

Essex County Council

Magdalen Close Hostel

Inspection report

1-5 Magdalen Close
Clacton-on-Sea
Essex
CO15 3LS
Tel: 01255 432951

Date of inspection visit: 9 February 2015
Date of publication: 05/06/2015

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

This inspection took place on 9 February 2015 and was unannounced.

Magdalen Close provides accommodation and personal care for up to 22 people who have a learning disability or autistic spectrum disorder. People who use the service may also have mental health needs, a physical disability or may be living with dementia. There are 14 beds for people living at the service on a long term basis and four

beds for short stays. In addition there are four separate flats available for people who are preparing to live more independently in the community. At the time of our inspection there were 18 people at the service.

A registered manager was in post at the service. 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.

Summary of findings

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. Staff knew how to identify abuse or poor practice and were aware of their responsibilities in reporting any concerns. People received safe care that met their needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways that they preferred.

People's health and emotional needs were well managed by staff who consulted with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies and were supported to maintain relationships with friends and family so that they could enjoy accessing the local community to avoid social isolation

There was an open culture and the registered manager took a hands-on approach in all aspects of the service. Staff were well supported and that their views were valued.

The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were taken into account to make improvements and develop the service.

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 enough staff with the correct skills who knew how to manage risks and provide people with safe care.

There were processes in place to listen to and address people's concerns

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Is the service effective?

Good



The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's health, social and emotional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?

Good



The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided care and support.

People were treated with respect and their privacy and dignity were maintained.

People were supported to maintain important relationships and relatives were involved and consulted about their family member's care and support.

Is the service responsive?

Good



The service was responsive.

Staff had a good understanding of the importance of supporting people to access community facilities and to maintain social relationships with people who were important to them.

Staff understood people's hobbies and interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good



The service was well led.

Summary of findings

The service was run by an enthusiastic and competent manager supported by a management team that promoted an open culture and demonstrated a commitment to providing a good quality service.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Magdalen Close Hostel

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.

This inspection took place on 9 February 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the

provider is required to send us by law. We also looked at information sent to us from others, such as safeguarding information and information from the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service. Other people were unable speak with us directly because they had limited verbal communication and we used informal observations to evaluate people's experiences and help us assess how their needs were being met; we also observed how staff interacted with people. We also spoke with a relative, the registered manager, a team co-ordinator and four care staff.

We looked at four people's care records and looked at information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits, information about complaints and safeguarding. We saw surveys that had been completed by relatives as part of the provider's quality monitoring processes.

Is the service safe?

Our findings

People felt safe living at the service. One person told us, “The staff keep me safe. When I go out in the new minibus, they strap my wheelchair in.” A relative said, “I know [my family member] is safe and couldn’t be looked after better. It takes a lot of the worry from me.”

All members of staff had received training in safeguarding adults. Staff were able to describe the signs that a person may show if they had experienced abuse. They understood their responsibilities and told us exactly what actions they would take in these circumstances. They felt confident that if they did raise concerns with the manager action would be taken to keep people safe in line with the provider’s safeguarding processes.

We saw records of a safeguarding alert that had been dealt with robustly. There was no suggestion of harm to anyone who lived in the service. A thorough investigation was carried out with the local authority and a detailed report was compiled. The registered manager explained the actions they had taken in response to the information and what they had learned from the situation.

The service had procedures for assessing people’s care needs and any areas of risk. Detailed individual risk assessments recorded the risks and what measures were needed to minimise the risk. Members of staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive.

Staff had a good understanding of risks for one person when they were out in the community. They explained about the risk assessments that had been put in place to enable the person to access the community safely with appropriate support. The person’s care records contained a detailed risk assessment that gave clear guidance to staff about the support the person needed.

There were processes in place to keep people safe in emergency situations. Staff were aware of emergency plans to cover situations such as fires or electrical failures. Staff also understood that it was important to learn from any incidents or accidents so that appropriate measures were put in place to prevent further occurrences and improve the service.

The open nature of the grounds surrounding the buildings of Magdalen Close Hostel had in the past resulted in members of the public using the paths as a shortcut to local houses. The manager explained that each of the separate buildings had been fitted with entry keypads to increase security for people who lived there. Keypads were used on exterior doors to keep people safe from anyone entering the buildings inappropriately. People who were able could access the numeric keypads and when people were unable to use the keypads independently, they were supported by staff.

A relative said, “They have enough staff, if they are short they use regular agency staff.” We saw that staffing levels were appropriate so that people were able to receive the support they required. People were supported to go out individually and their needs were attended to promptly. The registered manager assessed staffing levels to ensure there were sufficient staff to meet people’s individual needs.

The provider had established recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. Applicants had a formal face-to-face interview and, if successful, checks were carried out that included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

We spoke with a relative whose family member came for respite breaks. They were highly complimentary about the care provided. They told us about their relative’s health needs and how staff understood how to support the person safely. When someone came in for respite care we saw that two members of staff followed good procedures for booking in the person’s medicines and checking that they had been recorded accurately.

There were clear processes in place to support people with their prescribed medicines and, where people were able, staff encouraged them to manage their own medicines. For example, one person was able to manage their medicines with minimal support from staff. Staff told us, “We always ask people where they want to have their medication, for example in their bedrooms, kitchen or lounge.”

Medicines were stored securely and records were in order. Staff were able to demonstrate a good understanding of people’s prescribed medicines and what they were for. When people required medicine to be administered on an

Is the service safe?

as required basis, for example medication for seizures or for anxiety, there were protocols in place with clear information for staff to follow so that medicines were administered correctly and safely.

Is the service effective?

Our findings

A relative said, “Staff are good at understanding the needs of each person in their care.”

Staff were positive about the training and said they received regular updates that covered core training such as moving and handling, first aid, health and safety, safeguarding, fire safety and the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also received training that was relevant to the specific needs of the people they supported such as dementia awareness, supporting people with behaviours that caused people distress and administration of specific medicines for people who were at risk because of epilepsy. All staff we spoke with were able to discuss what they had learned at specific training and how they applied the knowledge in their role. The provider had taken on two apprentices who were enthusiastic about being part of the care team. The apprentices received training and support to help them develop their skills and knowledge.

One of the separate houses that made up the service is a dementia unit; a member of staff working there was enthusiastic about the dementia training they had completed and told us about the insight it had given them into what it was like for people to live with dementia. They explained that the training was designed to demonstrate some of the ways people with dementia experienced the world around them. The member of staff said, “It made me feel confused and was a bit scary. Speech was garbled. It gave me a really good idea what it’s like for people with dementia.” The member of staff went on to explain how the information they had about dementia gave them a deeper understanding of how to provide appropriate support and a feeling of empathy with the people they worked with who were living with dementia.

Staff told us that they received regular supervision and had an annual appraisal each year. One member of staff said, “The manager is very supportive, we also have a team coordinator on site at all times that we can go to for support and advice.” Staff told us that other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported. They said there was a good sense of teamwork and staff cooperated with each other for the benefit of the people who lived at the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

The registered manager and staff had a good awareness of their responsibilities around assessing people’s capacity to make decisions and they had a good understanding of MCA and DoLS. The registered manager explained that they have submitted 12 DoLS applications to the local authority and they also submitted information from people’s care plans to support the applications.

A relative said, “They always let me know if [my family member] is unwell and if they have to get a doctor out to visit.” Staff were able to describe people’s needs and how they wished to be supported. For example they were able to demonstrate how to support someone with a specific health condition, how it was controlled and how they supported the person to manage a healthy diet that was necessary for their health. The person explained how they were supported to monitor their condition and administer their medicine when they needed it.

People’s health needs were monitored and they received input from relevant health professionals to meet their individual needs. Staff were able to give us examples of people’s specific health conditions such as diabetes and epilepsy. They explained how they made referrals to health professionals and supported people with appointments. People’s care records showed input from epilepsy specialists, GP practice nurses and dieticians.

People told us they liked the food and they could choose what they wanted to eat. A relative told us that the staff always involved them when they were talking to their family member about their care or finding out what they liked to eat. Where a person had specific needs around diet or nutrition, input was sought from relevant health professionals such as speech and language therapy services and dieticians. People were supported to have a healthy diet that met their specific needs. For example, when people had difficulties swallowing they were supported to have a soft diet or pureed food. Staff had

Is the service effective?

received training in dysphagia which is a condition that can prevent people swallowing properly. This meant that staff had the knowledge and skills to support people with swallowing difficulties.

Is the service caring?

Our findings

Relatives praised the way staff treated their family members. One relative said, “The staff have always been friendly and approachable and always treat [my family member] with kindness and care.” Other relatives said, “The care is excellent. The staff are caring and supportive.” and “We are pleased with the care and attention given to [our family member]. They continue to flourish with the support from everybody at Magdalen.”

Staff also understood the importance of supporting people to maintain loving caring relationships with people that matter to them. Relatives told us that they were treated well by staff too. One relative said, “The staff are wonderful, they treat you like friends. Cheerful, helpful and it is obvious their priority is [the people] who live here.”

We saw that staff engaged with people with warmth, respect and patience. They listened carefully and made sure they understood what people were saying, giving them as much time as they needed. People’s individual ways of communicating were well documented in their plans of care. Staff understood the most effective way to communicate with individuals in the way that was best for the person.

A relative told us that their family member’s dignity was maintained and staff treated them with respect. Staff were able to describe how they maintained people’s dignity. “We always close doors and curtains when assisting people with personal care.”

A person told us that some things that were difficult for them to cope with and they said that staff were really helpful when they felt this way. A member of staff clearly explained how they identified signs that could mean the person was not coping and provided the necessary report.

Two people told us that they were involved in planning their care. One person said staff talked about their care plan with them and they had agreed to the way staff would support them. Another person said that staff listened to them about what they preferred. Staff knew the best way to communicate with individuals to help them understand how to make decisions about their care. A member of staff gave an example of the best time to speak to an individual and what situations could influence how well the person understood or engaged with the process.

People’s care records were stored securely so that information about the person was treated confidentially and where people preferred, they held their own care records.

People were treated with dignity and respect and their privacy was respected. If people preferred to be on their own, staff respected their wishes.

Is the service responsive?

Our findings

People's care plans were well written with the person's needs, preferences and views clearly recorded. Staff demonstrated a good awareness of people's likes and dislikes as well as their history and family background. One person told us, "The staff know me very well. They know I like tea and coffee and they always ask me what I want to drink." They went on to say, "I choose my own clothes and staff then help me to get dressed."

Care plans included information that was specific to the individual. Each care plan included information about the person's communication, health, medication, likes, dislikes and preferences. There was information about their capacity to make day-to-day decisions and their individual ways of communication. Where people did not communicate effectively verbally, staff supported them to use pictures and symbols. Some people used Makaton, a specific way of using signing to communicate. Where people had complex needs and were unable to use a formal way of communicating their needs or feelings, staff were able to explain how they took signals from the person's body language.

Staff described how they had managed situations when people displayed behaviours that caused distress to themselves or others. They explained the different ways that they helped individuals and how they assisted people to explore reasons for their distress. If people were comforted by particular things this information was recorded in care plans so that all staff understood how to relieve the person's anxiety.

Care plans and risk assessments were reviewed monthly or sooner if required due to a change in a person's needs. One person told us that staff talk with them about how they wanted their care provided. They said staff asked what time they would like to get up or go to bed and where they wanted to go out to. They said, "Staff ask about the TV programmes I like. They always ask my permission before doing things for me."

Relatives stated that the standard of care was excellent and they were consulted and involved in decisions about their family member's care. A relative said, "The care and support is second to none. I could not ask for better." Another relative told us, "I am pleased to say I think [my family member's] support is very good." The registered

manager and staff explained that relationships with families were strong. One person had relatives who lived a considerable distance away and they were supported to make the journey to visit their family and spend time with them.

Relatives told us that staff were very good at communicating with them and they were always kept up to date with information about their family members. One relative said, "One of the care staff phones me regularly." Another relative told us they were very satisfied with the way information was communicated. They said, "If I ring or visit I get a full update."

A relative told us that people were encouraged to access the community. They said, "Every effort is made to provide outings and visits within the community." People were encouraged to be as independent as possible. One person was supported to do some work in the community and this boosted their morale and self-esteem.

People were offered choice on whether to go out or stay in and to take part in activities of their choice. We spoke with one person who told us they liked to go to town every day and visit a local café where they met a friend. Another person preferred to stay in and we saw that they were doing some arts and crafts. Staff sat with the person talking to them and discussing what they were doing. The person smiled and looked like they were enjoying what they were doing.

We spoke with someone who lived in one of the individual flats available for people who were more independent. They told us how they liked to spend their day and how staff supported them to do this. The person told us about what they liked to do and what was important to them, such as music. They told us about their hopes for the future and how they were being supported by staff to work towards their goals.

Social events were organised to provide relatives and friends with an opportunity to meet with other relatives and share experiences in a relaxed atmosphere. One relative stated, "Congratulations to [the registered manager] and all the staff for the successful barbecue and great entertainment."

People told us they didn't have any complaints. One person said, "If I was not happy about anything I would talk to the

Is the service responsive?

staff about it.” A relative stated, “I have never had to make a complaint or raise a concern.” They were, however, confident that if they raised any issues action would be taken.

The registered manager followed clear procedures when information was received from people who used the service or relatives. Concerns, complaints or suggestions were recorded and an action plan was put in place to address the issue or to make improvements to the service.

Following the actions, the registered manager asked for feedback to evaluate the improvements they had made. For example, a relative mentioned when completing a survey, “The only thing I think Magdalen would benefit from is a large meeting area for ‘get-togethers’ and parties. This would be a great asset.” In response to this the registered manager decorated a two-bedded flat which the service had used as a training facility so that families had a place to meet and socialise.

Is the service well-led?

Our findings

Relatives were complimentary about the help and support they received from the registered manager. One relative told us, “I had to fill in some forms, I asked the manager if they could help me as I didn’t understand them. They explained things to me so that I could fill in the forms for my [family member].”

The provider sought formal feedback from relatives and friends to improve the quality of the service. Surveys were sent to relatives so that they could provide feedback to drive improvement. A prepaid envelope was enclosed with surveys to encourage people to complete them. There was a good return of the most recent surveys sent out and we saw that the feedback was highly complimentary and positive. Comments included, “There is nothing that needs improving. I have no complaints”; “There is always a member of staff to ask any questions or address any concerns.” And “I wouldn’t be able to tell you how to improve the service. I know I couldn’t do any better.” Information from the returned surveys was used to identify areas for development.

Relatives said they had other opportunities to get information about the service and to provide feedback. One relative said, “We have a newsletter and can send email.”

Relatives were complimentary about the open culture of the service and how accessible the manager and staff were. A relative told us, “The staff are marvellous, the manager always comes to talk to me when I visit.” Relatives said they

were kept informed about anything that happened and they only had to pick up the phone and either the manager or other staff were available to talk to them. The registered manager was a visible presence throughout the service, taking a hands-on role and demonstrating a high level of understanding of people’s needs, preferences and views. One relative commented, “Thumbs up for the in-house management and staff.”

Relatives spoke highly about the quality and safety of the service. One relative said, “Many thanks to all those staff who have worked tirelessly to decorate and generally improve the houses and gardens.” The provider had clear processes in place to monitor and audit the quality and safety of the service. There was a range of audits used to monitor different aspects of the service including areas relating to health and safety, medication and care records. Checks were carried out on fire systems and equipment, electrical appliances and equipment such as hoists. Any areas for improvement that were identified were dealt with promptly.

There were systems in place for managing records. We saw that people’s care records were well maintained, contained a good standard of information, were up to date and stored securely. People could be confident that information held by the service about them was confidential.

Staff told us they felt well supported by the registered manager. They said their views were listened to and they were confident that suggestions they made would be considered.