

The Gloucester Charities Trust

Magdalen House Nursing Home

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

Magdalen House Nursing Home is a residential nursing home providing personal and nursing care to up to 29 people. The service provides support to older people and people living with a diagnosis of dementia or age-related frailty. At the time of our inspection there were 26 people using the service.

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

People and their relatives told us the service was safe and staff responded to their needs safely. There were enough staff deployed to meet people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

Staff had received training in recognising safeguarding and knew the actions to take to protect people from harm. There were recruitment processes in place and checks were carried out before staff were appointed.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

People's needs, and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risk and how these should be managed to reduce the risk of harm.

We observed positive interactions throughout our inspection between people and staff. Staff said they enjoyed working at Magdalen House and felt well supported by their colleagues and the registered manager.

Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

People and their relatives spoke positively about the management and the caring culture of staff. The registered manager was supported by the provider. A board of trustees (for Gloucester Charities Trust as the provider) and the chief executive officer carried out regular quality processes to monitor and improve the quality of people's care.

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 7 November 2019)

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this

decision and to identify learning about the DMA process.

This was 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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magdalen House Nursing Home on our website at 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.

Magdalen House 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 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

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Magdalen House Nursing Home 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. Magdalen House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in September 2021 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who lived or were staying at Magdalen House. We spoke with five relatives about their experience of the care and support provided by the service.

We spoke with nine staff including the head of operations and compliance, registered manager, deputy manager, clinical lead, four care workers and a member of the housekeeping team. We also spoke with the Chief Executive Officer of the provider.

We reviewed a range of records. This included six people's care records. 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 management team to validate evidence found.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. Comments included: "I'm safe here, I wouldn't want to be anywhere else, this is my home" and "I am very happy here, the staff are good to me."
- Relatives told us they felt the home was safe. One relative told us, "Safe, no question at all, I feel that [name] is totally safe, staff genuinely care for her" and "I'm looked after safely, staff attentive, don't have any concerns."
- Staff had received training on safeguarding adults and there were safeguarding adults' policies and procedures in place. Staff told us they would share any concerns raised with the registered manager, deputy manager and representatives of the provider and were aware of the incident reporting process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and managed safely. Risk assessments clearly guided staff to care for people in a safe way. We saw assessments for the risk of falling, eating and drinking and skin care. They contained pro-active measures to manage the risks and were reviewed regularly or as soon as people's needs changed. One relative said, "[Relative] needs to be repositioned every 4 hours, they do this. I asked if this was being done and was shown the recording sheet. This happens day and night."
- Staff were proactive at identifying any new areas of risk, assessing these and taking action to mitigate these risks.
- Environmental risks had been assessed, regular servicing of premises and equipment took place, and regular checks were undertaken to ensure the environment remained safe.
- Accidents and incidents were recorded and analysed by the registered manager and deputy manager to monitor for any patterns or trends and appropriate action was taken to mitigate future risk. This information was also communicated to representatives of the provider to promote any learning from incidents, accidents and near misses.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us there were enough staff deployed to meet the needs of people living at the home. Comments included: "The staff are lovely and come when I need them. They take time with me to talk and to go for walks outside" and "Most of the time there are staff around and do see them."

- We observed and staff told us, there were enough staff deployed to meet people's needs. One member of staff told us, "I don't feel we're short here, I think we have enough staff to do care properly." People's calls for assistance were responded to in a timely manner and people were not rushed when receiving care or support.

Using medicines safely

- People and their relatives were satisfied with how people were supported with their medicines. One person told us, "They get my medicines ready for me, and wait with me while I take them." One relative told us, "Before [relative] went to Magdalen House they used the same GP surgery as the home. I dealt with all the medication, ordering on line so I know what they are telling me is happening, is happening."
- Staff managed people's medicines well in accordance with national guidelines. People received their medicines as prescribed and checks were completed to protect people from medicine errors.
- Appropriate arrangements ensured people's medicines were available when they needed them. This included medicines required and prescribed in between the service's monthly order cycle, such as antibiotics and end of life medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "This place is always clean."
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. People and their families spoke positively about their experience of visiting throughout the pandemic.

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 good. The rating for this key question has remained good. 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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People spoke positively about the service. Comments included: "The staff are lovely, they make me comfortable and happy" and "Made to feel very welcome. If we are visiting asked if we would like a drink, in all I would say that it is comfortable. I would recommend [Magdalen House] without hesitation."
- The registered manager, deputy manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. Representatives of the provider were known by people and staff.
- Staff told us they felt supported by the registered manager and provider. Comments included: "I feel supported. We have received support throughout the pandemic, they've listened to us and given us what we need" and "[Provider] is the most supportive I've worked for, I enjoy working here."
- People benefited from a clear management structure, consisting of the registered manager, deputy manager and clinical lead. They were clear about their roles and responsibilities and staff told us they were visible and approachable.

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 understood requirements in relation to duty of candour and had an open and honest approach.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The registered manager shared learning from complaints with the staff to continually develop the service.

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

- The provider undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents, complaints and health and safety. The results were analysed and shared with the Board of Trustees to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they

had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People were encouraged to voice their opinions about the service and how they were supported. Comments included: "Totally approachable. [Registered manager] made contact with me, very kind. She met us in person when we got to the home. Get e-mails from the office. All very friendly, just ask and they respond" and "Have spoken to [registered manager] and feel confident that I can knock on her door."
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. One staff member said, "We can approach the deputy manager, [registered manager], [Head of Operations and Compliance] and the CEO. Nothing is ever too trivial."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. We observed the clinical lead engaging with a GP via a video call to assess and support people. One person also told us, "They support me [with treatment] and they help me keep on top of things."

Continuous learning and improving care

- The provider had implemented their own robust quality systems which provided clear structure to staff and management regarding their roles and responsibilities. This system informed how information was raised to The Board of Trustees and when actions were recorded onto the home's Service Improvement Plan.
- There were processes and systems to monitor and evaluate the service. Where actions had been identified there was a clear scheme of delegation. Actions were required to be signed off before they were recorded as fully completed, ensuring the work had been completed effectively.
- An effective and robust system of internal and external quality assurance checks helped ensure continuous development and improvement of people's care. The Board of Trustees carried out regular quality visits and discussions to help learn from incidents and make improvements across their services.