

Magicare Limited

# Priscilla Wakefield House

## Inspection report

Rangemoor Road  
London  
N15 4NA

Date of inspection visit:  
17 May 2022  
18 May 2022  
23 May 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Priscilla Wakefield House is a residential care home providing personal and nursing care for up to 117 people. There are five units in the service. Copperfield and Havisham are units for people requiring nursing care whilst Nickleby provides residential care. Dorrit unit is for people living with dementia and requiring nursing care and Pickwick is for younger adults who may have dementia, brain injury or a physical disability and who require nursing care and rehabilitation. At the time of the inspection there were 108 people using the service.

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

People had risk assessments in place including for specific health conditions. Staff knew how to respond in an emergency and when to seek medical help. The provider ensured there was a variety of moving and handling equipment to meet people's needs. Staff received training in safety topics. People were protected from the risks associated with the spread of infection.

People were provided with a personalised care service that took account of their preferences. There were a variety of activities offered and staff supported people to maintain contact with loved ones. People had communication care plans to ensure staff could support them in a way they understood. People were provided with compassionate end of life care.

The provider held regular meetings for people using the service and staff. The registered manager knew their responsibility under the duty of candour. The provider had systems in place to monitor the quality of the service. We made a recommendation around checking the call bell system.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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 6 June 2018). At the last inspection we made a recommendation about management of complaints. At this inspection we found improvements had been made and there was now a more effective way of managing complaints.

### Why we inspected

This inspection was prompted by a review of the information we held about the service and in part due to

concerns received about risk management and end of life care. A decision was made for us to inspect and examine those risks.

We looked at infection control 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.

#### 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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was well-led.

**Good** ●

# Priscilla Wakefield House

## 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

The inspection team consisted of two inspectors, CQC's Chief Executive Officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and Service Type

Priscilla Wakefield House 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. Priscilla Wakefield 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.

#### 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. 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 six people who used the service and six relatives. We spoke with 12 staff including the registered manager, deputy manager, the night manager, team leader, three nursing staff, four care staff, and the head of housekeeping. We looked at a range of management records including quality audits, complaints and compliments. We also reviewed eight people's care records including end of life care plans. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# 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. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

### Assessing risk, safety monitoring and management

- People using the service and relatives told us they felt safe at the service.
- People had risk assessments including assessments relating to falls, choking, emergency evacuation and moving and handling. The electronic system alerted staff when somebody's risk assessment was due for review.
- People with specific health conditions had detailed risk assessments, guidelines for staff about how to support the person and signs of deterioration to look out for.
- The service had a variety of moving and handling equipment to help people to transfer from one place to another. People who required a sliding sheet or hoist sling had their own and did not share with others. This meant people were not at risk of the wrong size being used with them or from the risks associated with the spread of infection.
- Staff knew how to respond in an emergency. For example, staff described to us how to spot the signs having a stroke and the actions they would take.
- Staff were up to date in topics of safety training including moving and handling, dysphagia and first aid. They also received training in spotting a stroke, using a defibrillator and wound management.
- Each unit had an emergency folder which advised staff what to do in the event of an emergency. This included guidance about how to spot the signs of a stroke, sepsis symptoms and signs and treatment for low blood sugar.
- During the inspection, we noted an unoccupied room had an electric socket not securely fixed to the wall and the wiring to the mattress pump showing. As this room was currently unoccupied it was kept locked to prevent people from wandering in and coming to harm. We raised this with the registered manager. Prompt action was taken and these issues were rectified by the maintenance person while we were visiting.

### 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 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

Visitors were able to visit without any restrictions and no longer needed to book an appointment. The registered manager told us there would only be restrictions if there was an outbreak within the home and then each person would still be able to have one visitor. Visitors were required to wear a mask and needed to show evidence of a negative COVID-19 test or could take the test on arrival.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, we made a recommendation about the management of complaints. We found improvements had been made at this inspection.
- People and relatives knew how to make a complaint if they were not happy with the service.
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints. We reviewed the record of complaints made in 2022 and saw five had been closed. Records showed these complaints had been dealt with appropriately, the service had spoken to the complainant and they were satisfied with the response.
- The provider kept a record of compliments including, "Staff are exceptional. More than happy with everything and would highly recommend" and "Staff pleasant. Reception very helpful. Staff responsive to queries."

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

- People told us they were happy with the care they received at the service and when they asked for support staff gave this in a timely manner.
- Staff knew how to deliver a personalised care service. One staff member told us, "Every individual is different. You need to go according to holistic care [which] is what they like, their preference, their choice. We involve the person in their care."
- Care records were detailed and personalised and included people's preferences. One person's care plan stated, "I would like to have breakfast in bed but would like to join others in the dining room for my lunch and dinner."
- Care plans were reviewed monthly or sooner if there was a change in need.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibility to make information accessible to people. They said, "We provide assistive technology that includes hearing aids, alerting devices or telecommunication devices for persons who are deaf."
- The registered manager told us for people with a visual impairment, "We provide them with large print or braille documents can be made available for those who are blind or audible versions can be made

available."

- People had a communication section within their care plan. These gave clear guidance to staff about how the person preferred to communicate. One person's communication plan said they had both hearing and visual difficulties so staff were to leave the room well-lit and identify themselves when approaching the person.

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

- People were supported to have contact with loved ones if they were unable to visit. The registered manager told us, "They can book a virtual visit as an activity which is contact via [video call] using a portable device that can be wheeled to the person."
- The provider offered a variety of activities to people. These included cultural and spiritual celebrations. There were general activities open to everybody in the home and each unit also had their own individualised activity plan.
- Activities offered on individual units included, reminiscence singalong, baking, gardening and sensory activities. There were also a variety of exercise sessions including ball throwing and dancing which could be done sitting down.
- The activities planners scheduled time slots for people who stayed in their room to have one to one activities which included, hair and nail care, music and sensory activity sessions.
- Care records indicated people's activity preferences. One care record stated, "I also like the musical activities that happen at this care home." We observed there were lots of musical activities during the inspection which people were enjoying.
- There were several outside spaces which people could enjoy including roof terraces. We observed people enjoying lunch outside on the roof terrace on a warm sunny day during our visit.

End of life care and support

- The provider had an end of life care policy and procedure.
- Staff received training in how to provide compassionate care to people at the end of their life.
- People had end of life care plans. These indicated whether the person wanted to be hospitalised if they became unwell and if they wanted to be resuscitated. Staff reviewed people's wishes and preferences weekly when they were at the end of their life.

# 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.

### Continuous learning and improving care

- The provider had various quality audit systems in place to enable them to identify areas for improvement. These included checking infection control, weight monitoring and falls management.
- We checked the April infection control audit and saw areas for improvement were identified and actioned. For example, it had been noted there was a leaky shower head in one of the bathrooms and this was reported and fixed.
- The provider kept a record of accidents and incidents which included actions taken to prevent their reoccurrence. Lessons learnt from these were shared with staff.
- We noted call bell response times were not being checked. However, the registered manager explained the original system had stopped working and a temporary call system was in place which did not allow for auditing. We observed nobody had to wait for support when they used their call bell.
- The registered manager told us and showed us evidence the technology department were in the process of changing the system over to enable auditing to take place again but this was a big job working alongside the outside UK telecommunications company to rewire the system. This process would take several months. We discussed with the registered manager whether a temporary system of manually checking could be used in the meantime and the registered manager agreed they would look into this.

We recommend the provider seeks advice about manual ways to audit call bell response times.

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

- The registered manager understood the duty of candour and said, "My understanding is that I need to inform the relevant person of any incident that occurs and apologise to [person] as well as give them an account of what has happened and any long term effects of any incidents and what support measures we will put in place to prevent further occurrences."
- The provider and staff understood their responsibility of notifying appropriate authorities, such as the local authority and CQC of serious incidents including safeguarding concerns and serious injury.

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

- The provider had a system of obtaining feedback from people and relatives. The analysis of the feedback for 2021 was displayed on the wall. This showed a list of what was being done well and what could be

improved.

- The analysis showed areas identified for improvement had been acted on. For example, people wanted more trips on the mini bus so the service employed a well-being co-ordinator who could drive and more mini bus trips were now happening.
- The provider held regular meetings for people using the service. We reviewed minutes of recent meetings. Topics discussed included, housekeeping, laundry, menus and human rights. Identified actions were recorded and completed.
- We noted from the minutes of the meeting for people using the service held in April 2022, one person had asked if they could have a specific ethnically cultural meal. The action taken was the chef was asked to discuss this with the person and their preference was accommodated.
- Staff told us they were able to make suggestions for improvements to the service. One staff member told us they had made a suggestion for one person to be able to stay in their airy room as they did not like the higher temperature in the communal areas. This suggestion had been implemented and the person was now much happier.
- The provider had implanted a system of setting challenges for the different floors. For example, there was a challenge about which floor could make the best juice for people. Relatives and people using the service were invited to vote on their favourite juice.
- The provider held regular meetings for staff. For example, we reviewed the minutes for the wellbeing coordinator meetings. Topics discussed included, communication, resources and wider staff support. Actions identified were recorded and completed.
- The registered manager told us they also had weekly learning circles with day and night staff where a single topic was discussed to help staff with their mental wellbeing. We reviewed the minutes taken for the topic of 'Working as part of a team' and saw how each staff member was encouraged to express themselves.

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

- The provider encouraged a positive culture in the service that was open, empowering and inclusive.
- People and relatives told us the service was well-run, was open and inclusive and they felt staff had the skills needed to provide them with care. One person told us, "[Managers and staff] ask me if I am happy with the service I receive. The staff care for me very well."
- Staff spoke positively about the management of the service and told us they felt empowered to perform at their best. Comments included, "The managers are fantastic" and "[Registered manager] is not only approachable, [they] are very much inviting in nature. [Registered manager] will give you time and support." This meant staff felt the culture was open, empowering and inclusive.
- The registered manager how staff were supported to strive for excellence in order to achieve good outcomes for people. They said, "We run forums for the staff and reward them when they go the extra mile." Staff confirmed this was the case and explained the reward system motivated them to perform the best they could.

Working in partnership with others

- The provider worked in partnership with others. Records showed how the service worked jointly with healthcare professionals to improve outcomes for people. The registered manager told us they worked closely with the multi-disciplinary team around hospital admissions and discharges.
- The registered manager told us the service worked closely with the dietician and speech and language therapist and these healthcare professionals provided training for staff about how to make appropriate referrals and what information should be included.
- The registered manager also told us they worked with the North Central London Clinical Commissioning Group who visited the service every three months to review each person's medicines and made

recommendations around reducing wastage.