said they thought medicines were managed safely in the home. One relative told us, “The staff are pretty good with medicines and seem to know what they’re doing. I’ve never seen anything go wrong when they’re giving it out.”

During the inspection we observed part of a medication round. We saw that the staff member giving out the medicines spent time talking with people both before and after they were given their medicines. This made the administration process less of a task and more of an opportunity for staff to interact with the people using the service. We also saw the same staff member involve both a person using the service and their relative in the process. When the person’s medicines were given out all three discussed the person’s medicines and what they were for.

People’s preferences for how they would like their medicines were recorded in their care plans. For example, one person’s read ‘[Person’s name] likes to take his meds in a small pot and enjoys a small drink of water or juice with it’. This advice was being followed.

We looked at medicines records for one person who needed ‘covert’ medicines (medicines given in a disguised for, for example by administering it in food and drink). We saw that staff had written authorisation to do this from the person’s GP and a ‘best interests’ assessment had been carried out. This showed staff had taken the necessary steps to protect this person from having unnecessary treatment

People received their medicines safely and on time. Medicines were administered by trained nursing staff who followed the providers’ medicines administration policies and procedures. Records showed staff had regular competency checks and ‘spot checks’ to ensure they were safe to administer medicines. Medicines were kept securely and records and stocks audited weekly and monthly by a senior member of staff. PRN (‘as required’) medicines protocols were in place where appropriate. These measures helped to ensure medicines were safely managed and administered in the home.

Is the service effective?

Our findings

Relatives said they thought the staff were well-trained and provided effective support to the people using the service. One relative told us, "From what I've seen staff seem to know what they're doing. They also work very hard and nothing is too much trouble for them. There are particularly good with people with dementia." Another relative commented, "The staff have a great approach. They have spent time getting to know [my family member] as a person and working out how best to care for him."

Staff told us they were satisfied with the amount and quality of the training they received. One staff member talked enthusiastically about a course on dementia they had attended. They said, "It was about giving choices in different ways. I think we've realised that not all activity is about games. One to one care is really important. Brushing someone's hair can be an activity."

The registered manager said the staff induction consisted of three days shadowing followed by a range of training courses over a three month period. Following this staff continued to attend training courses to help ensure their skills remained up to date. The three staff training files we looked at showed staff had undertaken a wide range of training courses relevant to their work in the home.

We looked at how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was applied in the home. The MCA is legislation that protects people who are not able to consent to care and support. It ensures people do not have their freedom and liberty unlawfully restricted.

The legislation states that if people lack mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions should be formally completed and DoLS authorisations put in place for those who have restrictions placed on their freedom and liberty.

Some people at the home had DoLS authorisations in place. We looked at one of these in detail to see how staff were supporting the person in question. It showed that staff at the home, a GP, CPN (community psychiatric nurse), and a DoLS assessor had contributed to the authorisation. An accompanying care plan advised staff to use the least restrictive methods available if the person refused support. This included trying again later, talking in a soft voice, and offering the person a hot drink if they became agitated.

The registered manager told us that if a person using the service lacked capacity to make certain decisions staff worked closely with their family, where possible, and with other health care professionals to create the care plans. She said that if a person didn't have a family member to represent them there were referred to an advocacy organisation for independent support.

Relatives said they thought their family members were happy with the meals served. One relative told us, "My [family member] is well-fed, the menus look good." Two relatives said they had noticed an improvement in the food. One said, "The food has become much better."

We observed lunchtime in the downstairs dining room. Several people were tapping their toes or fingers to the music playing. The tables were set with table cloths, salt, pepper and napkins. There were water jugs on tables and squash was available from the dispensers in the lounge. The dining room had homely feel to it.

Lunch was a friendly social occasion where staff encouraged people to interact with them and with each other. Staff were patient, kind and warm, as they supported people with their meals. Two people using the service told us they were enjoying their meal and that the food was hot.

One person told a member of staff that they didn't want their lunch. The staff member said, "How about if I do you a small plate with a bit of everything on it like you like it." The person agreed this would be a good idea. We saw other staff checking people were happy with their food, re-filling their drinks, and offering them extra portions.

Since we last inspected staff had begun a 'snack bar' system in the home. This made snacks, for example biscuits, fruit and crisps, available at all times. Staff told us this was proving successful as some people liked to 'graze', and this helped them keep weight on, and it also encouraged people to be more independent. During the inspection we saw one person using the service help themselves to fresh fruit and staff offer other people a range of snacks.

Records showed that if people were at risk of malnutrition or dehydration appropriate action was taken. Dieticians and the SALT (speech and language therapy) team, who are responsible for supporting people who have difficulty swallowing, were involved where necessary. We saw that food and fluids charts were in place for people who needed

Is the service effective?

them and people's weights monitored. Fortified food was being offered to people who would benefit from this. This showed that staff had acted on the recommendations of the dieticians and SALT team members they had consulted.

We met with the cook. We saw that menus were four weekly and were told these are produced corporately. There was a large print version of each day's menus displayed in each of the dining rooms and in reception. The menus looked varied and balanced and showed choices for people. The cook said he was able to vary the menus slightly to meet people's needs. For example, he said gammon would not be suitable for soft or pureed diets, but he could do some fish. He also said people were getting a bit fed up with soup being the soft option at tea every day so he was looking at alternatives. The cook said the majority of the food was homemade because that was what people using the service preferred.

Records showed that staff at the home worked closely with other health professionals to ensure people received the health care they needed. People had access to a range of health care professionals including GPs, district nurses, chiropodists, opticians, and dentists. People's health care needs were identified and care plans put in place to assist staff in meeting them in conjunction with health care professionals where necessary.

Relatives told us staff people's health care needs were effectively met. One relative said, "The staff are quick to act if anyone's ill. My [family member] had an infection and they got the doctor in straight away." Another relative explained how staff had worked closely with a visiting mental health team to support their family member. They commented, "My [family member] was having difficulty accepting personal care. The staff got some good advice [from the mental health team] and now we all know what to do if there's a problem."

Is the service caring?

Our findings

Relatives told us the staff were caring and kind. On relative said, “My family member has come to trust the staff. They are very caring people.” Another relative commented, “The staff care about the residents and their families. I didn’t know much about dementia when my [family member] first came here but the staff have taught me a lot.”

Staff told us they would be happy for one of their own family members to be cared for at the home. One staff member said, “I’m very happy with how the home is now. We have time for the residents and that’s the most important thing.” Another staff member commented, “I like working here because we care for everybody as individuals, everyone is different and we acknowledge that”

We felt there was a happy caring atmosphere in the home and staff went out of their way to include people. For example staff were playing music in one of the lounges and a staff member noticed one person clapping when a particular song came on. The staff member asked the person to dance with them which the person did and we could see they enjoyed this. Staff continually asked people what they wanted, for example would they like a cup of tea, or a newspaper, or a chat? People responded well to this and appeared to feel valued.

The registered manager told us staff were encouraged to build positive, trusting relationships with the people using the service. She said this started at the ‘pre-admission’ stage when the needs of a person coming to the home were discussed with the staff so they have initial knowledge of the person. Once they moved into the home they were allocated a named nurse and care worker which were responsible for overseeing their care. This meant people were fully supported when they moved into the home.

Care records were personalised and focussed on the person in question and not just their needs. For example, one person’s records stated that it was important for them always to be dressed ‘smartly’. We met this person and saw they were dressed in a formal co-ordinated outfit of their own choosing. This was what they wanted and staff respected this.

People and their relatives were involved in decisions about care. One relative said, “The staff are great team workers,

and they include the residents and relatives too. We are all involved and we all care.” Another relative told us staff were updating their family member’s care plan and they had been consulted on what should be included.

The registered manager told us care plans were written in conjunction with the people using the service and relatives, where possible, and other health and social care professionals.

The home’s activities organiser used a ‘getting to know you’ document to record people’s likes, dislikes, hobbies and interests, and life histories. This information helped staff to get to know the people they were supporting and to trigger conversations with them. The activities co-ordinator told us that if she could she completed this in conjunction with the person in question and their family to help ensure the information was of good quality and up to date.

People told us the staff were always respectful to the people using the service. One relative said, ‘Yes the girls do respect privacy and dignity. They take a pride in how people look and do their hair and everything.’ All staff were trained in protecting people’s privacy and dignity.

The registered manager said the home had a number of ‘dignity in care champions’ (staff members dedicated to raising awareness about this issue). The local authority had recently awarded the home a ‘bronze’ dignity in care award, and the staff were now working toward their ‘gold’ award. In addition, staff who showed particular kindness towards people using the service were nominated as ‘carer of the month’ and their photos displayed on the home’s information board. These measures showed the registered manager was committed to offering a service where people’s dignity was promoted.

During our inspection we observed that all staff treated people with respect at all times. However we did see some entries in daily records which were disrespectful. For example ‘[Person’s name] in a bad mood all day’, ‘remains in a bad mood’, ‘noisy at times’. We discussed this with the registered manager who said she thought this was a recording issue and not a result of poor staff attitudes. She agreed to address it and provide extra staff training in recording where necessary.

We also observed that the photographs of some people using the service, which were printed on care files, were not always dignified. For example, some people appeared to have been asleep when their photos were taken. We

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discussed this with the registered manager who agreed that some photos should be taken again and this could perhaps form part of an activity in the home that people might enjoy taking part in.

Is the service responsive?

Our findings

Relatives told us the staff provided personalised care that focused on the needs of the individuals. One relative said, “They treat everybody differently here, but in a good way. The care’s very individual.” Another relative commented, “Since my [family member] came here the staff have been on a journey with him, trying to find out what works best, and it’s been a success.”

The care records we saw were personalised and reflected the needs of the people using the service. Assessments were carried out prior to people coming to live at the home. Records contained information about their health, personal care, and social needs. There was also information about people’s chosen lifestyles, choices and preferences. All the people using the service were encouraged to complete a booklet called ‘Remembering Together’. These included information on their social, employment, and family history and helped staff to get to know them.

Care plans instructed staff on how to support people in the way they wanted. For example one person had a ‘routine on waking’ care plan which told staff the set time this person liked to get up. But it also told staff to check first as this person sometimes liked a lie-in. If this was their preference staff were told to offer them a cup of tea and leave them in bed until they were ready.

All the staff we spoke with had a good understanding of people’s individual needs. When we asked them about the care needs of particular people they could tell us in detail. They also appeared to have a genuine affection for the people they supported and knew all about them and their likes and dislikes. One staff member told us how they used aids to communicate with one person and liaised with their family to ensure their needs were understood and met.

The home’s employed an activities co-ordinator who provided a range of group and one to one activities for the people using the service. These included theme days,

visiting entertainers, and the daily promotion of an activity based lifestyle. A relative told us, “There is plenty going on including music and the sensory room. There are bus trips and people can go in the garden but not on their own.”

During the inspection we observed people taking part in activities. These included singing, art, hair care and manicures, and board games. Staff kept records of the activities provided and who took part. This helped the activities organiser to gauge which activities were popular and whether different activities were needed to meet people’s needs.

We spoke with the activities organiser who was enthusiastic about their role in the home. They told us, “I’m proud of helping people, I like to leave at the end of the day knowing I’ve done my best to make people smile.” The activities organiser had many ideas for developing activities in the home which she said she was discussing with the registered manager and staff with a view to implementing them.

Relatives told us that if they had any concerns they would raise them. One relative said, “I haven’t had to make a complaint but if I needed to I’d go and see the manager.” Another relative said, “It’s very open here. If there sometime wrong you just say and the staff put it right.”

The provider’s complaints procedure, which was displayed in the entrance hall, gave information on how people could complain about the service if they wanted to. This included information on how to contact the Ombudsman, should a complaint not be resolved to their satisfaction. Information on advocacy services was also provided if people needed support to make a complaint.

The complaints procedure was not available in an easy read or pictorial format which meant that it might not be accessible to some of the people using the service. Consideration should be given to addressing this. Records showed that if someone did complain or raise a concern staff documented this and took action to put things right.

Is the service well-led?

Our findings

All the relatives we spoke with said they thought the home was well-led and homely. One relative told us, “All the carers are great and the manager and deputy are the icing on the cake.” Another relative commented, “The manager is excellent and she has done everything in her power to help my [family member] settle in.”

The home had a warm and welcoming atmosphere. When we arrived coffee was brewing in the entrance foyer for visitors to help themselves to. One relative commented, “It’s lovely to arrive at a care home where the first thing you notice when you come through the doors is the smell of fresh coffee.”

There was information in the foyer about forthcoming residents and relatives meetings, manager’s surgeries, safeguarding, and the ombudsman. There were also photos of people using the service taking part in activities. This gave visitors an idea of the culture of the home which was one of openness and user involvement.

During our visit we saw that staff constantly interacted with the people using the service and visitors. The focus was on quality and life with the people using the services at the centre of how the home was run. One relative told us, “The staff do a very demanding job. It’s difficult to smile all day but the staff usually manage it.”

Staff told us they were happy with how the home was run and felt well-supported by the management. One staff member told us, “I would put my mum in here, and there are not many places I can say that about.” Another staff member commented, “I class everybody as my mum and dad here anyway. That’s how we treat people, like they were our own family.” Records showed staff had regular meetings, one-to-one supervision sessions, and appraisals to give them an opportunity to reflect on their work and discuss the home.

Monthly relatives and residents meetings were held. Records showed some of these had had to be cancelled due to poor attendance, but others had gone ahead with minutes kept. We saw that issues raised had been addressed. For example, one person had had the carpet replaced in their bedroom after it was mentioned in a meeting that this was necessary.

Annual surveys were also carried out. The results of the last survey, carried out in March 2015, showed that overall people were happy with all aspects of their service. One issue had been raised about laundry items going missing. The registered manager said she had responded to this but putting a new system of labelling in place so it was easier for staff to identify people’s items of clothing.

Relatives knew who the registered manager was and said she was always friendly and approachable. One relative commented, “She’s very good and always willing to try new things if it will help the residents.” Both the registered manager and deputy were very knowledgeable about the people using the service and had a good understanding of their individual needs.

The registered manager used the provider’s ‘care home self-assessment tool’ to monitor and assess the overall quality of the service. This included daily, weekly, and monthly audits concerning all aspects of the service. The audits included a section for feedback from people using the service and relatives but this had generally not been completed. We brought this to the attention of the registered manager who said she would ensure it was completed, where appropriate, in future.

Since we last inspected this service the registered manager had brought about a number of improvements. These included the creation of the new sensory room, a greater focus on activities for the people using the service, and the installation of a ‘snack bar’ so people could help themselves to snacks whenever they wanted.

We did identify one issue of concern during the inspection. There was an unpleasant odour in the upstairs lounge which appeared to come from the carpet. This was noticeable as soon as the lift doors opened onto the first floor. A relative told us, “It always smells up here, I’ve got used to it now but it’s a shame. It’s been like it ever since my [family member] moved in.” However every other area of the home we inspected was clean and fresh.

We discussed this issue with care and cleaning staff. They told us that no matter how often the carpet was cleaned and shampooed the odour remained. Staff were frustrated about this and said they thought the only solution was to have the carpet replaced and, preferably, hard non-slip flooring put in place.

We saw that this issue had not been picked up at the provider’s last premises audit, dated 21 May 2015. This

Is the service well-led?

stated 'no odours noted' which was surprising as the odour was powerful and staff and relatives told us it was not a

recent issue. We discussed the odour with the registered manager who was fully aware of it. She said she was in the process of liaising with the provider with a view to having the carpet replaced.