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Magdalene House

Inspection report

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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

Overall summary

The service is registered to provide personal care for 52 older people who require nursing or personal care. On the day of the inspection 44 people resided within the home.

We last inspected this service in May 2014 when the service met all the standards we inspected.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at staff files and the training matrix. We found staff were robustly recruited, received induction and support when they commenced work, trained in topics relevant to the service and were in sufficient numbers to meet people's needs.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us the food served at the home was good and they were offered choices about what they ate. We saw there was a good supply and choice of food.

Summary of findings

We found the ordering, storage, administration and disposal of medication was safe.

Staff had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application needs to be made and how to submit one. Several applications had been made using the correct procedures and personnel.

Electrical and gas equipment was serviced and maintained. There was a system for repairing faults or replacing equipment.

There were individual risk assessments to keep people safe and evidence that the service contacted healthcare specialists for advice or equipment when required...

People had an emergency evacuation plan and there was a business continuity plan to keep people safe in an emergency.

We toured the building and found the home to be warm, clean and fresh smelling. Furniture and equipment was suitable to the needs of people who used the service and there was a homely atmosphere.

Plans of care were individual to each person and had been regularly reviewed to keep staff up to date with any changes to people's needs. People's choices and preferred routines had been documented for staff to provide individual care.

People who used the service were able to join in activities if they wished and we observed people using the garden, which provided both relaxation and a means of exercise.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care. Staff were observed to have a good rapport with people.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

People who used the service were able to voice their opinions and tell staff what they wanted in meeting and by completing surveys. People who used the service were also able to raise any concerns if they wished.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risks.

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?

Good

The service was safe. There were policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Is the service caring?

Good

The service was caring. People who used the service and the family members we spoke with thought staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age and gender.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, key worker support sessions and by filling in surveys.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Summary of findings

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff felt supported, supervised and listened to.

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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 team consisted of one inspector and was conducted on the 08 and 09 July 2015.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. At this inspection we requested 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 any improvements they plan to make. We used this document to help plan the inspection.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with four people who used the service, three care staff members, two family members, the registered manager and nominated individual. We looked at the care records for three people who used the service and medication records for 12 people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and were not bullied. They told us, "I feel very safe. There are no staff or other people who seem aggressive", "I feel safe here and would tell them if I didn't" and "I feel safe here and trust the staff here to keep it that way."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting. The service had a copy of the Blackburn with Darwen borough council's policies and procedures to follow a local protocol. This meant they had access to the local safeguarding team for advice and report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. All three staff we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. Any reported safeguarding issues, which were mainly around falls or rare altercations between service users were analysed by management to prevent any further incidents.

The local authority provided safeguarding training for staff to help them comply with their procedures. All falls were reported to the local safeguarding team to allow for them to assess and offer advice on prevention.

We examined three plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people's needs around these areas and any care or treatment was recorded in the plans of care. This included the use of any equipment such as hoists or pressure relieving devices. The assessments may also prompt contacting specialist staff such as dieticians.

We looked at six staff files in total. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

Medicines were stored safely in a locked trolley within a lockable room. Other items such as dressings were stored in separate cupboards within the clinical room. We looked at the policy and procedure for medicines administration. There was a suitable system for the ordering, accounting for administration and disposal of medicines. The registered manager audited the system regularly and checked staff competency.

Staff had been trained to administer medicines. Trained nurses generally administered the medicines although several care staff had also been trained should they be required to give out the medicines if the nurses were busy. We looked at the medicines records for ten people. We saw that all the records were completed correctly and there were no gaps or omissions. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was given and how often they could be given.

Staff had a copy of the British National Formulary and a copy of each medicines fact sheet was retained in the records. This enabled staff to check for any possible side effects or reasons why a drug should not be given to a specific person.

There was a staff signature list for staff to be accountable for their practice should an error be detected. The room and fridge temperatures medicines were stored in were checked daily to ensure drugs were stored within the manufacturer's guidelines. There was a system for the disposal of sharp instruments and contaminated waste.

There was a separate cupboard to store controlled drugs in and a register which two staff had to sign to say that the medicines had been given. We found the correct procedures had been followed.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we

Good

Is the service safe?

spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The manager conducted audits for infection control and hand washing to ensure staff followed safe practice. There were hand washing facilities and paper towels in bedrooms, bathrooms and toilets. The local authority infection control officer had visited the home to offer advice. The laundry system had been changed to provide a safer system in preventing infections. Staff had access to protective equipment such as gloves and aprons to reduce the risk of cross contamination. Mops and kitchen equipment was colour coded to ensure they were only used for the right tasks. The water system was serviced by a suitable company to prevent Legionella. The service had a contract for the removal of contaminated waste.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to provide a suitable service. Washing machines had a sluicing cycle for soiled linen. There was a system for processing dirty laundry through to clean. Following advice from an infection control officer clothes were put away as soon as possible to prevent possible cross contamination. There was a designated member of staff assigned to the laundry. There was a system for the control of contaminated waste and laundry using different coloured bags.

We checked the hot water outlets which were maintained at a safe temperature and noted the radiators did not pose a threat of burning people. Water temperatures were checked regularly to ensure the temperatures remained within safe limits. We saw that window restrictors had been fitted an all upstairs windows to protect people from the risk of falling out of them.

The electrical installation system was serviced and checked by a suitably trained contractor. All other equipment checks, such as the gas equipment, portable electrical appliances, the lift, hoists, the fire alarm, fire extinguishers and emergency lighting had been serviced to help keep the environment safe.

Each person had a personal emergency evacuation plan (PEEP) and there was a business continuity plan to cover emergency situations such as a fire. This care home had a reciprocal agreement with another local home should the emergency require people who used the service to be evacuated.

There were sufficient staff to meet the needs of people accommodated at the home on the two days of the inspection. There was the registered manager, two nurses covering the morning and afternoon shift but worked for several hours together, a team leader, a maintenance man, one cook, one assistant cook, one senior care assistant, six care assistants, two domestics and a laundry assistant. The nominated individual looked after the administration of the business and a gardener was contracted to keep the gardens in good order. A member of staff said, "There are enough staff here and there are some bank staff to cover illness."

Good

Is the service effective?

Our findings

We inspected three plans of care in depth during the inspection. The plans of care had been developed with people who used the service who had signed their agreement to the plans where possible. A family member had signed the care plan for one person who could not. This meant people received care they are satisfied with.

The plans were individual to each person. People who used the service had helped complete documentation called a life story profile. This told staff in great detail of the likes and dislikes, food preferences and preferred routines of people who used the service to treat people as individuals. The document also recorded people's religious needs, significant events in their lives, who and what was important to them and their past interests.

There was a one page profile at the beginning of each plan. This document, along with a copy of the medicines records could be sent with people in an emergency to provide other organisations with sufficient information to meet their needs.

The plans were divided into sections based around people's needs, for example, personal care, moving and handling, sexuality, sleep and nutrition. The plans were reviewed regularly to keep staff up to date with people's needs.

There were end of life plans for people who used the service in the plans of care. This meant that the last wishes of people could be taken into account at this difficult time.

We saw that people had access to specialists and professionals. The care plans contained records of who people had seen including GP's, specialist nurses, hospital consultants and physiotherapists.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

The service were awaiting the decision for nine DoL's applications which were at various stages of consideration by the appropriate professionals. The registered manager was aware of the requirements for submitting applications through the appropriate channels and staff who had been trained were aware of when they may have to deprive someone of their liberty.

Three people who used the service told us, "The food is very good and we get a choice", "The food is very good. If you want something different they make you something else. There is always enough and they ask if you want anything else. You cannot fault the food. You get even more choice at tea time" and "The food is very good really. You get plenty and can ask for more if you like. I like what they serve up to us but I am sure I could get something else if I wanted." We walked around the dining rooms during lunch and all the other people we spoke with said they enjoyed their meals at the home.

We observed lunch on the day of the inspection. The meal was unhurried and people sat in small groups around tables in the dining rooms although they could take their meals in their rooms if they wished. A member of staff was employed to provide a waitress service. The three dining rooms were used to accommodate people of different needs. People who wished to sit and socialise or require more assistance. There was enough seating for all and people were supplied with condiments to flavour their food.

People told us they liked what was on offer but could ask for something different if they wanted to. All the people we spoke with at lunch time were satisfied with their meal and said they could ask for more if they wished. There was a choice of three cooked meals a day.

We saw that there was a good supply of food and a variety of fresh, frozen, dried and canned food, including fruit and vegetables. We saw that drinks and snacks were offered throughout the day as well as at mealtimes.

The menu was displayed on a notice board in one of the hallways. Staff wore appropriate protective clothing although a kitchen assistant was employed as well as a cook to keep care staff involvement in the kitchen to a minimum.

Good

Is the service effective?

We looked into the kitchen and saw it was clean and tidy. The service had been rated as five star or very good by the environmental health department at their last inspection. This meant the kitchen staff followed safe practice for all aspects of kitchen safety and cleanliness.

New staff were given an induction prior to working with people who used the service. One member of staff we spoke with told us, "I went through the induction process before I started caring. I had never done care before but it helped me. It helped me with confidence with caring issues. A member of staff worked with me for quite a while. I felt competent after I had completed my induction." The induction process gave staff the confidence to work with the people accommodated at the home.

We looked at the training matrix and some staff training records. We saw that staff had completed training in health and safety, moving and handling, safeguarding, how to safely respond to challenging behaviour, first aid, food hygiene, fire safety, infection control, the Mental Capacity Act and DoL'S. Further training was given around dementia care, stroke awareness and the treatment of diabetes. Staff told us, "We get plenty of training" and "Although we get all the training we need you could ask for training on something else if you wanted to." Most staff had achieved a qualification in health and social care such as a NVQ or diploma.

Staff received regular supervision and yearly appraisal. All three staff we spoke with said they were well supervised and supported. The staff records we looked at confirmed staff had regular supervision. A staff member told us, "I get supervision and appraisal. We get our chance to have a say and could bring up a topic if we wanted to."

Staff told us they were trained to use the equipment at the home such as hoists, pressure relieving devices and specialist feeding equipment.

We conducted a tour of the building on the day of the inspection. The home was warm, clean, well decorated and did not contain any offensive odours.

We visited all the communal areas, eight bedrooms and a selection of bathrooms and toilets. The lounges and dining areas contained a variety of furniture suitable for the people accommodated at the home and were domestic in type giving a homely atmosphere.

Bathrooms and toilets had devices to assist the disabled and people could access upper floors with a lift and chair lift.

The bedrooms we visited had been personalised to people's tastes and contained sufficient clean bedding and furniture to provide people with comfort if they wished to stay in their rooms.

There was a system for repairing or replacing any damaged furniture or equipment. The garden was accessible to the disabled. There were two conservatories which looked over the gardens which were well maintained. There were gazebos for people to shelter from the sun and plenty of seating for people to enjoy in good weather. One of the people we spoke with for some time was sitting in the garden. She said she enjoyed the garden very much and could go out when she wished.

Good

Is the service caring?

Our findings

Two visitors said, “Our friend seems very happy here. He says he is well cared for. Staff are nice and polite and welcome us into the home.” People who used the service said, “The staff are excellent. They are caring and kind”, “The staff are very good and look after us. They better do” and “The staff are all caring. You like some better than others but that is normal.”

The three staff we spoke with were aware of the need to keep care private and confidential. This meant staff were aware of issues around protecting people’s dignity. Staff were also aware of how and when they could offer choice. Examples included choice of what to wear, eat, when they got up or went to bed and what they wanted to do. This gave people who used the service some independence within the caring framework of a care home.

We observed staff during the day. Staff were polite and friendly. Staff had time to talk to people and knew them well. We observed some good natured banter between two ladies and care staff who came in and out of the conservatory with drinks and hand cream. We sat with one lady who had just come into the garden to enjoy the warm weather. A member of staff came out and applied some sun cream to prevent sunburn.

Plans of care contained a lot of detail around people’s likes and dislikes, choices and preferred routines. This enabled staff to treat people as individuals.

Arrangements were in place for the manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. We saw in plans of care that social services had provided their assessment to support the placement. This process helped to ensure that people’s individual needs could be met at the home.

Two of the people we talked with told us they attended church services held within the care home. There were visiting clergy of different denominations to cater for people’s beliefs. People who used the service were able to attend church services if they wished to follow their religion in this way.

Good

Is the service responsive?

Our findings

People who used the service told us, “I like to come out here, sit and do my crosswords. The staff let me come out when I want although if it is hot they like me to tell them so I can put some sun cream on. I sit here and watch people come and go”, “I am involved in the gardening. I enjoy the garden and the gardening. I can walk around it when I like. I like to knit, watch television and go on the trips. I join in whatever is going on. I also enjoy playing dominoes and scrabble. Some people are content to just sit there but I join in everything” and “I go on whatever they do. I went to Ossie Mills and it was brilliant. We also go shopping sometimes. I do all the activities. They go to all the trouble of arranging activities and I don’t understand why more people don’t come and enjoy themselves.”

We saw that people were able to attend activities if they wished. There were suitable activities provided within the home such as board games, dominoes, arts and crafts and pamper sessions. The registered manager said they were going through the process of employing an activities co-ordinator to try to involve more people. People helped choose where they wanted to go out to. One trip to Southport involved watching a game of bowls. Trips planned included going to an arts fair in a local park, out for a picnic, to various places of interest and for a day trip on a canal barge. The trips were mostly sponsored by the service.

There were no restrictions to visiting and all three people we spoke with said they had visitors regularly.

We observed staff responded to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices.

The manager held regular recorded meetings with people who used the service. We saw that from the minutes of meetings people who used the service had voiced their opinions and the service had responded. This included staying longer on certain trips out, the activities being advertised in the dining room, more garden seating and staff to wear name badges.

People who used the service had also asked for more colours in the garden. Some people were now assisting in the garden to plant more colourful flowers and they told us they were enjoying it.

People who used the service told us, “I have no complaints but I know who I can talk to if I did have”, “I have no complaints, it is a good home” and “I have no complaints but I know who I can talk to if I did have.” There was a complaints procedure for people to voice their concerns. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

Good

Is the service well-led?

Our findings

The home had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and nominated individual were present at the home regularly to ensure the service maintained standards. Staff told us, "The registered manager is approachable, fair and I get well supported", "We are well supported by the managers" and "All the staff are supportive and we get along."

We looked at the last staff meeting records. Meetings were held regularly and topics covered the general running of the home, uniforms, activities, cleanliness, training and smoking on duty. Staff told us, "We have regular staff meetings and discuss any problems or care issues. You can bring up a subject if you wish. There is a good team here" and "I find the staff meetings useful to keep up to date with what is going on."

We saw from looking at records that the manager or nominated individual conducted regular audits These included the environment, including infection control, medicines, care plans, cleaning rotas, fire prevention, business continuity, policies and procedures, training, medication, quality assurance, the décor, activities and risk assessments.

Policies and procedures we looked at included the medicines administration policy, whistle blowing policy, safeguarding vulnerable adults, health and safety, confidentiality, infection control, fire safety, privacy and dignity. The policies were reviewed regularly to ensure they were up to date and provided staff with the correct information.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes

We saw that the manager and other senior staff looked at incidents and accidents which were kept in a file. The manager looked at the incidents and ways of reducing or minimising any risks.

People were encouraged to complete quality assurance questionnaires. We saw that the results were positive and the answers gave the registered manager and provider the opportunity to improve the service.

There was a management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed. The registered manager had an open door policy for people to be able to approach her when she was on duty.

There was evidence in the care plans that the registered manager and nurses liaised with other professionals who visited the home to help ensure people received the care they needed.