

Southdown Housing Association Limited

Magdalene Court

Inspection report

1-4 Magdalene Court
Mead Way
Midhurst
GU29 9FP

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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

About the service

Magdalene Court is a supported living service registered to provide personal care and support for people with a learning disability and/or autistic people. This service assists people to live in self-contained flats with staff on site to provide support when required and scheduled. Staff have an office and facilities on site and provide 24 hour cover. At the time of the inspection the service was providing personal care to four older people with a learning disability.

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

There were enough staff to support people safely and medicines were safely managed. There were robust systems to safeguard people from abuse. Safe recruitment processes were being followed to make sure staff were suitable for their roles and responsibilities. Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

Risks to people's health, safety and welfare were identified and managed safely. Staff ensured people's needs were consistently met and assessed to enable improvements and progress in their lives. Staff received a comprehensive induction and ongoing training to enable them to support people safely. There were effective systems for communication both at the service, and with other agencies to ensure people received the care they needed.

People were supported to eat and drink sufficient amounts to meet their needs. When required, staff supported people to access a range of healthcare professionals. The service worked with specialist learning disability teams to provide effective joined up care. Quality assurance processes were robust and provided oversight of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence. People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. Staff supported people to make choices and to remain connected with their family, friends and the local community.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People's flats were respected by staff as their homes. People were supported to lead full and active lives and to take part in activities that were meaningful to them. Staff were caring and spoke very fondly of the people they supported. They knew people really well and spoke respectfully about them. People and their relatives were listened to and their choices were respected. Where people did not use words to communicate, care records included information about how they expressed their needs, choices and preferences.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described a positive culture where learning was encouraged. We received positive feedback in relation to the care people received and how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 25 November 2019 and this is the first inspection. Previously this was one of many supported living sites the provider had registered under one supported living location. The provider has now registered each site as a separate location.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Magdalene Court

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector. Another inspector was involved in gathering recruitment information.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since they registered. We sought feedback from Health watch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all of this information to plan our inspection.

During the inspection

Due to the nature of people's needs, we were not able to ask people direct questions. 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 three members of staff including the registered manager, senior support worker and a support worker.

We reviewed a range of records. This included two people's care records and medication 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 provider to validate evidence found. We looked at training data and quality assurance records. We contacted professionals who regularly visit the service, three professionals provided us with positive feedback about the care people received. We spoke with two relatives about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 harm, abuse and discrimination by staff who understood their responsibility to keep people safe.
- Staff had completed safeguarding training and demonstrated good awareness of the different types of abuse and knew what to do if they had any concerns about people's safety. A staff member said, "I would report (any concerns about people's safety) straight away to [registered manager]. All safeguarding concerns are reported to social services. We work together to keep people safe."
- The positive and friendly interactions we observed between people and staff indicated people felt safe and comfortable in their home. For example, we saw people looked to staff for reassurance when they felt concerned or unsure about what was happening.
- The registered manager was aware of their responsibilities to keep people safe and adopted a 'no blame' culture where staff were encouraged to speak-out if they had any concerns or made a mistake. There was a positive culture that enabled staff to speak up if they had any concerns and the provider's safeguarding policy gave clear directions on how to do this.

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

- Risks to people were assessed, monitored and managed to support them to stay safe. The service demonstrated a culture aimed towards promoting positive risk taking and maintaining people's independence.
- Risks to people in relation to their health, care and lifestyle were understood and managed well. People's support plans contained clear guidance for staff about how to keep people safe in their home and out in the community.
- People who had known risks relating to their health had plans in place about how they needed to be supported. For example, risks relating to epilepsy and diabetes. A separate plan was in place detailing the supported needed to care for these conditions and manage any risks safely.
- Relatives told us they felt their loved ones were safe. A relative said, "[Person] is very safe there."
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.
- The registered manager regularly monitored accidents and incidents. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.

Staffing and recruitment

- People were mainly supported by a small, consistent team of staff who knew them well. Staffing levels

were reviewed regularly to ensure they continued to meet people's needs. Staff said they felt staffing levels were safe and any staffing issues or gaps were identified and managed within the staff team. A staff member said, "We always seem to cover if staff are off sick. We have a very good staff team here who support each other."

- A relative said, "[Person] is very safe. I think they do have enough staffing." We observed people were comfortable with staff and had time to talk with them.
- Systems for recruitment were safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work with them.

Using medicines safely

- Medicines were stored and administered safely.
- People's medicines support needs were assessed and recorded in their care plans, so staff could support them in a way that met their needs and promoted independence. Staff had received training in the administration of medicines and had annual competency checks.
- Staff worked closely with health care professionals and had a positive approach to ensuring regular review and reduction of medicines where appropriate. The registered manager explained to us this was part of the organisation's goals for improvements. They were working within the Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP) initiative. A health care professional said, "Their interactions with us are appropriate and they treat the people with compassion and understanding."

Preventing and controlling infection

- People, staff and visitors were protected from the risks of cross infection as the provider had implemented robust infection prevention and control (IPC) practices. People said staff supported them to keep their homes clean. Staff told us they encouraged people to be independent in this area of their lives. A health professional said, "The property always seems to be clean and welcoming."
- Where applicable, people were provided with pictorial information about COVID-19 as well as staff encouragement and support to understand the importance of following IPC practices to promote their own safety.
- Staff had received infection prevention control training. Staff explained how they prevented the spread of infection when providing personal care. The provider ensured personal protective equipment (PPE), such as masks, disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- The provider's infection prevention and control policy were up to date and arrangements were in place for people, staff and visitors to be tested for COVID-19, in line with government guidance. A relative said, "We are asked to wear a mask and take a COVID test to make sure we do not spread any potential COVID infection."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their individual preferences identified before people started to use the service. The assessment process was very detailed, person centred and covered all aspects of what was important to and for the person.
- Where people needed staff support when they became upset or angry, managers and staff were proactive in ensuring people received the support they needed. We saw detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry.
- Staff used evidence-based guidance tools to help them assess people's needs. For example, a Disability Distress Assessment Tool (DisDat) was used to help staff identify when people who had communication needs were experiencing pain. This provided staff with clear guidance about patterns of behaviour that could identify when a person was experiencing pain.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff said they undertook an in-depth induction that included extensive training around the positive behaviour support program (PBS) which was tailored to the person they supported. Those new to care were supported to complete the Care Certificate; a nationally recognised, work-based, vocational qualification.
- Bespoke training to meet people's assessed individual needs included, Enteral tube feeding (means of administering all or part of a person's nutritional needs), nutrition awareness, diabetes and epilepsy training. A health professional said, "Whenever there is a new member of staff, they ask me to train them on looking after the clients feeding tube but equally do cascade training when appropriate." Staff confirmed the training provided was of a good standard and helped them with the confidence and skills to meet people's needs safely.
- Staff met monthly with their manager for one-to-one supervision, which gave them opportunities to discuss their performance, training needs and any concerns they had. Staff said these meetings were useful and they felt able to discuss any issues openly.

Supporting people to eat and drink enough to maintain a balanced diet

- Records detailed people's likes and dislikes and ways staff could try to encourage them to eat and drink well.
- People's nutritional needs were assessed, and care plans recorded where people needed support with eating and drinking. Referrals were made to the GP, dietician and speech and language therapist (SALT) when additional support and guidance was needed to meet people's needs safely. Staff we spoke with were

knowledgeable and knew the type of support people needed.

- People's food and fluid intake was monitored, which was recorded and showed people had enough to eat and drink. Some people were not able to take food or fluid orally and therefore had percutaneous endoscopic gastrostomy (PEG) feeding tubes in place. A health professional said, "They (staff) are conscientious and are regularly in contact with me to ensure the client's feeding regimen is correct and up to date."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had hospital and care passports to provide information about their needs and preferences to health and care professionals who may not be familiar with them. This helped support people's communication needs.
- A health action plan was in place and reviewed regularly for each person. A health action plan states what is needed for a person to remain healthy, including the support they may require. Records included oral health assessments and information on how staff could support people with their oral health.
- Staff supported people to attend the dentist and other health appointments. People were supported to maintain good oral care and personal hygiene. A relative said, "[Person] does have complex health needs, and they meet these very well, by involving all the correct health care professionals, which I think is very reassuring. There have never been any concerns raised because they have missed something. They are on top of [persons] health." Support plans gave staff guidance to follow in supporting people with these routines.
- Professionals provided positive feedback about the way staff and managers worked with them to ensure people's healthcare needs were met. A health professional said, "The clients come and see me every six weeks. The carer who brings them is always a different member of the team. I have met them all. They are very nice."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in the least restrictive way. Staff understood their responsibilities for gaining consent and upheld people's rights to have choice and control over their lives.
- Staff were able to describe the principles of the MCA. Records showed staff had considered how to seek consent from people. A staff member said, "Everyone has capacity unless proven otherwise really. So, everyone has their right to make choices for themselves."
- When people lacked capacity to make particular decisions, relevant professionals, had been involved to make decisions that were in people's best interests. For example, protection around personal finances and medical treatments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and with kindness. We observed people were confident requesting help from staff who responded promptly to their needs. Our observations throughout the inspection confirmed staff approached people in a kind and caring way. Staff members took every opportunity to talk to people and to interact in a positive way.
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's well-being and were focused on providing the right support to improve people's lives. A staff member said, "They (people being supported) are all different; with all different personalities. We are guided by them; we know them so well. It's a small service. They are friends."
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff completed equality and diversity training as part of their induction and ongoing training. The needs of people from diverse backgrounds had been taken into account to ensure people did not experience any form of discrimination and this information was included in support plans.
- Relatives provided positive feedback about the attitude and approach of their family member's care workers. A relative said, "I can assure you the service is absolutely incredible. They treat [person] like a member of their own family. Everything they do is in their best interest. Nothing is too much trouble. The staff are very kind and caring. Another relative said, "We are very happy with the carers who look after and support [person]. All of the staff are very nice and friendly."
- Professionals provided positive feedback about the caring nature of staff. A health professional said, "They are all kind caring and compassionate towards their clients." Another health professional said, "I have worked with Magdalene Court for many years now. I have always found the staff to be extremely friendly and respectful of their client's needs."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's abilities to express their views and make decisions about their care varied. To ensure all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Without exception, staff told us it was important to promote people's independence, to offer choices and to challenge people where needed to help give people a normal life.
- Records confirmed, people and their relatives were involved in making decisions about their care and support. A relative said, "I am fully involved in [persons] life, and care planning. They always ask for my views and involve in what is going on in [persons] life." Another relative said, "I went to a review recently. They always ask me for my views and to contribute towards [person's] care. I feel fully involved."
- Staff supported people and encouraged them, where they were able, to be as independent as possible.

We saw examples of people being supported to cook, do their laundry and to achieve day to day tasks such as accessing the community. A relative said, "From what they have told me, and what I have seen, they do encourage [person] to be independent as possible. They do get [person] to do their own washing up, wiping up, getting their cup."

- Care plans detailed how people liked their privacy and dignity to be respected. Staff said how they respected people's privacy and dignity. They ensured all doors, curtains and windows were closed and always involved the person with what they were about to do so it never came as a shock.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that took account of their needs, wishes and preferences. A relative said, "[Person] has been with them a long long time. We are very hands on, we have always been very confident where [person] is."
- Staff knew people well and how they liked to be supported. People were treated as individuals and were able to follow their own routines. A relative said, "You can always tell [person's] mood. [Person] face expressions are a very telling, and I can tell you, [person] is smiling from ear to ear when around those staff. [Person] knows them, and they know [person] very well." A health professional said, "There is nothing but praise for the staff at Magdalene Court. They know their clients very well and treat them very well."
- Each person had a 'My Plan' specifically designed around their needs, goals and aspirations. The plans created opportunities for people to gain new skills and experiences, increase in confidence, independence and well-being. These were presented in a format the person could understand. There was evidence of regular reviews, updates and learning from what the person did and did not like and methods staff could try.
- There was good communication within the staff team and staff shared information appropriately, about people's needs at shift handovers. There was clear information concerning important aspects of people's care and how this affected them day to day. Staff possessed a high degree of knowledge about the people they were caring for. This was confirmed in our discussions with staff. The shift handovers further supported staff to have current and updated information about the person's needs and how they spent their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a pictorial communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. We saw staff had a good understanding of how people communicated and were able to use this knowledge to support them to make choices and feel safe and comfortable in their home. For example, we saw staff were able to respond to non-verbal cues about how people were feeling, such as body language, behaviours and general mood.
- Staff were working with speech and language therapists to help develop their understanding of people's communication further.

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 have access to a wide range of activities within the wider community based on their individual preferences, needs and interests. A relative said, "They (staff) have been really careful during the pandemic about going out, activities outside of the service were reduced, but they made up for it in activities in the service. Lots of events and parties happened. They increased the activities available for what they know [person] likes, for example jewellery making, arts and crafts, bakery. [Person] certainly hasn't been left bored. I know [Person] very well and I can see when I visit, they are showing me they are happy."
- During Covid-19 lockdowns it had been difficult for people to access all their usual activities. Staff had worked proactively to find alternative activities for people and had, as guidance allowed, reintroduced activities. Care records included information on how staff would know the person was enjoying what they were doing.
- People were supported to maintain contact with family and people close to them. Records confirmed relatives were fully involved in their relative's daily lives and maintained contact via visits, telephone or email. A relative said, "They (staff) bring [person] to visit me. I am now allowed to visit, due to COVID, this had been reduced, but now we are starting to get back to normal."

Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints. Relatives we spoke with said they had no complaints but could raise any concerns and were listened to.
- There was an accessible complaints procedure in place which was made available to people.

End of life care and support

- End of life care was not currently being delivered at the service.
- Discussions about people's end of life plans and wishes were recorded where people wished to do so. The provider had policies and procedures in place to support this need.
- People were supported to talk about issues relating to death and bereavement. For example, people had been supported to pay their respects in their chosen way to relatives who had passed away.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff expressed an ethos for providing good, quality care for people, based around their needs, wishes and future aspirations. Staff we spoke with clearly put people at the centre of the service. Staff told us, "We support people who are vulnerable to have the best choices and quality of independence as possible." And, "We are here to enable people to have a fulfilling life, to experience joy and be cared for."
- Relatives were very positive about the staff and the care and support provided. They spoke positively about the service and the way it was managed. A relative said, "I cannot fault them. I am impressed with the level of care. I am happy with her service." Another relative said, "[Registered manager] is the manager and I know I could go to her if I had a complaint."
- Staff told us they enjoyed working for the service and felt valued. A staff member said, "I like my colleagues, we work good as a team, I enjoy the variety of supporting different people, finding new things to do for and with them. I can't say there is anything I dislike about my job." Another staff member said, "I love coming to work. It's a happy service."

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; Continuous learning and improving care

- The management team undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included infection control, care plan and medication audits. The results of which were analysed in order to determine trends and introduce preventative measures.
- The provider had good oversight of the service. Systems of daily, weekly and monthly meetings and quality assurance checks and audits were in place. Where issues were found they were dealt with promptly. For example, the registered manager had identified poor terminology being used in people's records. Staff were met with and reminded of professional terminology to use to ensure people's rights to respect and dignity were protected.
- Records confirmed the registered manager and the provider understood and acted on the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Statutory notifications are certain events and incidents the registered provider must notify us about, that

affect their service or the people who use it. The provider had notified CQC as required.

- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- There was a positive approach to ensuring continuous development and learning. The provider had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.

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

- Satisfaction surveys had been completed with relatives. The feedback from all had been very positive, and action had been taken where ideas for improvement had been shared.
- Relatives told us they had been kept informed during the COVID-19 pandemic and felt staff had done their best to keep them in touch with their family members. They told us staff had been flexible and supported visits when restrictions allowed. A relative said, "[Registered manager] especially, she contacted us every single week through COVID lockdown, to reassure us about [person's] wellbeing, health and to make sure we were okay. Any suggestions I raise are acted on."
- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included health professionals and safeguarding authorities. The success of this joined up working meant people could remain living safely at their home.
- The provider worked in partnership with all relevant health and social care agencies. Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.
- Health professionals were all positive about the management of the service. A health professional said, "I have always found the staff and [registered manager] fantastic to work with. They are all a credit to their profession nothing is too much for their clients." Another health professional said, "[Registered manager] seems to manage things well."