

Caring Homes Healthcare Group Limited

# Magna Care Centre

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Magna Care Centre is a nursing and care home providing personal and nursing care to 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 41 people living at the home.

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

Since our last inspection the assessment and management of risk in the home environment had improved. This included the use of portable heaters and management of fire safety.

Following our last inspection management systems to monitor quality had improved and now provided effective governance and oversight.

Medicines were managed safely and were only administered by staff with the required skills and ongoing competency assessments. People told us they received their medicines on time and as prescribed.

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. Where people lacked capacity to make certain decisions their legal representatives had signed to give consent on their behalf.

People told us they felt safe living at Magna Care Centre. Relatives agreed that their family members were kept safe and well cared for. Visiting was encouraged and supported.

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. Staff told us they would feel confident whistle blowing if they observed poor or abusive care.

The home had an open and supportive culture. Staff felt appreciated and were supported to develop their skills and knowledge. There was unanimous praise for the registered manager from people, relatives and staff.

The home continued to recognise the benefits to people of its links with community organisations such as schools, youth and faith-based groups.

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 requires improvement (published 14 January 2020).

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

At our last inspection we identified concerns in relation to risk assessments and management oversight of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magna Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Magna Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Magna Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, regional manager and clinical lead. We received written feedback from two relatives and 13 staff including deputy manager, senior care assistants, care assistants, wellbeing coordinator, head housekeeper and administrators. We received feedback from two health and social care professionals who work with the home. We made general observations throughout the inspection, noting care practices and interactions between staff and people.

We reviewed a range of records. This included elements of three people's care plans and care records and Deprivation of Liberty Safeguards authorisations. We looked at three people's medication records and three staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since our last inspection the assessment of environmental risks had improved. Risk assessments were now robust and effective in identifying risks to people. This included personalised risk assessments for the use of all portable heaters and improved knowledge of materials that could compromise the integrity of fire doors.
- Regular maintenance checks were carried out to ensure the safety of the home and specialist equipment people required such as hoists and baths. General environmental risk assessments had been completed to help ensure the safety of people, staff and visitors. These assessments included: water temperature, electrical systems, window restrictors and legionella. Legionella are water-borne bacteria that can cause serious illness.
- People had individual risk assessments which identified specific risks in their day to day lives and how staff should work with them and relevant others, such as healthcare professionals, to minimise the risks. This covered areas such as mobility, dietary intake, swallowing and skin vulnerability.
- The risk to people from fire had been reduced by staff fire training, fire drills and servicing of fire equipment and systems. Each person had a personalised evacuation plan which provided guidance for staff and emergency services in how to get the person out of the home safely in the event of a fire.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were managed safely and were only administered by staff with the relevant training and competency checks. People told us they received their prescribed medicines on time.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered consistently.

- Medicines were stored correctly, with temperature checks undertaken within the medicines room and fridge. Opening dates were written on liquid medicines to ensure they maintained safe use.
- Medicines requiring stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Medicines were audited by the management. The registered manager said, "Through medicines auditing we found information on the back of medication records was not detailed enough, open dates on eye drops in trolleys were not always in place. We raised this in a nurses meeting and covered why this was needed. We went through medicines records as a team. It was a whole team approach."
- Where medicines errors occurred, whether attributable to omissions within the home or the wider health and social care system, learning was identified and shared to improve practice and prevent a reoccurrence. Within the home this included clinical reflective supervision.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Relatives were confident family members were safe and were well cared for. People commented, "I'm happy and I feel safe" and "I feel safe here – you'd be hard pressed not to like it here." A relative said, "[Family member] is very happy at Magna and feels safe in [their] environment."
- Health and social care professionals had positive views about the home. Two, who visited the home regularly, told us, "I am always mindful of any potential safeguarding issues and I can quite honestly say I haven't seen any cause for concern, in fact I may see if I can reserve a space for when my time comes" and "When seeing residents they often tell me how well looked after they are at the home and seem very happy being there."
- Staff had received safeguarding training and demonstrated a good understanding of the signs and symptoms that may indicate a person was experiencing harm and abuse. They knew how to report such concerns both internally and to external agencies such as CQC and the local authority.
- Staff said they would be confident in whistleblowing if they became aware of poor or abusive practice at the home. One staff member said, "I'm very confident to whistle blow any concern. Every time I had a concern, I've reported it to the home manager via email. I've always been reassured that actions will be taken, and it happened." Another said, "I would definitely be confident to whistle blow. I feel strongly about the safety of our residents."

#### Staffing and recruitment

- There were enough staff on shift to meet people's needs. We observed people being supported in a timely way. Staff commented: "Yes there is enough staff and most staff go beyond to make sure of this" and "The staff level is perfect for the amount of rooms we have in use at the moment." A person said, "There's always staff about day and night and they come in a reasonable time."
- The service had robust recruitment and selection procedures. This included verified references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. One person said, "They've kept me safe during COVID-19."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visiting to the service in line with current guidance. We observed relatives visiting people during our inspection. One relative told us, "I live locally and like to visit [family member] every day, for approximately an hour on each occasion. I turn up at the home at different times each day." Another person said, "My family come in. I like having visitors."

Learning lessons when things go wrong

- Staff completed accident and incident reporting forms and body maps where appropriate. These were reviewed and signed off by the registered manager. The process included reflection on what had happened, impacts for people, identifying themes and determining what steps were required to prevent a recurrence.
- Lessons learned were shared via handovers, departmental meetings and supervision.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Management systems and auditing had improved since our last inspection and now provided robust oversight including environmental risks, fire safety, medicines management and mental capacity assessments.
- Comprehensive and regular audits took place which included: wound management, security of tall and heavy furniture, MCA/DoLS, security of hazardous substances, call bells and infection prevention and control. The registered manager commented on the benefits of auditing, "It makes sure the service is safe, if anything needs changing to make the service better, we're meeting safety and regulatory requirements. It identifies potential need for additional training. Audits need to have a purpose."
- The registered manager understood CQC requirements to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, serious injury and disruption to the service. This is a legal requirement.
- The registered manager had a good understanding of the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies.

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

- The home had a friendly, professional, open and supportive culture and staff enjoyed working there. Staff comments included: "We are like a family. I've always felt supported by the team. Magna is a good work place. We always help each other", "The Magna family, that's how we call ourselves", "There's a lot of team work between all departments", "What I really love at Magna is definitely team work and support from all departments" and, "I felt at home here right from the start." A relative said, "I feel the home is well managed [and] has a warm friendly atmosphere."
- Staff told us they were proud to work for Magna Care Centre. They enjoyed their roles and felt supported by colleagues and the management. Their comments included: "I do feel proud to work here. I see so many good things happening" and "Every morning [name of registered manager] arrives and goes around to all departments to say good morning and see if any help is needed before [registered manager's] morning meetings." The registered manager said, "My staffing team are hardworking, dedicated, a tower of strength for me. I feel they go the extra mile."

- Staff felt appreciated. Comments included: "Yes I do feel appreciated at work, just a thank you daily and a smile, from residents, colleagues and families for me means a lot", "We have rewards and thank you days for the staff along with tokens of thank you for the team" and, "I feel they value my work." A recent nurses and senior carers meeting noted, "Thank you for all your support across the home, it is very much appreciated."
- Staff were unanimously positive feedback about the registered manager. Their comments included: "Great manager", "[Name] always makes sure we are happy within our work and [their] door is always open", "[Name] is a really good person, is kind and always very supportive", "[Name] is very conscientious and deals with everything that comes [their] way", "[Name] is a good manager, cares about the residents and tries to do the right thing at all times" and, "[Name] is always present and involved. [Name] is dynamic, for sure."

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

- Surveys were undertaken to gather feedback drive improvement. In January 2022, 100% of people who responded said they felt safe and secure and the home was well managed. Although 87% of people spoke positively about cleanliness, the management decided to recruit another housekeeper to make this area even better. A relatives survey in January 2022 resulted in 100% of the respondents stating they would recommend the home. Comments from a recent staff survey included, "I work with a fantastic team" and "The [pandemic] has brought us closer together although we've always been a strong team."
- The home held listening events with people to hear how they felt about living there. A health professional told us, "I had the pleasure, whilst working, of listening to a meeting with the residents to address any issues they have. It was well managed and everyone had the opportunity to contribute."
- Relatives said they were kept up to date by staff. For example, one relative said, "I receive up-to-date e-mails from the care home and on the occasions I have phoned them they have been most helpful." Another relative said, "I feel included in all that goes on at Magna being communicated with on a regular basis and engaged with the family/friends activities that take place throughout the year."
- Reasonable adjustments were considered wherever possible for staff which took into account their individual needs and circumstances. For example, one staff member said, "Magna makes an incredible difference to my work-family life balance."

Continuous learning and improving care

- Staff were actively encouraged and supported to gain new skills and qualifications. Staff commented, "There are always new opportunities to progress and grow within the home should we choose" and "I'm always improving my skills. A lot of training is offered all the time" and "I feel supported and challenged." The registered manager said, "Recently three staff went forward to undertake Care Home Assisted Practitioner (CHAPs) training. The training is over 12 weeks with course work. They will then be able to work alongside the nurses. This is an accredited course that could support them going to university."
- Staff told us they had regular checks of their practice and competency. They said, "We have spot checks from head office and regular audits" and "We have annual medication assessments and mock inspections from head office."
- The registered manager actively sought to keep their skills up to date. They explained, "Caring Homes support with yearly updates e.g. fire, first aid. I have recently done safeguarding for managers. I'm a registered nurse and like to keep my clinical skills up date. I did refresher training for me and all my nurses."

Working in partnership with others

- The registered manager and senior staff had developed and maintained good working relationships with external health and social care professionals which was supporting good care and treatment.
- The registered manager and provider understood how people at Magna Care Centre contributed to and benefitted from its community links with external organisations such as schools, youth and faith-based

groups. For example, the registered manager told us, "We connect with a local child-minding group and we have continued to do that throughout the pandemic. We also have links with Beavers and Scouts groups – we're doing a project for the upcoming Remembrance Day." These activities supported inter-generational understanding and learning.