

Essex County Council

Magdalen Close Hostel

Inspection report

1-5 Magdalen Close
Clacton On Sea
Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Magdalen Close Hostel is a residential home 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 dementia. There are four 'houses' which have the capacity 14 beds for people living at the home on a long term basis and four beds for short stays located within one of the 'houses'. In addition there were four separate flats available for people who were being supported to prepare to live more independently in the community. At the time of our inspection there were eleven people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Procedures were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

People received care which was person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. Staff had an excellent understanding of people's backgrounds and they supported people to pursue their interests and hobbies, try new things and learn new skills.

People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. They liaised with professionals to make sure that people's health care needs were met.

Social interaction and community acceptance was important and opportunities to access and integrate into the local community were regularly provided.

Peoples' privacy was respected. Staff supported people to make individual choices and had a common aim and purpose to achieve positive outcomes for people. Staff supported people to express their views, so they could understand things from their point of view.

The registered manager and staff knew of their responsibilities regarding the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people were assessed and control measures put in place to mitigate risks to people's safety. This enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met.

Recruitment practices ensured that staff were of good character and suitable for their roles. Staff received an induction and on-going training to make sure they had the right skills and knowledge. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

There were positive relationships between people and members of staff. Staff treated people with kindness and took the time to get to know them and their interests whilst providing their care. Staff involved people in producing their care plans to ensure that care was provided to them in the way they wanted it to be.

The service was well led, quality assurance system were in place and the registered manager looked at ways they could continuously improve the service people received.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 was a comprehensive inspection which took place on 01 February 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We focussed on care and support in the communal areas and we also looked around the service.

At the time of the inspection we spoke with the registered manager and deputy manager, two team coordinators, three members of staff and three people who lived at the service.

We reviewed three people's care files, three staff recruitment and support files, training records, quality assurance information and other information related to the running of the service. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and how they monitored the quality of service people received.

Is the service safe?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People were protected from harm and kept safe. Every person we spoke with told us they felt safe living at Magdalen Close Hostel. One person said, "[Name of staff member] looks after me and I like her."

The provider had systems in place to help protect people from potential harm. Staff knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. They had received regular training in keeping people safe and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that the management team would act on their concerns.

Risk assessments were in place for people which looked at the way harm could be minimised but also respected their freedom. People had a wide range of risk assessments in place relating to their day to day living skills. For example; mobilising, personal care and medicines. We saw one person had been encouraged to carry out their own shopping and risk assessment were completed to inform staff how to support the person in the least restricted way.

There were sufficient suitable staff available to meet people's individual needs. The dependency needs of people were assessed and this information was used to determine the staffing level at the service. Staff we spoke with told us staffing levels were maintained and we observed people being well supported and assisted with care provided promptly and when they needed it. The registered manager told us that agency workers were not being used at the service.

Staff told us that there were enough of them to manage the needs of people and support them to participate in things they wanted to do. For example, people had the support they needed to have trips out and had staff accompany them to healthcare appointments.

An effective system was in place for safe staff recruitment. Relevant checks were carried out before a new member of staff started working at the service. The recruitment procedure included processing applications, conducting employment interviews and obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People had received their medicines safely and as prescribed. Medicines had been administered, stored safely and recorded in line with the service's medication policy. Regular audits had been completed and staff had attended medication training and received regular competency checks. We saw a risk assessment in place for one person who had been encouraged by staff to self-medicate. The person had signed the Medication Administration Record (MAR) to show that they had taken their medication. Staff told us that the person had become more independent with the taking of the medication but still required supervision from staff.

People were protected by the infection control systems in place at the service. Designated staff understood their roles and responsibilities in relation to infection control. The service had cleaning schedules in place to ensure people lived in a clean and hygienic environment. Staff had completed training on infection control.

Staff took appropriate action following accidents and incidents to ensure people's safety and lessons learned. This information was recorded and analysed for any trends and any follow up action to prevent a reoccurrence and was updated on the person's care and support plans and shared with staff.

Is the service effective?

Our findings

At the last inspection this was rated good. At this inspection this section remains good.

People told us and their relatives confirmed that their needs were consistently met by competent staff. People spoke very highly of the service. One person told us, "They [staff] know how to look after me very well." Comments we saw on feedback surveys from relatives of people using the service were positive about the staff. Comments included, "I think the staff are first class." Another was, "Staff are very good."

People's needs were assessed before they came to stay at the service. Information was sought from the person, their relatives and other professionals involved in their care. This included people's physical, mental health and social needs. The registered manager told us that the information collected on this assessment would be used in conjunction with other assessments that had been carried out. For example, by the Local Authority to make the decision if the person would be appropriate to live at Magdalen Close Hostel and to ensure that all of their needs could be met by staff at the service.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and sexuality preferences. We found that all staff received training in promoting equality and diversity and staff were able to tell us how they upheld people's preferences and upheld their confidentiality.

People received effective care from staff that were supported to obtain the knowledge and skills to provide good care. Staff were provided with a range of training to support them in their roles. The registered manager told us that refresher training courses were arranged to be completed in the coming months for numerous subjects which included medication, safeguarding and also the movement and handling of people. These training courses were to ensure staff were trained and up to date in any new legislation.

New staff had a thorough induction which included face to face training and supervision from more experienced staff. Staff had received appraisals annually. Staff told us they felt supported in their roles. One staff member told us, "I feel very supported, I know I can speak to the management team at any time." Another said, "We have supervisions regularly but we all work so closely and able to speak about any worries or concerns at any time."

People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Where people needed help to eat or drink safely, Speech and Language Therapy (SALT) services had been involved and their input and advice was clearly recorded. Staff could tell us in detail each person's nutritional preferences, life choices and how to support them in the correct way in line with their care plan. People we spoke with told us, "I get to choose what I want to eat."

The Mental Capacity Act (MCA) 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the appropriate professionals. Where people did not have the capacity to make decisions, the registered manager ensured, where appropriate, advocates or their friends and family were involved. We saw documentation to show that assessments for people who lacked capacity had been completed appropriately.

Staff told us how they helped people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and their families where possible and people who used the service confirmed this. Comments included, "I choose where to go and they [staff] help me go there." We saw comments from relatives of people who use the service on feedback forms that also confirmed that they had been involved with making decisions. Comments included, "We are always asked our views about the support [relative's name] needs."

People were supported to access healthcare services as required. We saw from documents that if people required support when attending health appointments the service ensured staff attended with them. Staff told us that they supported people to hospital, GP and dentist appointments when required.

The service had made adaptations to enable people who used wheelchairs to access the outside space and the gardens. People's bedrooms were decorated in a personalised way and the service encouraged people to have items in their rooms that were personal to them. For example, pictures, music and photographs of family members.

Is the service caring?

Our findings

People were cared for by staff that knew their individual preferences very well and valued their relationships. This helped staff to understand what was important for individuals and how to approach their care in a person centred way. We saw feedback from people's relatives that was very complimentary about the staff and the care received by people. Comments included, "The staff are amazing and very kind to my [relative]." Also, "All the staff are so very caring and kind."

Staff had a common aim and purpose to achieve positive outcomes for people. They provided consistency which had a positive impact on people's wellbeing. For example, we saw staff showing empathy and compassion towards one person who had become anxious. Staff showed a clear understanding of the person's needs and how to manage the anxiety they were suffering. With the intervention from staff, the person became calm and relaxed.

Staff monitored people's moods and wellbeing and had had access to advice and guidance from the health professionals. This meant that staff had clear information available to them to know how to implement strategies to support people effectively and consistently.

People were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions. One person said, "I can tell [staff name] what I am getting at shopping and they come with me." We saw from speaking with staff and people that this has impacted on people's well-being. One person has been supported by staff to be more independent and they now carried out their own day to day living skills with minimum support from staff. A staff member said, "Everyone's care is different depending on what they need assistance with. We will always encourage them to make their own decisions and be as independent as possible."

Some people were able to communicate in their own way and it was clear that the knowledge of the person was key to understanding what they were trying to communicate. Staff were very good at supporting conversations with people and we saw they were patient and took time to let the person respond. We observed people were happy, comfortable and relaxed.

People's diversity and privacy was respected and everyone's bedrooms were personalised to reflect their own interests and had belongings and items that interested them. Staff supported people to make individual choices on a daily basis. For example, on the day of the inspection a person had made the choice to go to the local town centre to purchase some clothes, A staff member had supported the person to access the community and achieve the activity that the person had chosen to do.

Is the service responsive?

Our findings

People received care which was person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. One person said, "I tell them [staff] what I want to do and they help me do it." Staff told us that activities were planned individually with the person and, where possible, each person choose what activities they wished to carry out.

Staff continuously looked for ways to improve care, so people had positive experiences and led fulfilling and meaningful lives. One staff member explained the importance of this, they told us, "When people are able to achieve things in their lives, you can see how important it is to them and how they react in a positive way."

Staff undertook an assessment of people's care and support needs before they began using the service, so they could be certain they would be able to meet their needs. These assessments were used to develop detailed care and support plans including clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Care plans focused around the care and support the person needed and people's strengths and abilities. They included information about what the person could attain for themselves.

People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and any reviews. Feedback seen from people's relatives also confirmed the inclusion. "Staff are very good at communicating any changes with [relative name] care, they ask me for my opinion too."

The service had an effective complaints system in place. We saw the management had investigated any complaints and responded appropriately in-line with the policy and procedures held within the service.

Staff had completed training with regards to end of life care and had a good knowledge of this. Staff were able to give examples of how people had received a pain free, dignified death. This meant working closely with health professionals to ensure the person received the most appropriate care in-line with their wishes.

Is the service well-led?

Our findings

The registered manager was able to demonstrate a consistent, stable and bespoke service over many years. This enabled people to live the life they choose where possible.

The stability in the service meant that relationships were very strong, trusting and responsive. This came directly from the approach of the leadership team whose values and behaviours were mirrored by all the staff. Everyone we received feedback from spoke about The service in these terms and that it was well-led. Comments included, "[The manager] is really good. They really do run the service well," and, "The manager is always available to have a chat if I need to and they listen."

The registered manager had been in post for several years. 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 very clear about their own roles and responsibilities and those of their colleagues and within the wider organisation. Typical comments from staff described the management team as, "Approachable and will listen to us," and, "They felt valued and enjoyed working as a team." Staff told us they were well managed. One staff member said, "We all work together and all want the very best for each person." Another staff member explained, "Everyone is a team and knows what each person needs and that is why it works so well." Staff told us that they felt supported to carry out their roles.

The staff team as a whole demonstrated a strong commitment to providing good care and knew people well. They had a good understanding of how best to support people and gave us detailed information about people's individual personalities and characters. For example, they were able to talk about the people they cared for, their personal history, what they liked to do and the activities they took part in.

Regular audits of the quality and safety of the service were carried out by the registered manager, and team leaders. Quality assurance audits were embedded to ensure a good level of quality care was maintained. We saw audit activity which included medication, care planning and health and safety. The results were analysed in order to determine trends and, where appropriate, introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and put plans in place to improve the care people received. This was demonstrated in the way staff helped people to research how to achieve their wishes, including holidays, days out and health improvement.