

HC-One Limited

Magna Nursing Home

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 ●

Summary of findings

Overall summary

Magna Nursing Home is a nursing home that provides care for up to 36 older people, many of whom are living with dementia. At the time of our inspection there were 27 people living in the home. At the last inspection, in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

People and their relatives confirmed they received safe care. Staff were aware of the safeguarding policies and procedures and had received training in how to protect people from avoidable harm.

Staff recruitment was robust and prospective staff undertook appropriate checks prior to starting work at the service. Mostly there were enough staff to provide care and support to people to meet their needs. However some relatives felt that at certain times during the day, for example, during staff breaks there needed to be more staff available. Medicines were administered safely.

People were supported by staff who were knowledgeable about them and who had undertaken sufficient training to meet people's needs. Staff received regular supervision and were encouraged to attend staff meetings. This ensured that staff could continue to provide effective care. People were supported to maintain good health and nutrition.

Staff were encouraged to develop positive relationships with people. People and their relatives described staff as caring and that they treated people with respect and kindness. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. Where we identified a care plan as being out of date the registered manager responded promptly to make the necessary changes.

People and relatives told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy. They would speak to staff if they had any concerns.

The service had a positive ethos and an open culture. The registered manager was visible in the home which was appreciated by both people using the service and staff.

The registered manager used a range of methods to assess, monitor and improve the service. These included regular audits of the service and staff and service user meetings to seek the views of people about the quality of care being provided.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection took place on 17 May 2017 and was unannounced. We returned on 22 May 2017 and this was announced. The inspection was carried out by one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

Before the inspection, 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with two people who used the service and eight members of staff including the registered manager. We also spoke with eight people's relatives. 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 looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were protected from abuse and harm by staff who understood their responsibilities to protect people. A staff member told us, "If I noticed anything, like a bruise for example, I would tell the senior or the manager." A person commented, "They're not nasty ever and I know I'm in the right place." Relatives also told us they had never seen staff be unpleasant or rude to people. One relative said, "The staff are absolutely brilliant I've never noticed anything untoward and they have so much patience."

Staff had been recruited following the provider's recruitment procedures, ensuring that suitable checks and references were obtained prior to them starting work. There were sufficient staff deployed. This ensured that people did not have to wait a long time before their needs were met. We saw that most people were responded to within five minutes and there were staff visible in the lounges throughout the day. One relative told us, "There always seems to be enough staff, it's hard to know sometimes what the ratio is but there always seems to be someone to respond if you need something or have a query." Another relative commented, "There are times, like when the breaks are on, there's only one on duty and they have to wait. It takes two of them to put her in her chair to go to the toilet and there might not be enough. Generally they come very, very quickly. Usually there is enough staff, it's just at break times."

Risks were managed so people were protected and their freedom supported. Risk assessments were in place for most people. However we did note for one person the risk assessments were out of date as they had been in hospital and returned with changed needs. We brought this to the registered manager's attention and these were amended when we returned on the second day of the inspection.

Medicines were safely managed ensuring people received their medicines as prescribed. Medicines management systems in place were clear and consistently followed. The service was in the process of refurbishing the treatment room and the medicines were temporarily stored in another room. On the day we inspected the outside air temperature was very high. We noted that although the room temperature had been taken, it was only taken in the morning at the coolest part of the day. When we checked the temperature of the room it was above storage requirements that are specified by the manufacturer. We brought this to the deputy manager and registered manager's attention and they immediately made arrangements for a cooling system to be placed in the room to bring the temperature into accepted limits. The new medicines storage room will have air conditioning and so in future this will not be a concern.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills needed. Staff also received the training and support they required to maintain their skills and keep up to date with developments in providing effective care to people. For example, staff received training in safely moving people using a hoist. All staff had regular supervision and appraisal; one staff member told us "We discuss all sorts of things; I am able to discuss my development. We also are observed by the manager or deputy manager to make sure we are using the hoist correctly or providing care as described in the care plan."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where possible people were supported and encouraged by staff to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of how current legislation may impact on peoples' rights regarding choice. Assessments identified people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained from the local authority. One relative told us "I don't think there are that many things she can make choices about. She could for food I've seen them attempt to, I've heard them ask which she would like. They put it in front of her and she may or may not indicate." We did note that one care plan we looked at required a referral to the local authority for DoLS assessment, we brought this to the registered manager's attention and a referral was made during the inspection.

People were supported to maintain a healthy balanced diet. Where people were identified as at risk of not eating and drinking enough they received the support they needed to maintain their health. People had regular access to healthcare professionals and relatives told us that staff were prompt to identify changes in people's health. A relative told us, "One day a man was making some strange noises in the lounge and the girl (staff), she was there straightaway and he was having a stroke. She moved so fast. The paramedics were straight here." People told us that they had regular access to healthcare professionals when they needed to see them. One person told us, "Oh yes, I see my doctor whenever I need to."

Is the service caring?

Our findings

We saw that people had developed positive relationships with staff and were treated with compassion and respect. One person's relative told us "There's a general feeling of kindness and caring." Another relative said, "Here feels personal and homely. They actually sit and talk to them, they really care, it's not just a job."

Throughout both inspection days we saw that people were relaxed in the company of staff. Staff showed caring and affection. For example we saw a person become anxious and a staff member sat with them and quietly spoke with them holding their hand until the person looked less anxious. Staff showed they knew people well by chatting to them about things important to them. For example, they talked about the football to one person and an upcoming anniversary with another person.

People's choices in relation to their daily routines and activities were listened to and respected by staff. A relative told us, "He pleases himself, if he doesn't want to get up they leave him for a while. Oh yes, if he wants to go to bed at 3 or 4 o'clock in the afternoon they just change him and put him to bed and he gets up again later. They work to his time not theirs."

During both days we heard and saw staff speaking with people in a kind manner and offering people choices in their daily lives. For example, a person whose first language was not English was offered a choice of drinks in the afternoon, the staff member brought a selection of drinks for the person to choose from and they made their choice. They appeared happy that they were able to choose.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom. As people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Staff approached people calmly, knelt in front of people if they were sat made eye contact and held people's hand to provide reassurance if required. A relative told us, "The other day [person] had a bit of an accident. [Person] doesn't like help but they managed to get them into the chair, no problem. [Person] was happy to let them take them to the toilet. It's the way they do it."

Is the service responsive?

Our findings

People received care that met their individual needs. People were assessed prior to moving to the service and care plans were developed with people and where appropriate their relatives. One relative told us, "They've been really helpful and they listen to what we wanted for him. My mum does the plan with them." We saw from the way staff interacted with people that they knew people very well. One staff member said "We have time to talk to people, get to know them and talk to their relatives, it all helps." One relative told us, "When I come here I have such a good relationship with (named three relatives and one resident) husband. We're like a support group."

People were supported to follow their interests and take part in social activities. The activities organiser showed us photographs of previous social activities including having animals coming into the service for people to see. There was information about organised monthly themed days, for example a beach day, a 60s flower power day and a fireworks day.

The activities organiser told us, "I get to know people and find out what they like doing. I do a variety of things. We have group activities but also I will walk into town with people and we can get a coffee. One person goes to a local church for a group there." Throughout the day we saw the activities organiser encouraging people to be involved in activities including sitting in the garden and talking. One person told us, "I like gardening. I tiddle around, one or two others do. We chat away and do it." A relative told us that their loved one enjoyed crocheting and they had seen staff supporting the person to continue this hobby.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be investigated. We saw that there was a clear policy in place and records were maintained of concerns that were raised with the registered manager, this included any action that was taken.

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members understood and could tell us what the ethos of the service was. One staff member said, "It's to be kind, it's simple." Relatives told us they felt staff went above and beyond their job description. One relative said, "[Staff member] is supposed to finish at 3 pm and they are still here talking to someone about the death of their relative."

The provider had systems in place that enabled staff to challenge poor practice if they saw it. Records showed there were a variety of team meetings. These included all staff ensuring all areas of the service from the housekeeping to the nursing staff could contribute to the service.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. Staff members felt that the registered manager was always friendly and approachable. A staff member told us, "Communication is good we get told what is happening. We are listened to if we raise anything." Relatives also spoke highly of the registered manager. One relative told us, "[Registered manager] has a finger on the pulse of what's going on with both staff and residents, so yes, it's managed well." Another relative said, "The manager is around and about, as is the nurse. They are not locked away in rooms. They're very visible."

There was a 'Have Your Say Screen' in the hallway. This meant that people who were able to use this technology could report their feeling, thoughts and suggestions. The registered manager told us they were in the process of creating a 'You said we did' response to these comments.

The provider had a quality assurance system in place to help drive improvements. This included internal audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. The registered manager showed us action plans that had been developed as part of these audits and the time scales to make the improvements. Staff members told us they felt the service was well managed. Staff told us they enjoyed working at the home.

However some areas we highlighted such as where a DoLS application was required and where a care plan was not up dated had not been identified by internal audits. Following the first day of our inspection the registered manager had amended the care plan. In consultation with the nursing staff they had put systems in place to minimise the risk of this happening again.