

## 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

Magna Care Centre is a nursing care home for up to 63 older people. The home aims to meet the needs of older people including some people living with dementia and frailty of old age as well as providing end of life care. At the time of our inspection there were 43 people living at the home.

At the last inspection, the home was rated Good.

At this inspection we found the home remained Good.

There was a registered manager who had been working at the home since the end of August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Why the home is rated Good.

Is the home safe?

People felt they were safe and there were systems in place to safeguard people. Risks to people and the service were well managed and planned for. People's medicines were stored safely and administered as prescribed. There were enough staff who were recruited safely to meet people's needs. The home and equipment was well maintained and clean.

Is the home effective?

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had good access to healthcare and staff referred people appropriately to health care professionals. People's mealtimes were positive and sociable experiences. Staff were well trained and had they opportunity for development. Staff told us they were supported by managers at the home and felt invested in.

Is the home caring?

People and relatives told us staff were very caring and compassionate. Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed. People were treated with dignity and respect. People were supported to make choices about their day to day lives and staff respected their wishes.

Is the home responsive?

People's individual care needs were met by staff who knew them well and were familiar with the care they needed. People's needs were reassessed when their circumstances changed and care plans were updated and included all the information staff needed to be able to care for people.

People and relatives spoke highly of the activities on offer at the home. People and relatives knew how to complain. No-one raised any concerns or complaints with us.

Is the home well-led?

There were significant improvements in how well-led the home was. People, relatives and staff told us the home was very well led by the registered manager who was committed to continually striving to make improvements to the service. The registered manager's vision and values were imaginative and person-centred and made sure people are at the heart of the service. There was an open and inclusive culture where people, relatives and staff were actively consulted and involved in the decision making and development of the home. People, relatives, professionals and staff told us about the positive impact the registered manager and management team had on the quality of the service provided to people. They all told us how much the home had improved to the benefit of everyone involved.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> How well-led the service was had improved and it was outstanding .	<b>Outstanding</b> ☆

# Magna Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 April 2017 and was unannounced. There were three inspectors and an expert- by-experience, whose expertise was in older people, in the inspection team. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We met and spoke with most of the 43 people living at Magna Care Centre. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 visitors and relatives. We also spoke with the registered manager, deputy manager, regional operations director and eight staff. The staff spoken with included nursing staff, care assistants, the cook, activities staff and maintenance staff.

We looked at four people's care, health and support records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at 10 people's medication administration records and documents about how the service was managed. These included four staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

Following the inspection we received telephone feedback from one relative, email feedback from a staff member and three further relatives left feedback via our website.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. In August 2016 the previous registered manager 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.

We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received feedback from five health and social care professionals, the local safeguarding team and two commissioners.

Following the inspection, the registered manager sent us the information we requested about staff training, improvement and action plans.

## Is the service safe?

### Our findings

We asked people if they felt safe living at Magna Care Centre, every person replied they felt very safe at all times. One person said, "I feel happy and safe and looked after". This was supported by relatives who told us their family members were safe. One relative told us, "It's wonderful, it's completely changed with the new management, the whole ethos has changed, I would thoroughly recommend it to any one...the staff are now empowered and there is such a different feel, the care is wonderful with all needs being totally met".

There was information displayed about how people, relatives and staff could report any allegations of abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident in recognising the types of potential abuse and how to report any allegations.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their health needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to ensure people received safe, effective care that was appropriate for their health needs.

People were transferred safely using any equipment such as hoists. One person said, "I need a hoist to help me get out of bed, there are always two carers that come and do that. I always feel safe". A relative told us, "I am happy with the care given, my (wife) has been here a year and I feel the staff know her very well, they are very good. She needs a hoist and when I have been here and they need to use it there are always two carers. I go out of the room when they get her ready, but I am only outside the door, I never hear her getting upset or crying out when they are putting her on the hoist, I can hear them telling her what they are going to do, explaining everything".

People had the correct equipment in place to support and maintain their safety. For example air mattresses were set at the correct setting for people's weight to maintain their skin integrity and mobility aids were placed within easy reach for people. People who required pressure cushions had these available and they were clean and well maintained.

There was a system in place to record, review and analyse any incidents and accidents that took place. The nature of the incident was recorded and a full description given of what action was taken and the result of the action. For example, records showed one person had suddenly started bruising very easily, this resulted in a referral to the person's GP, full recording of the bruises using body maps and exploratory blood tests being taken to establish the reason for the bruising. The results were then shared with staff to increase their knowledge and ensure learning from the events took place.

Medicines were stored safely and administered as prescribed. Medicines administration records were fully completed. Staff were able to consistently describe how and in what circumstances any PRN 'as needed' medicines would be administered. This reflected the information included in people's 'as needed' care

plans.

Staff explained to people what their medicines were for and gave people time to understand and agree to have them. Staff acknowledged that one person's medicines left an after taste and offered them a piece of chocolate to take the taste away.

Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures in a safe manner. There was a schedule of audits in place. An independent pharmacist completed audits of the medicine management systems that last being in January 2017. They provided feedback to us about the improvements in the medicines management systems in place and the actions taken following previous visits when shortfalls were identified.

People, visitors, professionals and staff told us there were enough staff to meet people's needs. The registered manager told us that staffing was calculated on people's individual needs and staff teams worked on specific living units. There were enough staff to meet people's needs during the inspection.

The registered manager told us and we saw from staff rotas that the agency staff usage had been reduced from 400 hours per week to 36 hours per week since the registered manager was appointed in August 2016. This was because permanent staff had been recruited and retained. Any agency staff used were selected for their skills and experience to make sure they were able to meet the needs of the people living at the home.

The service followed appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. People were informally involved in the selection and recruitment of staff.

Equipment used in the home was serviced at intervals to make sure it was safe to use. Risks in relation to the building were managed, with contingency plans in place for emergencies. People had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required.

We saw the home was well maintained, which also contributed to people's safety. Maintenance records showed us equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lifts, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines. We saw fire extinguishers were available throughout the home.

Legionella testing was regularly taking place. Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. There were processes in place to manage risk in connection with the operation of the home.

Throughout our inspection we saw the home was well maintained, clean and free from odours. Personal protective equipment was available for all staff.

## Is the service effective?

### Our findings

A relative told us, "The care is excellent, the staff have been amazing". We asked people if they felt the staff were well trained, one person replied, "Oh yes, I would say so, they certainly know their job and look after me very well". Another person said, "The staff are great they know what they are doing".

New starters completed an induction which was aligned with the principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role. The manager explained that staff were encouraged to undertake various levels of diplomas in health and social care.

Staff had received a range of training to develop the skills and knowledge they needed to meet people's individual needs. In addition nursing staff had annual training in specific clinical tasks and had their competency assessed to make sure they were safe to complete those procedures. Staff also had access to additional training areas. For example, some staff were due to complete 'Living in my world' which was a dementia training course in April 2017. Staff told us they had found their training to be, "Really good and practical".

Staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. Records showed that staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support. Staff told us they felt very well supported and said, "There's such good team involvement here, there are enough staff on the shifts and we work really well...I really enjoy it".

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained updated care plans following an assessment of the person's capacity and detailed how the care should be provided in the least restrictive way. We saw 'best interests' decisions undertaken with the person, GP, nursing staff and relatives so decisions were made by people who knew the person best. Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

Some people who were living with dementia had restrictions on how they lived their lives placed on them to keep them safe. People were under constant supervision and there were coded doors to keep people safe. Applications for DoLS for those people who were restricted that lived in Magna Care Centre had been authorised or applied for. We saw documents to confirm this in people's care files. There was a system in place to ensure renewals of DoLS were applied for where necessary. Some people had conditions relating to their DoLS. Records showed these conditions had been upheld and a record kept by staff when completed.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. During our inspection visit we observed many good examples of people being offered choice throughout their day.

We were shown around the kitchen and spoke with the cook. The local environmental health authority had assessed the kitchen as a grade 5. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Care was taken to ensure all the meals looked appetising with plenty of colour and different textures for people to enjoy. People's allergies, likes and dislikes were displayed on a board in the kitchen. The cook told us, "When a new person comes to live here, I visit them straight away and find out what their favourite foods are, It's important they get food they enjoy".

We observed a lunchtime meal during our inspection visit. The tables were attractively laid out with, tablecloths, flowers, salt and pepper, place settings and cutlery. The majority of people were able to eat independently. However, if people needed assistance to eat their meal, staff sat with them and gently prompted them to eat their meal, with patience, kindness and dignity.

Staff ensured people were offered a selection of fruit juices to accompany their meal. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed mealtime experience. We observed staff worked well as a team during the lunchtime period which helped ensure the mealtime was an enjoyable experience for people. Soft, music was played throughout the lunchtime meal which promoted a calm atmosphere. There was a hospitality member of staff who went round the tables during lunchtime checking if people were happy with their food and offered alternatives if required.

People told us they enjoyed the food and eating in the restaurant. They said that recently on Mother's day the restaurant was full with people's families and this was the same at Christmas. A relative told us, "I can have a meal here with my wife if I want to; I just book it with the staff when I come to visit".

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs, records we reviewed showed this was the case.

People's pain was assessed and well managed. The staff used three different types of pain assessments tools. Which tool used was dependent on people's ability to communicate their pain verbally or whether staff needed to look at people's facial expressions or body language to assess their pain. The use of these tools had been developed as part of one of the nursing staff's master's degree.

People and their relatives spoke highly of the access to healthcare for people. One person told us they were taken to hospital immediately after they had a fall and they had seen the GP whenever they needed to. One

relative said their family member was, "Very happy and well cared for, they have even improved health wise since coming to the home."

A GP told us people were well monitored, and they were impressed with both the provision of care and the way that it was documented (including medicines administration, fluid intake, bladder and bowel output, and skin care and wound monitoring). They said staff showed good initiative when assessing people should problems arise, and showed an excellent understanding of when to ask for help internally, and when to call the surgery for a GP review.

## Is the service caring?

### Our findings

People and relatives said they found the staff to be, "Very kind, caring and patient". A relative told us, "It's so lovely to see the staff are so caring with everyone, our [relative] is so loved by everyone, all the staff are wonderful, they do a fantastic job and are always so helpful and friendly". Another relative told us, "They are simply brilliant, we couldn't wish for more". Other comments from relatives about the staff included; "They are good fun and brilliant" and "They are so full of care and compassion, it's lovely any little tweaks and they sort it out. I can sleep at night knowing he's well cared for. [registered manager] is lovely".

We received further feedback following the inspection from staff, relatives and professionals about how caring the registered manager was. Comments included; "The manager appears to have a very caring nature"

We observed many good examples of staff providing care and support in a kind and caring manner. Staff interacted with people well, using names they preferred and speaking with them on their level and engaging them in conversations that were interesting to them. People responded well to staff. Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed.

Staff communicated effectively with people and listened to what they said. A member of staff spoke to a person by kneeling down and making eye contact with them. They continued their conversation by orientating the person by explaining what time it was and options of how they could spend their day.

Throughout our inspection visit we saw evidence that there was a culture of promoting and maintaining people's independence. Staff offered assistance promptly when required and supported people discreetly when they needed assistance.

People were treated with dignity and respect. People were supported to make choices about their day to day lives and staff respected their wishes. Staff were respectful, understanding and patient when assisting people. They addressed people by name, responded promptly to requests and spoke to people at eye level, giving them time to respond to any questions.

People's privacy was respected. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. People's care records were kept securely and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process. Care plans detailed people's choices and wishes for example, 'I like my hair brushed daily and washed weekly' and 'I will ask for make up if I would like to wear it'.

People and their visitors told us they were made very welcome at the home and could visit whenever they liked. One person and their visiting relatives were sat in the garden and the children were playing cricket.

The relatives told us, "We often come outside when the weather is nice, the home provide drinks and we can always help ourselves from the 'café', all the family come and we often have a picnic".

There was no-one receiving end of life care at the time of the inspection. However, we reviewed the advanced end of life care plans and records for people. They had end of life care plans that gave staff important information that they would like to be followed at this time, for example, "I don't like to be cold, please make sure I am warm and comfortable at all times".

Relatives had provided feedback and thank you letters to the registered manager and individual staff about the positive experience of them and their family members at the end of their lives.

The provider, managers and staff showed an interest in people's views and wishes. The registered manager had introduced a suggestions box which allowed people, staff and relatives to make comments and suggestions about the home. We saw that one suggestion had been for people to have access to a rummage and toy box. This was available in the main lounge area for people and visitors to access.

## Is the service responsive?

### Our findings

People, relatives and professionals told us the service was responsive to people's needs. Where people's needs changed the staff responded quickly and met people's changing needs. People's care plans were updated and information was communicated to staff effectively.

There were detailed assessments completed with people to make sure their needs had been fully assessed before they moved into Magna Care Centre. The assessments were then used to complete an individualised care plan for the person which enabled people to be cared for in a person centred way. The assessments showed people, their relatives and health professionals had been included and involved in the process wherever possible.

Care plans were reviewed monthly, or more frequently if the person experienced health changes. They gave clear guidance for staff to follow. For example if people were diagnosed with diabetes there was a diabetic care plan guiding staff on what signs to look for should the person be at risk of having a hyper or hypoglycaemic incident, guidance covered triggers to look for and what action to take. We reviewed two people who had a diagnosis of diabetes and saw the records did not state what the normal levels for their blood sugars were. We discussed this with the manager who confirmed this information would be included immediately. Staff spoke knowledgeably about people's specific health conditions and how they were managed to ensure people's health was maintained and improved wherever possible. Staff explained how people presented to them if they were in pain and they were unable to verbally communicate this to staff, for example one pain care plan stated, "I will tell you I'm in pain by shouting loudly and looking uncomfortable".

Care plans were written in a person centred way and reflected people's individual preferences, care and health needs. Examples of care plans included, "When I get agitated, ask me what is wrong, listen to what I am trying to say and reassure me and explain clearly". Another care plan stated, "Allow me to try to comprehend what you are saying, give me time to answer, speak to me clearly and slowly".

Staff knew people as individuals and what was important to them. A relative said, "Staff know my (husband) and others very well, all their personal details, what they like and don't like, it really makes a difference. I can't fault them".

The provider used recognised risk assessments tools to assess the risk of skin integrity, malnutrition, mobility, self-medication administration and falls monitoring to ensure people's health was maintained. People who needed hoisting to mobilise had their own slings which were kept in their bedrooms when not in use. People had clear moving and handling plans which guided staff on how to ensure people were hoisted safely and correctly, detailing how many staff the person required to mobilise them safely. There were clear pictorial guidance for specialist slings which showed staff how to position people correctly to ensure safe transfers to their specialised support chairs.

There were systems in place to monitor people's food and fluid intakes. The system ensured people were

monitored daily for their food and fluid intake should they be at risk of developing malnutrition or dehydration. The system ensured staff would be alerted if people became at risk and ensured preventative action could be implemented.

If people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity there was a system in place to ensure re-positioning was correctly completed. People's weight was recorded on a weekly basis and records showed they were referred to health professionals such as the dietician, speech and language team or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person. People's daily care and support records were detailed and accurately completed with signatures and dates recorded where required.

Daily records were detailed and showed how people had been spending time and the care and support they had. They records also reflected any additional care or support staff had identified and provided. For example, staff recorded they had noticed one person had dry skin on their shoulder and they had applied moisturiser to relieve the dryness.

During the inspection people had access to their call bells at all times, this included using mobile call bells when people were in the communal areas. Call bells were answered promptly during the inspection. People told us call bells were answered quickly and if there were any delays staff would come and explain and they always came back.

A range of activities were available for people at the home which were planned on a weekly basis. There were three activities co-ordinators and activities were provided seven days a week with a church service on a Sunday. Activities staff provided both group and individual activities for people. They spent time with those people who were cared for their bedrooms and spent time talking with them, doing activities of their choice or providing hand massages. During the inspection we observed activities staff playing a game of 'who wants to be a millionaire'. Activities staff engaged with all of the people participating in the game.

People, relatives and professionals told us the activities provided were very good and provided people with the stimulation they needed. One relative told us, "The activities here are simply excellent". Another relative said, "My brother has been provided with a lot of stimulus since he has been here, I think that is why he has done so well, if he had stayed at home I don't think he would be with us now. All the things that are offered here help keep his mind active. He can't speak but I can see in his face that he is happy here, they (staff) are very caring".

Staff also spent time sitting with and talking with people whenever they could. One relative told us, "If the staff get a slack time...they will come and sit with my wife and just have a chat".

People and relatives knew how to complain. However, no-one raised any concerns or complaints with us. The complaints policy was made easily available for people and their relatives and was on display on the main entrance to the home. There was a system for logging complaints and they were all responded to within the timescales set out in the provider's policy. We saw that the number of complaints received by the service had reduced in the past six months. Learning from any complaints was shared with staff to make sure that any learning was acted on.

The registered manager kept copies of compliments received and made sure that these were shared with both the staff team and any individual staff identified. One relative wrote, 'To everyone at Magna Care Centre we would like to say a big than you to all staff who played a part in making our mothers stay such a happy one'.

## Is the service well-led?

### Our findings

People, relatives, professionals, a student nurse and staff told us they felt Magna Care Centre and was well managed and well led. Feedback showed Magna Care Centre had improved significantly under the management of the registered manager since they were appointed in August 2016.

One relative said, "It's such a different feel now, much improved, they all do their very best...we did have concerns in the past but it's such a very individualised programme here, it's really good". Another relative said, "Everyone is so very supportive, we feel involved all the time and the staff are much more open...there is a very caring culture which is most important, we have no worries at all now, the staff are so confident, If I ever had to complain I would know who to go to straight away". Other comments from relatives included, "I would recommend this place to anyone", and "Massive improvement in the home since the management changed, atmosphere more relaxed and staff seem happier", and "On the whole excellent. I can approach the manager and I have done with a concern, they dealt with it immediately".

Relatives also fed back via our website about how well-led the service was and one included, 'Since the new manager has been there, things have improved, the staff seem happier, and there is now better staff cover, and she has made a few simple homely changes to make the residents and their families feel welcome'.

One staff member told us, "I cannot explain the difference that [registered manager] has made. They have taught me so much and gone well above and beyond what I have ever expected. I feel invested in and involved and she is open and approachable".

The registered manager's active recruitment of permanent staff and the big reduction in the use of agency staff had a positive impact on people and the staff team. This was because people were supported by staff who knew them well and the staff team were committed to the people and to Magna Care Centre.

A health professional fed back to us that the team is well led by the manager and deputy manager and they were impressed by their handover process and the way that information was communicated to staff of all levels. This had led to Magna Care centre, in their view, now offering high quality and holistic care to people. Another professional involved with the service told us the staff had needed some support, education and guidance in the past. However, this had improved recently and there were better staffing levels, very caring health care assistants and the service responded to any requests made.

There were a further 10 positive responses from people or relatives that had been left on a national care home review website. These responses included the improvements noted since the registered manager had been in post and the caring qualities of the staff team.

There were systems in place to monitor the quality of service. This included internal audits and formal consultation with people and others. We reviewed recent questionnaires that people, staff, professionals and relatives had completed. We saw that the results were positive overall. One comment included, 'Magna has improved so much since the new manager took over.'

The registered manager and provider made sure any learning from any safeguarding, accidents and incidents was shared and new systems were introduced in response. For example, following previous concerns about people's skin care, there were now weekly audits of people's skin injuries, wounds or pressure areas completed by the deputy manager. These audits checked that any wound plans that were needed were in place and that they were being followed. This meant that any changes to people's skin were quickly identified and any treatment plans were implemented. This had resulted in a reduction in the number of people with wounds or pressure areas.

The regional operations director for the provider shared learning and good practice across the provider's other services in the region. In addition, the provider had monthly 'well-led together' registered manager meetings in the region where they had the opportunity to meet with other managers and to share good practice. The registered manager told us they were well supported and mentored by the regional operations director.

The registered manager had developed an improvement plan following consultation with people and staff who identified and set areas for improvement and objectives during staff and resident meetings in January 2017. This showed the management culture of the service was open, innovative and person centred.

Resident/relative meetings were held regularly. We looked at the minutes of the last residents meeting that took place in April 2017. We saw topics included upcoming events, trips out in the minibus and the suggestions box. The registered manager was developing easy read minutes that would be supported by pictures for residents and relatives meetings so everyone could access the minutes.

Staff were recognised by the service. The home had an 'employee of the month' scheme which recognised and celebrated staff who were nominated by people, relatives and other staff for their hard work in the home.

Records showed staff had regular meetings at different levels according to their role which were conducted in an open and honest way. We saw a selection of minutes, the last of which took place in which showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring and supporting people.

Staff told us the communication was effective and they had daily handovers. The registered manager and deputy manager also attended these staff handovers so they were kept up to date with everything that was happening and so they were aware people's needs each day.

There were effective quality assurance systems in place, with regular reviews. There were monthly audits carried out which included; meal times, medicines, night time, weekend, hand hygiene, call bells, rooms, and a regional operations director audit. This meant that the checks were being made to ensure systems in place were effective and that people were being appropriately supported. In addition the regional operations director for the provider undertook audits to make sure the systems in place were effective.

Staff knew how to whistle blow and the provider had an independent external whistleblowing system for staff to raise any concerns. Information about how to raise concerns and whistle blowing was displayed in the staff room.

The registered manager told us they were proud of the quality of care now provided at Magna Care Centre. They said it had been important to motivate and have the right mix of staff to, "Make all the plates spin". They felt this had resulted in peoples' needs being fulfilled and this had been achieved by helping people to

realise what it is they need through consultation and involvement in the service. This was supported by the feedback from people, relatives, professionals and staff.

The homes last inspection rating was displayed in the home and on the provider's website.

The registered manager had notified us of any significant events as required by the regulations.