

Magdalen House Limited

Magdalen House Care Home

Inspection report

Magdalen Road
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Ipswich
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Tel: 01473829411

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20 August 2018

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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? | Good ● |

Summary of findings

Overall summary

Magdalen House is a purpose built residential care home without nursing for 53 people, some of whom are living with dementia. The service is set over three floors, with a dementia unit on the second floor and suites on the top floor for people who need less support. At our last inspection we rated the service Good. At this comprehensive inspection, which we carried out on 17 and 20 August 2018 we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Because the rating remains Good, this inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection in 1 March 2017, there has been a change of registered manager, however, the people who lived in the service told us that they continued to feel safe and well cared for. There were systems in place which provided guidance for care staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. Risk assessments were still in place to identify how the risks to people were minimised. There continued to be sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required, meaning that people living in the home were still being 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 support this practice.

People's needs were assessed and the service continued to support people to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to have access to healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff continued to protect people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service still listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed. People were supported at the end of their lives to have a comfortable, dignified and pain free death.

The registered manager told us that they had been well supported by the organisation while they settled into their position. The people using the service and the staff they managed told us that the registered

manager was open, supportive and had good management skills. There were still good systems in place to monitor the quality of service the organisation offered people to ensure it continued to meet their needs.

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.

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|---|---------------|
| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

Magdalen House Care Home

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 checked 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 was a comprehensive inspection and was carried on 17 and 20 August 2018, the first day of the inspection was unannounced, the second day was announced. The inspection team consisted of two inspectors and an expert by experience on the first day of the inspection and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection the provider 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with 13 people and seven people's relatives. We also spoke with the registered manager, the deputy manager, two senior care staff, nine care staff, including a waking night staff, the maintenance staff and two members of the domestic team. The provider was also at the service during both days of the inspection to support the registered manager and contribute to the inspection.

We reviewed eight care files, five staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

During our last inspection of Magdalen House, we found the service to be Good, during this inspection we found the same level of protection from harm and risks as at the previous inspection, in March 2017, staffing numbers remained consistent in meeting people's needs and the rating continues to be Good.

People told us that they felt safe living at the service. One person told us, "I feel safe in the home and with the staff, I feel safe, I never seem to worry, they are busy but if you want to chat they chat." One person's relative said, "I'd say [my relative] is safe. As soon as the call bell goes off they get here, very good."

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they continued to complete training, understood the responsibilities of safeguarding and were familiar with the provider's and the local authority's safeguarding policies. One member of staff told us, "The safeguarding training made it clear what abuse was and when we needed to make a referral and who to. I'd be more than confident to do that." When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and continued to follow them up to learn lessons and make improvements when things went wrong. For example extra training and skills evaluation was given to staff after a medication error was identified.

Risks to the service and individuals continued to be well managed. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was still proactive in ensuring that these control measures did not restrict people's independence. For example, where a risk of falling had been identified, we saw there was guidance for staff on what support was required to reduce the risk involved, without impinging on people's independence. This enabled people to continue to make decisions and choices for themselves.

Records showed us that people who had been assessed as being at risk of not eating enough to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a balanced diet.

The registered manager used a recognised dependency tool to calculate how many staff were required to support people, saying that they usually worked with higher staffing hours than those calculated by the dependency tool. This was reflected in the rotas. People's comments were mixed. Of the 13 people we spoke with, the majority of those told us that there were usually enough staff on duty to support them. One person who lived in the home said, "I feel safe, there is always somebody around to call on. You wait sometimes, but waiting isn't quite so bad recently, the 8am changeover is the busiest time, they come when I want them." Another person nodded in agreement and added, "They are times when they are busy, but I get help when I need it." Other people told us that there were times when they had to wait longer to get help and said they thought there should be more staff.

We discussed these comments with the registered manager, they told us that several staff had recently left and they were currently recruiting new staff to fill the positions. They also told us that there was planned, ongoing recruitment to help ensure new staff were available when vacancies occur. When we talked with

staff they said that there were times when they were busy but that there were generally enough staff on duty, but short notice absences meant they could be rushed. One staff member said, "Most of the time we've got enough staff, it's a pretty good team, it's when someone is off sick we have problems."

One person's relative told us, "It's all been a lot better since the new manager started. There's been quite a change around of staff in the past year but I would say it's definitely for the better. I would say there's enough staff on most of the time, there are times when they could do with more but they do work well together." We witnessed how all the staff all worked well together to support the people in their care, including the maintenance, domestic and office staff.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff and the attainment of references. This meant that the service continued to check staff's good character and suitability to work with the people who used the service.

Medicines were safely managed. Staff continued to undergo regular training and to have their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were able to tell us about medicines and including those that were time critical when they were to be administered to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended. We were told that there was a good relationship with the local supplying pharmacist who audited medicines at the service.

The service was clean and hygienic. One person said, "The home is certainly clean, it's very good, tidy but not pristine so you can move about, my room is a reasonable size and cleaned every day." Another person said, "The girls [the domestic staff] do a good job." One person's relative said that, "Everywhere is clean always.... I cannot find fault".

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and hygiene. The service was kept clean and had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded. There were systems in place to reduce the risks of cross infection. All the bathrooms and toilets had liquid soap and hand sanitiser and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

We noticed that several sinks and toilets had deposits of limescale that had become discoloured and looked unpleasant. However, limescale can be harbinger of legionella and therefore is a potential health hazard. We discussed this risk with the person responsible for the maintenance of the service and the registered manager on the first day of our inspection. On the second day of our visit, the registered manager told us that steps had been taken to remove the lime scale and regular checks had been added to the health and safety checklist. We saw that improvements had been made.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

Is the service effective?

Our findings

During our last inspection in March 2017, we found this service to be Good. During this inspection we found staff had the same level of skill, experience and support as we found at our previous inspection. This meant people's needs were met effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Detailed assessments were carried out for people before they moved into the home. We saw that these formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual holistic needs effectively and without discrimination.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance. The service had recently bought a device that enabled people to be lifted from the floor if they had fallen and couldn't get up again.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact with their friends and relatives by e-mail and skype.

Staff told us that they continued to have the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisals. The supervision sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People we spoke with and their relatives, responded positively as to whether they felt staff were well-trained. For example, one person told us, "Oh they [the staff] definitely know what they're doing, no doubt about that! They have to use the hoist to get me in and out of my wheelchair and they always do it brilliantly, I can't fault them at all." Our observations also confirmed that staff were competent when using equipment such as hoists, when transferring people from one place to another. One person's relative said, "Yes, I think the staff are trained well. They all seem very competent and they've always been able to answer any questions I've had."

We found that people were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Lunchtime in the various communal areas was a relaxed and sociable occasion. The tables were attractively laid out with flowers, paper napkins, fresh table linen and condiments. We saw good interaction from staff, they were attentive and supported people who needed help. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menu options and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different.

One person told us, "The food is alright, we get a choice and the portions are fine, the veg is in a split dish to

help yourself. In the hot weather they came around with lots of cold drinks." Another person said, "I like a good breakfast. Today I had fried tomatoes on toast, I always have a hot breakfast and can have as much as you want. It's my favourite meal of the day." One person's relative told us, "My [relative] enjoys their food and it always looks and smells lovely here."

Information we looked at in people's care records showed that risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. We saw that appropriate input and guidance was sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People continued to be well supported to maintain good health. People had regular access to relevant healthcare professionals and detailed records were maintained regarding who had visited and any action taken. For example, one person told us that they attend physio sessions and had a stand aid to help them move about independently. The physiotherapist had written instructions for its safe use and checked that staff knew how to use it. One person's relative told us that their family member had regular chiropodist appointments and received a lot of input from the local GP surgery and the district nurses.

The registered manager and care staff continued to have a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and were authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We saw that mental capacity assessments had been completed appropriately for people who appeared to lack capacity to make certain decisions for themselves. We also saw that best interest decisions were carried out with relevant people and DoLS were applied for when deemed necessary.

Is the service caring?

Our findings

During our last inspection in March 2017, we found this key question to be Good, during this inspection we found people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be Good.

People we spoke with described the staff as caring, kind and helpful and said that they were consistently treated with compassion, empathy and respect. People living in the home and people's relatives said they felt they mattered and that staff listened to them. One person's relative told, "The carers are lovely, they have a gentle approach, [my relative] finds it difficult being helped with personal care, but the staff have managed to keep them comfortable and clean." One person told us,

One person told us, "[The staff] laugh and joke, they are the best." Another person said, "They come at 9pm and tuck you in, to see that you are alright, I am quite happy that they do that."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. One staff member told us it helped get people to open up and chat if staff knew people's interests. For example, one person had spent time in the armed forces and was enjoying taking part in activities and discussions to commemorate the Centenary anniversary of the end of the first world war. Staff stopped to chat with this person and others about their interests and hobbies throughout the course of our inspection.

We saw that people's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family members' care. The relatives we spoke with confirmed there was an open-door policy with the management team and that they felt welcome at the home.

People and their relatives told us they were involved in planning the care and support they received and could make choices and decisions and maintain their independence as much as possible. One person said, "The staff just help me with the bits I can't manage. I protect my independence and they respect that." Another person commented, "The handyman is good, he'll do anything for you, faults are seen to the same day, he was putting new carpets down in the passage ways and stopped for a chat whenever I passed."

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service. Staff also demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis. One person told us, "The care staff are amazing how they cope, very friendly, I would say respectful. It doesn't bother me if they are male or female, the men are respectful too."

We also noted that staff spoke discreetly with people living in the home, regarding aspects of personal care or personal hygiene, so as not to attract attention or compromise the person's dignity.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection in March 2017. This key question rating remains Good.

People told us that they were settled in the service and that their needs were met. One person's relative told us, "[The staff] make you feel welcome and the home has a nice feeling to it." Another relative said, "We would do anything to keep [our relative] out of hospital and stay here, [they] are settled and know the people. It's good to be surrounded by people you know."

The service was in the process of transferring people's care records onto an electronic system. When asked, senior staff told us all the information we needed to see to evaluate the quality of the care records were on the electronic system and that the paper records were out of date and were no longer in use.

However, it soon became apparent that there were gaps in some required information. When we asked care staff where we could access the information we were told that there was still some information that had not been transferred to the electronic files and they used the paper files if they needed to. During discussions with the registered manager it was agreed that, while the electronic files continued to be updated, both systems would be kept updated.

The electronic care records that had been completed were easily accessible by relevant staff and we saw that people's information was detailed, whilst being clear and easy to follow. The records we looked at for people were in the process of being reviewed as they were being transferred.

We found that the staff team continued to work cohesively to ensure people living in the home were consistently safe, well cared for and happy. For example, we noted that while some people were watching television or quietly resting in the communal areas, staff remained attentive and observant, whilst engaging in other work within the home.

The activities coordinator told us that they organised structured activities and entertainment as well as spending time with people who were unable or reluctant to join in with group events. We noted that care staff also spent time with people on a one-to-one basis throughout the inspection.

One particular table based electronic activity in the dementia unit was popular and we saw different people engaged with it throughout the day. One person told us, "This is lovely, I sit at the table and chase ladybirds." They showed us their skills and invited us to play alongside them. Another person commented that they chose not to take part in most of the planned activities, but liked to go on the planned trips out.

People were supported to maintain existing relationships, as well as make new friends and avoid social isolation. For example, during the inspection a group of people attended a coffee morning held at a local church. Visitors told us they were made welcome whenever they visited and were invited to join their family member at mealtimes.

The service continued to take people's comments and concerns seriously and used them to help drive improvement within the service. A relative commented, "There are relatives meeting, everyone is able to speak, they don't have lots of agency [staff], in the bad winter weather carers still got in, they pulled together."

One person's relative told us, "All the staff are very approachable and I know I can talk to the manager at any time. We also have relatives' meetings where we can have our say. We don't have to wait for the next meeting though, the manager's door is always open." One person told us, "I have put a few requests forward, I am listened to, I put a suggestion to them about the garden. I like to garden, I planted the pots and borders, they supplied most of the plants, I grew some from cuttings I had in my room over the winter from cuttings."

Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way.

One person living in the home told us, "It's good here, I've got no complaints at all." Another person said, "If there is a problem you can talk to any of the staff, from domestic staff to the manager and things get put right."

People's individual choices and preferences were kept under constant review and care plans were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was sought promptly when needed and people were provided with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away. The registered manager told us that any other people living in the service, who were close to the dying person, were asked if they wanted to visit them to say goodbye and they were supported during the visit. People were also asked if they wanted to attend the funeral.

Is the service well-led?

Our findings

At this inspection we found the service and staff were as well led as at the previous inspection in March 2017. The rating of this key question remains Good. People told us they thought the service was well led. One person told us, "I am quite happy here, would not have stayed if I was not, I would give it eight or nine out of 10, they are pretty good."

The service had a registered manager, they started work at the service in March 2017 and were newly registered. 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 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager promoted a positive and inclusive culture within the service. They actively sought the feedback of people using the service and staff. The staff we met with all spoke highly of the management team and the staff team as a whole.

One member of staff told us, "We've had a lot of changes in the last year. Now we have a new manager, things are on the way to being better." Another staff member told us that the provider was often in the service and was easy to talk to, "[The provider] will stop to chat and listens to what we have to say."

People told us that they were happy with the quality of the service, one person said, "Manager is very friendly to me, she always comes across and has a few words. The staff are good and friendly and look after you well." People and their relatives thought that the service was well-led, one person said, "The home is lovely, warm and welcoming, the management team are brilliant and [my relative] has settled remarkably well, the home has been really accommodating our wishes to keep their routines."

Staff were enthusiastic in their work and comfortable in their roles and the staff team worked closely together. Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "I can speak freely at the team meetings and during supervision, I feel supported."

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. One relative said, "There are resident's meetings where we can join in and comment."

The registered manager assessed the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were

identified, records demonstrated that these were acted upon promptly. In one audit it was identified that doors were being propped open and people's care charts were not being completed properly, we saw that these issues were addressed at the next staff meeting.