Magdalen House Limited

Magdalen House Care Home

Inspection report

Magdalen Road, Hadleigh,
Ipswich, Suffolk, IP7 5AD
Tel: 01473 829411

Date of inspection visit: 21 May 2015
Date of publication: 23/07/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 21 May 2015 and was unannounced. The service provides care and support to older people, some of whom are living with dementia. At the time of our inspection 43 people were residing at the service.

There was a registered manager in post. 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.

Staff were trained in safeguarding people from abuse and they understood their responsibilities. Safeguarding concerns had been raised appropriately with the local authority.

Risks to people and staff were assessed and actions taken to minimise them.

Staffing levels were not assessed based upon the needs and numbers of people at the service, nor was this kept under review. There was a recruitment procedure in place which ensured that staff were safe to carry out this kind of work, however this was not routinely followed.

Summary of findings

People received their medication as prescribed. Records related to regular prescribed medicines were accurate but we found that medicines relating to 'when required' could have been more safely managed.

Training was provided for staff to help them carry out their roles and increase their knowledge about the conditions of the people they were caring for.

People gave their consent before care and treatment was provided and most staff had received training in the Mental Capacity Act (MCA) 2005. We found that staff had some knowledge of it and decisions had been taken in line with it. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. The service needed to further develop its practice and understanding in relation to Deprivation of Liberty safeguards which would ensure people's rights were protected.

People were supported with their eating and drinking and records, when needed, were maintained. In one case we found someone who was not correctly supported with their choice of meal and therefore was placed at potential risk. Staff also supported people with their day to day health needs and were quick to refer people to appropriate healthcare services if required. A visiting health professional confirmed that the service had a good working relationship with the local surgery and health professionals.

Staff were very caring and people were treated respectfully and their dignity was maintained. Relationships were good between staff and the people they were supporting. We observed staff providing high quality care along with friendly humour which was very well received by the people they were caring for. People praised the staff that supported them.

People and their families were involved in planning and reviewing their own care and were encouraged to contribute to regular review meetings. People were in control of what care they received and how it was provided.

Formal complaints had been made and we could see that these were dealt with promptly and to the satisfaction of the people raising the issue. Records showed the actions taken to prevent a reoccurrence.

Staff understood their roles and felt supported by the local 'friendly' management team. People who used the service, their relatives and staff were very positive about the local management of the service and praised the open culture and excellent communication.

Quality assurance systems were in place to audit the delivery of the service. However, these could be developed further to analyse trends and therefore potentially prevent and improve practice. Proposals sent to us since inspection would demonstrate that the provider had oversight of how the service was operating.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staffing levels fell short on occasions and were not based upon a regularly reviewed dependency score. Recruitment of staff should be more robust.

Staff were trained in safeguarding people from abuse and understood their responsibilities

Risks were assessed and managed well and regular medicines were administered safely.

Requires improvement

Is the service effective?
The service was effective.

Training was provided for staff to assist them to carry out their roles. Staff did not currently receive routine supervision, but felt supported.

People were asked for their consent before care and support was provided. The requirements of the MCA had been followed. Staff had received training, but Deprivation of Liberty safeguards needed to develop.

The service supported people to eat and drink and also to look after their health.

Good

Is the service caring?
The service was very caring.

We observed good relationships between the staff and the people they were supporting and caring for.

People who used the service, and their relatives, were very positive about the way the staff provide care.

Staff were very caring and treated people with respect.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing and planning their care.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

The service actively sought out people's views and any complaints were responded to appropriately, promptly and were a lever for improvement.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People, their relatives, and staff were involved in developing the service.

Staff understood their roles and were well supported by the local friendly management team.

Quality assurance systems were in place to monitor the delivery of the service, but could further develop to drive improvements.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 May 2015 and was unannounced. The inspection team consisted of two inspectors.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with six people who used the service, two relatives, three visiting health and social care professionals, seven care staff, housekeeping and catering staff, a representative of the provider (who was routinely visiting), the registered manager, their deputy and a person in administration.

We observed how care and support was provided to people throughout the day, including during the midday meal on the two floors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four care plans, six medication records, two staff recruitment files, staffing rotas, quality assurance audits and other various documents that showed us how the service operated.

Requires improvement

Is the service safe?

Our findings

People told us that the call bells were answered promptly. One person said, "Generally enough staff to help, they respond to call bells quickly." Staff told us that there were insufficient staff employed and that they ran short of staff especially in an afternoon. We looked at the roster and saw that on occasion staff levels dropped as low as two care staff for one floor. We also saw that a complaint had been received from a relative concerned that staffing levels were lower than previous. We asked to see the assessments that the provider completed to establish people's needs for staffing. We were sent a formula, but could see that the service currently did not employ the number stated on that assessment and this assessment was not regularly reviewed. We concluded that on occasion the service did run with less than the optimum number of staff and had potential to compromise care delivery. We could not establish any detrimental impact upon people and staff said they always ensured people we safe. We were assured that recruitment was underway.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service. We noted that on one recruitment record robust checks of people's references had not been carried out. This service had not obtained the last employer who was also a care home for older people. On a different recruitment record, the DBS showed a person had been found to have a criminal conviction. This was not able to be disclosed on the application form, a risk assessment of suitability had not been carried out, nor had this been explored at interview. This lack of checking could have placed people at risk. We raised this issue at feedback with the provider and they agreed to take steps to remedy the issue as a priority.

We saw that risks had been assessed and actions taken to reduce these risks as much as possible. We saw that people's risks associated with their eating and drinking, pressure care, taking their medicines and their likelihood of having a fall had been assessed and were clearly documented in their care plans. We were told that if a person had two falls they were automatically referred to the falls prevention team. People had been involved in the assessments and had signed their care plans appropriately. We observed staff and could see that on the whole they knew people well. However, during lunchtime we saw a person choke, when we tracked this through in the care plan we saw that the person should have a soft diet with meat liquidised because of a long standing condition. We saw that the person was given ham, egg, salad, coleslaw and half a jacket potato. Even though the food was cut up it was of the wrong consistency recommended by professionals and placed the person at risk of choking. We tracked two other people and found that they had been given an appropriate soft diet of mashed potato and omelette or diabetic food as needed. There was a breakdown in communication from the assessment and plan to the delivery of appropriate meals for this one person and they were placed at risk on the day of our visit.

We observed staff administering medication at lunch time. They did not leave the medication trolley unattended or unlocked. We saw that they explained to people that it was time for their medication; they ensured that the person had a drink of their choice to take the medication with. However, when we arrived at 09.30 we saw that the medicine trolley had been left unattended and a pot of mixed medicines were on the top and accessible to anyone who passed by. We brought this to the attention of management who assured us they would deal with the matter to prevent further risks.

We reviewed the medication records which demonstrated that records were completed for the ordering, receiving and safe storage of medicines. Records seen confirmed that regular audits had been conducted. We reviewed the medication administration record sheets for six people for the last 3 weeks and saw that there were no unexplained gaps in the records. This showed that people were getting their regular medication as prescribed. However, we also found that there was not always written protocols in place for all 'as and when required medication' (sometimes referred to as PRN) and homely remedies. Staff did not always record the reason for administration or as in the case of paracetamol the amount given. i.e. one or two tablets. This had the potential for staff to be unaware of how much and why to administer medicines.

People's rights were protected and their safety upheld as far as was reasonably possible. In the reception area we saw information for people about the service including how to report concerns and how to raise a formal complaint. We viewed the safeguarding policy which was accessible to staff. Family members told us they were

Requires improvement

Is the service safe?

confident about the care provided to their relative. We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. A member of staff said, "I would tell the local authority or CQC." All of the staff were aware of the whistleblowing policy. Staff had received training in safeguarding people from abuse.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff were very good. One person said, "they do a good job." All the staff we spoke with told us that training relevant to their role was provided. This included induction and practical training in the delivery of care which included promoting privacy and dignity, consent, safe moving and handling of people and use of equipment such as hoists and health and safety. One member of staff thought the induction training was "very thorough." Staff told us that they have regular training updates and that this consists of e-learning and practical training such as manual handling. Records confirmed that the provider has carried our refresher training for staff which covered those mentioned above along with medication training and medication competency assessments and Mental Capacity Act awareness.

Staff we spoke with told us that they have not had regular supervisions and were awaiting their annual appraisals which were due. Management confirmed that the supervisions were not up to date due to the high workload, but this was in the process of being addressed with the area manager. Records confirmed that people had not received regular supervision. This meant that staff did not currently have regular assessment and feedback on their performance and support but action was being taken to address this.

We noted that people's consent was asked for before care and treatment was provided. We observed one person being assisted to move from an armchair to a wheelchair and staff explained what they would be doing at each stage and asked the person if that was alright before they continued.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and the majority of staff had training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests.

In relation to Deprivation of Liberty Safeguards (DoLS) we found mixed experiences. Managers were aware of the changes in the law from March 2014. We saw that they had taken appropriate advice about people to ensure they did not place unlawful restrictions on them. We were told that some, if not all people on the first floor, required an application to be made under the Deprivation of Liberty Safeguards, as they were subject to a level of supervision and control that may amount to deprivation of their liberty. People who lived downstairs were however also locked in the premises as the front door had a key pad to exit. One person we spoke with said "I have the door entry key code so I can come and go as I like." Indeed we saw two people go out for a walk in the afternoon. But for another person when asked by a visiting professional if they knew the code to get out they said, "No I do not know it – I'm just a resident here". Managers told us the key pad was there to keep people safe. The managers agreed to review the key pad system to address this matter of freedom verses safety in line with DoLS therefore we are confident this matter will be addressed.

The lunchtime experience for people was positive. On person said, "We have a choice of meal. We get too much food really". Another person said, "If you do not like it they can give you something else. Some days it is what I want and sometimes not". We observed lunch in the two dining rooms and saw that people were offered choice of drinks and staff checked people were happy with their choice of meal. Appropriate music was playing. There were sufficient staff available to support people to eat their meal at a pace that suited. No one was rushed and staff were very attentive. Catering staff served from a hot trolley in the dining room and had a choice of diabetic food available and food that was of differing textures available for people. People's records showed that appropriate referrals to professionals such as dieticians and diabetic services were made. People had risk assessments in place that informed staff when they were at risk of malnutrition. We found that people were supported to have sufficient to eat and drink to meet their needs.

People told us that staff supported them with their healthcare needs and worked well with other healthcare professionals. We spoke to a visiting healthcare professional who told us that the service worked well with their team and the pharmacist. The service made appropriate and timely referrals in relation to maintaining people's health. The service had developed good quality end of life care for people and had involved the district nurses and hospice at home appropriately for people. In care plans we saw that the section on health was completed in detail as to what and by whom health care

Good

Is the service effective?

was provided. We also saw that people had pain assessments in place to ensure they were always kept comfortable. We concluded that people were supported well in their access to healthcare.

Good

Is the service caring?

Our findings

All the people we spoke with were happy with the way care and support was provided. One person said, “I am very happy here. The staff are lovely, they know my likes and dislikes”. Another person said “The staff are very caring and polite”. Two relatives told us that they were happy with the care and support provided.

We observed that staff knew the people they were supporting and caring for very well and had built close relationships with them. On one interaction we saw a member of the care staff soothe someone. They spoke with kindness and gently stroked a person’s back to create a calming effect. The staff member dropped to their knees to give direct eye contact with the person and you could tell this had the desired effect from the expression on the person’s face. Staff showed compassion.

One person told us, “The staff have a good sense of humour”. Staff interacted well and had genuine conversations with people and did use appropriate humour at times. We observed staff talking with people who used the service, they were polite and respectful. Staff were seen to knock on people’s doors before entering. Doors were closed during personal care tasks to protect people’s dignity. We regularly observed staff discreetly and sensitively asking people if they wished to use the bathroom facilities. We saw that people were well dressed and ladies had styled hair and manicures.

Care plans contained very specific and detailed information and had clearly involved the people receiving the service and their family. Relatives were invited to take part in formal reviews of care. Letters had been sent to people’s representatives inviting them to attend reviews and giving them a frequency of timescales as to how often they wanted to be consulted. This was noted in care plans. In the entrance there was a comment box for anyone using or visiting the service to comment on how the service was performing. We saw that people at the service are regularly involved in the running of the service and that they can contribute through the residents meetings. At the last meeting people made comment on menu choices, entertainment and planned days out as well as fundraising and the environment and commenting on care. We found these suggestions had been acted upon.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Staff told us that the care plans and risk assessments had enough information in them to help them know people's needs, such as the time they liked to get up and go to bed, their likes and dislikes.

Initial assessments of people's needs were carried out by the managers. These assessments were thorough and formed the basis of a detailed and person centred care plan which people contributed to. We saw that plans had been shared appropriately with relatives. Care plans documented the help and support people required and stated exactly how staff should provide this. Each plan contained details about the person's background and significant information about their life and people and things that were important to them.

The care and support people received was subject to on going review. All the care plans we viewed had been appropriately reviewed and had been reviewed when a person's needs had changed.

The service employed staff who specifically did activities with people. We saw that people had been consulted on how they wished to spend their day and follow interests. A trip to the seaside was planned with a fish and chip supper. Local school children were visiting to support people with planting and potting in the garden. A knitting circle had been started. During our visit we saw people occupied in a variety of ways from receiving visitors and completing jigsaw puzzles, to listening to music or watching a TV programme.

Both the manager and the deputy manager of the service worked regular care shifts which gave people a direct opportunity to feed back any concerns or issues they wanted to raise. The service had a complaints policy and this was on display in the entrance hall. People who used the service and their relatives knew how to make a complaint if they needed to. The service had received three complaints this year that we looked at in detail. We looked to see how these had been addressed and found that each had been responded to in a timely way. We saw that action had been taken to try to prevent a reoccurrence. Examples included appointing specific staff to manage housekeeping to ensure clothes were returned to the correct people and in a good condition. Also trips out had been organised in response to one concern about activities.

Good

Is the service well-led?

Our findings

A relative told us that they found the service responded to their concerns and that they felt able to raise matters any time. Staff spoken with stated that the manager and deputy were very supportive and easily accessible as they had an open door policy. Staff stated that everyone worked well as a team especially when there are staff shortages.

It was clear from the feedback we received from people who used the service, relatives and staff that the service had a positive and open culture and were happy to listen to peoples experiences and make changes where needed. One relative told us, "We had a concern about a wheelchair. We brought this up and it was resolved". We could see that where there had been complaints these had been resolved to people's satisfaction. Where there had been safeguarding concerns or incidents the managers had reflected upon what had happened and changed processes and procedures to improve matters and where possible to prevent a reoccurrence. An example of this was in assessments of people. Following on from an incident where a person had to move from the service as it could no longer meet their needs, the managers now did assessments together to ensure they completed the revised, more detailed assessment form to ensure anyone moving into the service would have their needs met.

Staff meetings were held regularly and were well attended. These provided staff with a chance to learn information and gain feedback as well as to share any issues they may have themselves. When the new providers took over the service they conducted a staff survey. This was due to be repeated now, six months on. We were told that this will give the provider a gauge as to how they are doing from a staff perspective.

There were local systems to monitor the quality of the service. A training matrix gave an overview of the training provision at the service and identified if staff were due for any refresher training. Audits and spot checks were carried out by the managers and senior staff. This included a monthly check on all care plans, medication, health and safety and infection control. What we did not see was that the provider had an oversight of how the service was performing. We wanted to see how the provider was monitoring trends and incidents to drive improvements. Very shortly after the inspection we were sent a very comprehensive data management tool that looked at several aspects of service provision from falls and pressure sores to staff retention as well as health and safety and environment matters. We are confident this is a positive way forward, but are unable to measure the effectiveness as it has yet to be tested.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.