Caring Homes Healthcare Group Limited

Magna Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Magna Care Centre is a nursing and care home for up to 69 people. The home aims to meet the needs of older people including some people living with dementia, frailty of old age and end of life care. At the time of our inspection there were 54 people living at the home.

People's experience of using this service and what we found
Risk assessments had not always identified risks within the home environment. This included the use of portable heaters in the main lounge and combustible materials on people's doors.

Medicines were not always managed safely. We found some medicines in use outside of their expiry dates; one of these was due to a labelling error by a pharmacy but this had not been identified by staff.

Although the home had management systems in place for monitoring quality these had not always provided effective governance and oversight and had failed to identify the above issues.

Although people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service that supported this needed to be more robust; namely around appropriate signing of consent by legal representatives and the detail captured in mental capacity assessments and best interests' decisions.

People received person-centred care. However, people's care plans needed improving to document and reflect this. This issue had been identified by the management and was included in the home's action plan and staff meetings.

People felt safe living at Magna Care Centre. Relatives were confident their family members were receiving good care. Staff understood what signs could indicate people are experiencing harm and abuse and how to raise concerns both internally and to external bodies such as CQC and the local authority.

People were supported and encouraged to maintain a well-balanced diet. Their individual dietary needs and preferences were known and met.

People were supported with timely access to healthcare services when required. This included visits to or from district nurses, specialist palliative care nurse, GPs, chiropodists and dentists. Staff understood the importance and benefits of supporting people to maintain good oral hygiene.

Staff received regular supervision. This provided them with an opportunity to discuss concerns, reflect on their practice and consider learning needs.

People told us staff were consistently kind and caring and had got to know them well. Staff demonstrated

an awareness of how to maintain people's privacy and dignity and encouraged them to remain as independent as possible.

People had the opportunity to actively participate in a wide range of stimulating activities. This included inter-generational activities with local schoolchildren and 1:1 sessions for people who were more private or at risk of social isolation.

The registered manager had helped create a friendly, open and supportive culture. Staff felt valued and enjoyed their jobs. One staff member told us, "I don't come to work, I come to home."

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

Rating at last inspection
The last rating for this service was good (published 17 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Magna Care Centre

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.

Inspection team
The inspection was carried out by an inspector, inspection manager and Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection continued on day two with two inspectors.

Service and service type
Magna Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Day one of the inspection was unannounced. Day two was announced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners and a local authority safeguarding team for information. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional manager, clinical lead, senior health care assistants, care assistants, registered nurse, head housekeeper, activities coordinator, senior maintenance officer and the chef. We also spoke with one healthcare professional who regularly visits the service. We made various observations of care and interactions between people and staff including during activities and meal times.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the home's action plan and a risk assessment. We received email feedback as requested from another healthcare professional.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risk assessments were not always robust and effective in identifying environmental risks to people. We observed six portable heaters being used throughout the main lounge on day one. We were told these had been purchased and introduced to the room, as a temporary measure, three days prior to the inspection following a cold spell of weather. The heaters were not covered and posed an increased risk of burning and scalding to peoples' and visitors' skin. At the time of our observation there was no risk assessment in place to cover their use.

● We spoke with the registered manager who removed the heaters and completed a suitable risk assessment. In addition, the registered manager contacted the provider's property services to order an overdoor heater for the reception area and asked the senior maintenance officer to purchase appropriate covers to be fitted within one week of the inspection.

● We spoke with the registered manager and regional manager about the amount of combustible materials on people's doors following a Christmas decorating activity. They agreed some of the doors had "excessive" amounts of materials on them and had these removed during the inspection. The materials could have compromised the ability of the doors to keep people safe in the event of a fire.

● People had individual risk assessments which identified specific risks in their day to day lives and the way staff should work with them and relevant others, such as healthcare professionals, to minimise the risks. This covered areas such as mobility, skin vulnerability and swallowing.

Using medicines safely

● Medicines were not always managed safely. We checked liquid and boxed medicines to see if the date of opening had been recorded, they were within expiry dates and labels gave clear directions for administration. We looked at a total of eight bottles and nine boxes. We found one bottle of liquid medicine in use that had been incorrectly labelled by the pharmacy. This error had not been noticed by staff. Another bottle of liquid medicine had an expiry date that had passed. Staff had administered from this bottle after the expiry date. Both bottles were immediately taken out of use when we raised this.

● People told us they received their prescribed medicines on time. This included as and when required medicines for pain management. One person told us, "I always get my medication at the appropriate time. If I need extra, I can always ask."

● Medicines were stored safely including those requiring additional security.

● The home had noticed, during recent audits, that temperatures in medicines rooms were at the top end of the safe range and had ordered air-conditioning units. These were being fitted on day two of our inspection.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. In a December 2019, 98% of respondents said they felt safe and secure in the home. A relative expressed, "I definitely feel [family member] is safe here." Another relative said, "I am happy with the care. [Family member] is looked after well. I know that [family member] is safe because you can tell when [family member] is nervous or frightened."
● Staff understood what signs could indicate people were experiencing harm and abuse. Staff felt they would be listened to by the management and appropriate action taken if they raised concerns.

Staffing and recruitment
● There were enough staff to meet people's needs. Staffing levels were set according to people's dependency and were reviewed monthly or sooner if required. At busy times of the day people said they had to wait longer for staff to respond. One person said, "Sometimes I need to wait [for support] because they prioritise when inundated, depending upon who is on duty." Two relatives said, I feel there are enough staff on shift" and "There seem to be enough staff." A staff member said, "Staffing levels are good including at weekends. We hardly use agency. We definitely have time to speak with residents."
● The registered manager monitored staff response times via a monthly call bell audit as there had been mixed feedback on this. Records from July 2019 to October 2019 showed, on the six occasions support had taken longer than five minutes, the registered manager had spoken to the staff member concerned. Nonetheless, a healthcare professional fedback to us after the inspection, 'I do note that residents often remark on how long they have to wait for a member of staff when they press their call bell.' We observed staff responding in a timely way when people used their call bells. A person commented, "Normally they [staff] come quickly. It is very rare I have to wait." A relative said, "We usually wait no longer than five minutes."
● The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

Preventing and controlling infection
● The home was visibly clean and odour free. Housekeeping staff were on duty throughout the inspection.
● Staff had received infection control training and understood their responsibilities in this area. Staff made appropriate use of the available personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong
● Accidents and incidents were analysed by the registered manager to determine what had happened, the cause, identify trends and the actions required to help reduce the risk of a re-occurrence.
● Learning was shared with staff at handovers, supervision and team meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest meetings had taken place, with involvement of all relevant parties, but the paperwork needed more detail about the exact decisions that were considered.
- Although the home had sought consent from people for aspects of their care including support with medicines, personal care, bed rails and photographs, in some cases, where people lacked capacity, consent had been given on the person's behalf by family members who did not possess the necessary legal authority to do so.
- The above two issues meant the home was not fully meeting the requirements of the MCA. When we raised this with the registered manager an immediate action plan was put in place to rectify this.
- The home had applied to the local authority for people who required DoLS and kept a record of when these were due to expire. The home did not have anyone with conditions attached to their DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had pre-admission assessments that supported their move to the home. This included their care needs and how they preferred to live their lives. One person said, "This is the best care I have had. Better than a previous care home and a hospital stay." Another person commented, "If I have to be somewhere, I would choose here."

Staff support: induction, training, skills and experience

● New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "When I started here they really encouraged my potential. The team embraces new staff. You are supported; not thrown in the deep end."

● Staff received mandatory and role specific training in areas such as fire safety, medicines, safeguarding and food hygiene. Records showed 93% staff training compliance. People expressed confidence in the staff supporting them. In the December 2019 survey, 100% of respondents felt staff had sufficient knowledge and skills to meet their needs.

● Staff told us they received regular supervision. This provided them with an opportunity to discuss concerns, reflect on practice and consider their professional development. One staff member told us, "I did a course on supervision to ensure I cover all areas positive and negative. It gave me greater confidence."

● Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. Records showed all nursing staff were up to date with their validation.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to maintain a well-balanced diet. Their individual dietary needs and preferences were known and met including food intolerance/allergies, safe swallow plans and whether they were vegetarian. One person said, "The food is excellent. I have a condition where I have to watch what I eat and [name of staff member] is amazing." The chef told us, "We cook from fresh. We want happy faces!"

● People had support to eat and drink where required or desired. We observed one person being supported by staff with their main course but choosing to eat their dessert independently. We also observed a staff member supporting a person who lived with sight and hearing issues. They patiently explained what they were eating and repeated this information when they did not hear the first time. This demonstrated people had appropriate support and choice at meal times.

● Menus were displayed in the dining room and in the main lounge. People were supported to choose their meals the previous evening, using picture cards if required. If people changed their mind this was accommodated. Our observations showed people could select what they liked as meals progressed. 95% of people's relatives had fedback their view that mealtimes were 'unhurried and sociable.' Our observations confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff understood the importance and benefits to people of timely referral to health and social care professionals. People had been supported with visits to or from district nurses, specialist palliative care nurse, GPs, chiropodists and dentists. A healthcare professional said, "The care staff are knowledgeable about patients. Staff call me in a timely way. They absolutely listen to my advice and deal with things quickly."

● People's oral health was assessed on moving into the home. The management had emphasised to staff the importance and benefits of supporting people to maintain good oral hygiene. A dentist had visited the home earlier in the year to advise staff how best to support people with their mouthcare.

● People's current and emerging care needs were discussed in daily handovers. This meant concerns were escalated in a timely way with the necessary follow up actions taken. The clinical lead explained they had recently introduced a revised handover form to include more information about each person.

Adapting service, design, decoration to meet people's needs

● In the December 2019 people had been asked for their views on 'the décor and furnishings of the home' and 'the décor and furnishings of their room.' Responses were 67% and 69% respectively. A relative had commented, 'Décor and furnishings looking dated and tired despite staffs' best efforts to maintain them.' As a result, home redecoration had been added to the home's improvement programme.

● Although signage was plentiful around the home, there were plans to improve this to make it more dementia friendly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were consistently kind and caring and had got to know them well. One person said, "This is a wonderful place. Staff are absolutely wonderful; from the activities to the highest nurse, I couldn't find any better." Another person fedback in a December 2019 survey, "I told the manager I didn't like the dark, [name of registered manager] got me a nightlight." A healthcare professional said, "I hear relatives say they [staff] are very caring here and that they couldn't be nicer." A relative had fedback to the home, 'All staff show a great deal of professionalism and treated [family member] with great care and compassion.'
- The home kept a record of compliments with these available for people, staff and relatives to view. Positive feedback from professionals included: '[Name of resident] said they felt alive again. It really was a remarkable change' and 'I am noticing a marked difference in the atmosphere and attention to us and residents at Magna Care Centre since [registered manager] has taken over as manager.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views about their care and makes decisions affecting their lives. This included what time they went to bed, got up, preferred clothing and jewellery and how they wished to spend their day.
- People had personalised their rooms with some of their own furniture and items of sentimental value such as photos, paintings and ornaments. This had helped people to settle in.
- Staff demonstrated an awareness of how to maintain people's privacy and dignity. For example, during personal care by closing doors, curtains and covering people with a towel.
- People were encouraged to remain as independent as possible. People told us this and records confirmed it. One person said, "I'm happy here. I can do what I want. I can be independent."

Good

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● Although people received person-centred care, their care plans did not always convey this approach. The standard was variable with broad and generic statements used. We raised this with the registered manager and regional manager. The regional manager said, "We have had an issue with the plans not being person-centred or thorough enough. We are trying to upskill the staff to improve their understanding. Staff are good at describing needs, evidencing that is less good." Care plan improvement was included on the home's action plan with clear timescales alongside discussion at team meetings and supervision.

● People's life histories had been explored with them and their family. This information was held on their files and was also added to their room files on day two of the inspection. This meant existing and new staff had access to information which supported meaningful interactions with people. A staff member had fedback in an annual survey, 'I enjoy learning from [people], talking and reminiscing with them and feel an enormous honour in supporting them in their later years.'

● People were encouraged to maintain contact with those important to them including family, friends and other people living at the home. Relatives told us they were made to feel welcome and involved. One relative said, "I'm here every other day. I feel involved. If I suggest anything they'll listen and do it."

● People had the opportunity to participate in a wide range of activities. This included group, 1:1 and community activities led by the home's two activity coordinators. Activities included quizzes, crafting, outside entertainers, a gentleman's club, regular joint activities, such as flower arranging, with local school children and a church service. A relative had fedback, 'Thank you for all the organised, stimulating and fun activities.' A person at the home enjoyed doing jigsaw puzzles. We saw these had been framed and placed around the home. This demonstrated people's interests and skills were celebrated.

● There was evidence of 1:1 activities with people who were cared for in their rooms or preferred to be more private. This meant there was a reduced risk of people being socially isolated.

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.

● People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

● For some people at the home English was not their first language. Due to the diversity of the staff team some staff were able to converse with people in their first or second language. This was an example of

people's individual communication needs being met.

Improving care quality in response to complaints or concerns
● The home had a complaints policy. The home had received one complaint in the previous 12 months. This had been logged, investigated and resolved in line with the policy.
● People told us they knew who to complain to and would feel comfortable doing this if they needed to.

End of life care and support
● Staff had received training in end of life care and knew how to meet people's and their relative's needs at this time. The home understood family members also required support. Relatives were invited to stay overnight with their family member if they wished. A healthcare professional told us, "Relatives have been very appreciative of the care given."
● The home had received positive feedback about its end of life care. Relatives' feedback included: 'Thank you for the loving care shown to our [family member]. We know it made a huge difference to [family member's] last days' and 'The care and compassion shown to us during [family member's] last days was faultless and we will be forever grateful.' A relative told us, "[Family member] may only live another few days. I am glad that we came here. It is better than a hospice because the room is lovely, and I am more than happy with the care." A staff member said, "My [family member] was here and passed away. I'm so grateful she was here. I knew she was safe and secure."

Requires Improvement

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 outstanding. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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.

- Although the management completed regular checks and audits these had not identified the environmental risks to people from combustible materials on their bedroom doors and the mobile heaters in the main lounge. The checks and audits had also not identified the improvements required with regards to medicines management and with mental capacity assessment and best interest paperwork; including appropriate signing by legal representatives where people lacked capacity.
- Audits covered areas including: infection prevention and control, MCA/DoLS, weekend care, wound management, medicines, call bells and meal time experience. There was evidence that when audits identified issues this was then followed up with staff.
- Management and staff had a good understanding of their roles and their responsibilities. There was a clear staffing structure in place.
- Staff told us they felt recognised and valued. This was confirmed in documents we viewed. The home had a staff recognition award called 'Caring Stars' which was voted for by staff, people and relatives. We spoke with the staff member who had recently won the award. They said, "I love making a difference."
- The registered manager had ensured all required notifications had been sent to external agencies such as CQC and the local authority safeguarding team. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us, "If there is a serious incident we need to investigate and apologise, check what we could have done better to improve the service and stop it happening again."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a friendly, open and supportive culture with staff telling us they enjoyed their jobs. Staff comments included: "I don't come to work, I come to home. There is a lovely family atmosphere here", "I love it. I love my job", "I'm proud to work here", "There is a lot of friendly working between teams" and "I genuinely love it here. I think it's very special here. We have the residents best wishes at heart and the registered manager promotes teamwork." A staff member had reiterated this in survey feedback, 'There is a true sense of teamwork and support.' A relative had fedback, 'The atmosphere is one of family, relaxed, everyone has time for each other and us, but everything runs like clockwork.'
- Since the previous inspection there had been a change in management at the home. The current

registered manager came into post in May 2019, completing registration with CQC in September 2019.
● The registered manager was well respected by people, staff and professionals. They had previously been the deputy manager for six years which had led to continuity for people and staff. The registered manager said, "The staff team know me, they have seen my journey and how I work." One person said, "[Name of registered manager] is lovely. She is a delightful lady." A healthcare professional fedback to us, '[Registered manager] is very able, sensible and approachable.'
● We received positive comments from staff which included: "[Name of registered manager] always supports us and is happy to listen" and "[Name of registered manager] is lovely, approachable and knows the residents and staff team well." In a recent survey a relative had commented, 'I have always found [the registered manager] helpful, caring and kind. I'm glad [name of registered manager] has been given the manager's role.'
● The registered manager told us they felt well supported by the regional manager, deputy manager and new clinical lead. The regional manager liaised closely with the registered manager and provided support via weekly visits and daily telephone calls. A healthcare professional was complimentary about the clinical lead describing them as "very enthusiastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Regular residents' meetings were held. We observed a residents' meeting on day two of the inspection. It was well attended with people actively encouraged to contribute. Minutes from these meetings included discussion about housekeeping, maintenance, activities and meals.
● Annual surveys took place which gave people, relatives and staff the opportunity to say what was working well at the home and what could be improved. Staff had an opportunity within their survey to address a personal message to the provider's chief executive officer. This demonstrated how the provider valued staff views and ideas.

Continuous learning and improving care; Working in partnership with others
● The home had an improvement plan. This included identified improvements, the person / people responsible and timescales for completion.
● The home had established and maintained links with others such as local commissioners, GP surgeries and a palliative care nurse. This demonstrated a recognition of the part they and others have in supporting people's health and wellbeing.
● The home recognised the benefits and opportunities for people of creating meaningful community links. People at the home took part in regular activities with local school children and a child-minding group. This provided an opportunity for inter-generational understanding and learning.