

HC-One Limited

# Magna Nursing Home

## Inspection report

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21 November 2019  
25 November 2019

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24 January 2020

## 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

### About the service

Magna Nursing Home is residential care home providing personal care to younger and older adults with a physical disability, dementia and mental health needs. The service can support up to 35 people across two separate floors. 25 people lived at the home at the time of inspection.

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

People were safe, risks were assessed, monitored and well managed. A person told us, "I feel very safe and happy, the carers look after us well." Staffing levels met people's personalised care needs. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. The home was clean and tidy.

People were supported to access health and social care professionals. Dietary needs were assessed, and guidance provided in care plans. People received enough food to eat and drink. A relative told us, "The food is good quality and all residents are fed well." People told us they were happy with the variety and choice and provided positive feedback and menu suggestions.

There were various activities on offer for people to engage in as they wished. People were supported with their interests and links with the community were maintained. Families were welcomed to the home. There was a complaints procedure in place and the provider responded to complaints appropriately.

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 supported this practice.

People and relatives told us the staff were kind and caring. A relative said, "The staff have good skills and provide sensitive and caring support for my [relative]." Care plans contained detailed, personalised information. The management team continued to review the care and support provided.

The registered manager carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People gave positive feedback about the management. A person said, "The registered manager's door is always open, I am always greeted with a smile." Staff were positive, stating the registered manager was open and supportive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. Published (21 June 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Magna Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The Inspection was carried out by two Inspectors.

#### Service and service type

Magna Nursing Home 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

The inspection was unannounced. We visited the service on 21 November 2019 and made telephone calls to relatives on 25 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the area quality director, area director, registered manager, nurse, nursing assistant, wellbeing coordinator, chef and care staff. We also spoke with a visiting advocate.

We reviewed a range of records. This included three people's care records and five medicines 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 reviewed and analysed all the information gathered during the inspection.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "I feel safe and secure and hope I can stay." Relatives we spoke to said, they believed people were very well looked after and safe.
- Safeguarding information was available for people and relatives.
- Staff received safeguarding training and recognised signs of abuse. Staff said they were confident to report to the local authority, police and CQC.
- Staff were aware of the whistleblowing process. This information was displayed.

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place and reviewed regularly. These had been developed for areas such as weight management, falls risk, choking, oral health, and safer moving and handling.
- Regular checks of the safety of the service were completed. For example, safety checks of equipment, alarm systems, fire drills and building maintenance.
- Personal Emergency Evacuation Plans (PEEPs) were up to date and regularly reviewed. They detailed the support each person required to enable them to safely leave the premises in an emergency.

Staffing and recruitment

- Staff responded promptly to people's needs. One person told us upon using the call bell "Staff come straight away if I buzz."
- A safe recruitment process was in place. Disclosure and Barring Service (DBS) checks were completed prior to staff commencing employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The registered manager regularly reviewed staffing levels. Staffing was reflective of people's changing needs.

Using medicines safely

- Medicines were administered as prescribed, by trained staff who received regular competency checks by the registered manager.
- Medicines were safely and securely stored in line with national and best practice guidance.
- Managers completed regular medicines audits to ensure the medicines management system remained safe.

Preventing and controlling infection

- The service was clean, tidy and odour free throughout.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw these in use. Hand sanitising gels were accessible throughout the home.
- Infection control policies were in place, and audits regularly completed by the management team.
- Magna care home had a food hygiene rating of 5 (very good), awarded on 7th May 2019.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and dealt with in a timely manner. Records showed incidents were reviewed by the registered manager and outcomes shared with staff.
- The registered manager used these as a learning opportunity. For example, a person had a fall. Staff told us they received training from the falls team. A low-profile bed, sensor mat and hourly checks were put in place. This resulted in minimising the risk of further falls. One relative said, "[Relative] had a fall, immediate first aid was given, staff put a mattress next to the bed and there have been no further falls."

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before moving to the home. This ensured people's choices, needs, goals and daily preferences were met in line with legislation and best practice.
- The registered manager told us they liaised closely with hospitals prior to people returning to the home, to ensure they could continue to effectively meet their needs.
- Care plans were regularly reviewed and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff stated they completed a period of induction training. This included shadowing more experienced staff and completing training relevant to their role such as safeguarding, mental capacity, moving and handling and equality and diversity.
- The registered manager undertook daily 'spot checks' to check people received their care as planned.
- People told us that they felt confident staff had the correct skills and experience to meet their individual needs.
- Staff felt well supported and had access to regular supervision. A staff member said, "The manager is very approachable. The door is always open, any suggestions or concerns are acted upon straight away."

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

- People were supported to eat and drink by staff who knew their likes and dislikes. One person said, "I like milky porridge, staff make it how I like it." People were given a choice and supported to choose their preferred meal.
- The chef had an exceptional knowledge of people's dietary and nutritional needs and amended the menu following people's feedback.
- People were offered a choice of drinks throughout the day. People could choose sweets, crisps and fruit from the 'Magna sweet shop' at any time of day. Staff told us, and we saw this was regularly accessed. Records showed a person at risk of not eating and drinking enough had gained weight since its introduction.
- Lunch was observed as being a sociable experience. People chose where they wished to sit, either in the ground floor lounge, or first floor dining room. Relatives could dine with their loved ones. A relative said, "It's just like living at home."

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

- People were consistently supported to access appointments with healthcare professionals.
- Staff knew people well and recognised when they needed healthcare support. The registered manager told us they received a prompt response from the GP surgery. The diabetic nurse regularly visited and was available by phone.
- Care plans were in place that instructed staff how to support people to meet their oral hygiene care needs. One person said, "The dentist I go to is a few doors down."

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

- The environment was adapted to meet people's needs. There was an easily accessible garden space, with a covered fish pond where people could feed the fish.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them. Improvements were being implemented to make the service more dementia friendly. This included the use of photographs and signage on some people's doors, contrasting colours on floor and walls, clocks with large LCD displays, memory and reminiscence points.
- The registered manager told us that they had recently changed the lay out of the lounge to promote communication and maintain relationships. People preferred this change. A relative said it helped relatives visiting to bond and form support networks with each other.

#### 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 make specific 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.

- Where people lacked capacity to make certain decisions for themselves, this was recorded in their care records. Capacity assessments and decision specific best interest decisions had been undertaken taking into consideration people's preferences and wishes.
- The registered manager ensured applications to deprive people of their liberty had been made by the service in a timely way.
- Staff were provided with MCA training and understood the principles. They supported people in the least restrictive way. Staff told us people should be given all support available, for example, communication aids, to prove they have capacity, as people's capacity fluctuated.

# 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 they continued to receive kind and compassionate care, a relative told us, "[Relative] is very well looked after." We saw compliments that said, "My [Relative] has been here since March 2018 and the care he has received is excellent. The staff are friendly and caring. My [Relative] is happy here and I know he is well cared for."
- We observed staff responding to people's distress. For example, we saw staff respond swiftly with kindness and attention to a person who was asking for help to stand up. Staff knew the level of support needed and how the person preferred their support to be given.
- Staff referred to people by their preferred name. One person wished to be referred to by a specific title related to their previous employment. Their relative told us the person engaged more positively with staff because of this.
- Peoples cultural and religious needs were detailed in their care plans. Staff had received training and knew how to support people from the LGBT + community.

Supporting people to express their views and be involved in making decisions about their care

- The service understood when people needed the support of an advocate. This is someone who can help the person speak up to ensure their voice is heard on issues that are important to them. Some people received advocacy support to make choices about their care.
- People were empowered to influence the care they received. For example, one person undertook the dining experience survey, and fed back to management team. People and relatives had access to a "Have Your Say" electronic wall pad in the communal hallway to voice their thoughts and ideas about the service they received.
- We saw people being encouraged to make decisions throughout our inspection. For example, choosing their preferred meals, where and who they wished to spend their time with.

Respecting and promoting people's privacy, dignity and independence

- Confidential and sensitive information was safely stored in line with General Data Protection Regulations (GDPR).
- People continued to be treated with dignity and respect. For example, one person told us that staff always knocked on the bedroom door before entering. The registered manager told us that the service had been awarded Leicestershire's Dignity in Care Award. This means that the home has, 'Demonstrated their ongoing commitment to promoting and delivering dignified care services'.
- Staff continued to enable people to maintain their independence. For example, staff told us when

supporting a person to brush their teeth, they encouraged the person to hold the toothbrush with support.

# 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 now 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

- Care plans were personalised and contained information about people's history, and personal preferences. Care plans were reviewed regularly or as needs changed. People and their relatives were fully involved in this process.
- People's cultural, religious and social support needs were assessed and supported.
- Staff told us they had time to read people's care plans. This was demonstrated through their interactions with people. They knew people's hobbies and interests and what was important to people.

Meeting people's communication needs

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

- The registered manager understood the accessible information standard and told us they would make adjustments to meet people's communication needs.
- Staff knew how to communicate with people as this was detailed in their care plans. We observed staff supporting a person with a visual impairment as per their care plan. For example, during lunch time the staff explained in detail what food was on the person's plate and the location of it.

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

- Visitors were welcomed, relationships encouraged, and families involved in activities. People living at the service had formed friendships with each other.
- A wellbeing coordinator was employed by the service. We received positive feedback about the activities available to people. During our inspection we observed people engaging in singing, exercise, and indoor gardening. We saw compliments that said, '[Staff] are excellent at arranging activities and engaging with relatives. Everything about this home is lovely, the flower display is a brilliant idea for residents to water the flowers daily.'
- A variety of activities were available, these included trips to the garden centre, seaside, local café's, coffee mornings, skittles, park, shops and post office. There was a regional mini bus available for longer trips. People were encouraged to play an active part in their community. For example, people told us they attended the local church for religious events and fetes.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and outcomes shared through team meetings.
- Complaints continued to be responded to in line with the service complaints policy. We saw complaints were resolved promptly and to people's satisfaction.
- People and family felt confident their concerns would be resolved to their satisfaction. One person told us, "If you have a query, they [management team] listen and sort it out."

#### End of life care and support

- Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders, these were easily located in the event of a medical emergency at the front of their care plans.
- Peoples wishes and care for the end of their lives had been considered and were detailed in their care plans. Staff were committed to providing ongoing care and support.
- Peoples cultural needs were referenced in their end of life care plans.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been in post for 6 months. They had a positive attitude and were passionate about delivering person-centred care and achieving good outcomes for people. They had identified the need to improve the environment for people with dementia and had started to implement positive changes such as personalising people's bedrooms to reflect their hobbies and interests.
- Care plans were person-centred. Staff understood the need to treat people as individuals and respect their wishes.
- Staff told us they felt supported, sharing their views through meetings and individual supervisions. Staff told us, "Everyone is friendly, I enjoy coming to work, I feel comfortable talking in meetings and I am proud of the staff and residents." The home has a family atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families. A relative said, "My [relative] had a fall, the manager rang me straight away and updated me on their progress and explained that staff were working with the falls team, to minimise any further falls. I am pleased to say there have been no further falls"

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

- The registered manager had carried out various audits including training records and staff employment checks and acted where improvement was needed.
- The registered manager understood their regulatory responsibilities and had provided CQC with notifications about important events and incidents that occurred in the service, such as falls. The CQC rating was clearly displayed at the home and on their website.
- Management told us staff could be nominated by anyone to receive 'Kindness and care' awards. This was shared in the providers newsletter, along with recognition awards. For example, a staff member received a £100 voucher for working there for 20 years.

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

- Feedback on people's care experience was sought, through regular meetings with people and their relatives, via a, "Have your say" device in the home and an external website. Responses to suggestions were displayed on a, 'What you said, we did' board in a communal area for people to review.
- Records showed people and their relatives were involved in the home and kept up to date on any developments. All relatives told us that they were made to feel welcome and could visit at any time.
  - The registered manager told us the home was working with local shop keepers and liaising with a junior school to encourage pupils to visit and read with the residents.
- Regular staff meetings took place and were well attended. These were an opportunity to discuss changes within the service and to identify areas for improvement.

#### Continuous learning and improving care

- Staff development was supported by the management. Staff had been supported to undertake their nurse training and National Vocational Qualifications (NVQ). These are work based qualifications that recognise the skills and knowledge required for the job role.
- We saw that following feedback from residents and relatives' meetings, a sensory garden and memory lane, based on a street in the local area of Wigston were being developed. A telephone booth had been donated to the home and further work was being undertaken to further improve the outdoor space.
- The provider had assessed the impact of Brexit on the service and devised a contingency plan.

#### Working in partnership with others

- The registered manager encouraged partnership working. For example, management had regular meetings with the GP's surgery, clinical commissioning group (CCG) and the falls team.
- The registered manager told us health and social care professionals were encouraged to attend open coffee mornings at the home.