

Magdalen House Limited

Magdalen House Care Home

Inspection report

Magdalen Road
Hadliegh
Ipswich
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IP7 5AD

Tel: 01473829411

Date of inspection visit:

26 April 2023

03 May 2023

10 May 2023

18 May 2023

Date of publication:

22 June 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Magdalen House Care Home is registered for 53 people, providing personal care and support to older people and some people living with dementia. The residential care home is split over 3 levels with personalised bedrooms, dining and communal areas and adapted bathrooms. At the time of our inspection there were 52 people living at the home.

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

There was a warm and friendly atmosphere within the home. Overall feedback from people and relatives about the care they received and experience of living in the home was positive. They described being safe, their needs being met and being treated with respect and dignity. However, they said the home was not consistently well led. We received feedback citing inconsistencies with communication, laundry, cleanliness in the home, staff approach, and concerns not being acted on appropriately by management due to personnel changes.

Since our last inspection there had been a new provider and several management changes which had impacted on the stability in the home. Staff feedback and morale was mixed, several cited too many changes at once and inconsistent messaging from management which caused confusion.

The management team comprised of the provider's regional manager and the deputy manager. They were open and honest about the shortfalls at the home. They engaged with the inspection positively and were committed to making any necessary improvements in the home. We were given assurances that the regional manager would be visible in the home supported by the deputy manager till a successful manager was appointed. Feedback about the regional manager who was previously the registered manager in the home was positive along with the deputy manager.

Governance and oversight systems had identified gaps within the home and the regional manager with support from the deputy manager were working to improve the standards and culture in the home and shared with us the action plan they were implementing. These took into account the inconsistencies we had found but it was too soon to assess the effectiveness of the proposed changes. These need to be sustained and embedded into the home.

There were ongoing improvements to the staffing levels, including recruiting new staff. Vacancies and the use of agency staff had reduced. There were enough staff on duty to meet people's needs and they had been recruited safely.

Systems were in place to reduce the risks of avoidable harm and abuse. Staff understood their responsibilities to report any concerns about people's care and safety. Staff were familiar with people's assessed medical needs and associated risks. These were monitored and managed safely.

People were provided with their medicines safely. The home was visibly clean and good infection control processes followed. Relatives told us they could visit their family members when they chose to.

Processes were in place to learn lessons when things had gone wrong with actions taken to reduce future incidents happening.

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

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

Rating at last inspection

The last rating for this service was good (published 5 December 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

No areas of concern were identified in the other key questions. We therefore did not inspect them. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this report. The provider is implementing an action plan to address the inconsistencies found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Magdalen House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Magdalen House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors. An onsite inspector and another inspector who assisted with telephone calls to get people's feedback of using the service. An Expert by Experience also supported the inspection by obtaining feedback of people's experiences via telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Magdalene House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Magdalene House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the start of our inspection a manager was in post, but we were advised during the inspection they had not been successful in their probation period and recruitment was underway. The provider's regional manager with support from the deputy manager of the home were overseeing the day to day running of the service.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 April 2023 when we visited the service and ended on 18 May 2023 when we gave feedback.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with 5 people who used the service and 1 relative. We spoke with the deputy manager, two senior carers, 2 care staff and the maintenance person. We spoke briefly with the activities lead, the cook, 2 domestic staff, an administrator, and the receptionist.

We undertook a tour of the home and observed the interactions between staff and people using the service to help us understand the experience of people who could not talk with us. We reviewed records relating to maintenance and health and safety, including fire safety checks and audits. We looked at 2 people's care records including their risk assessments and medicine administration records and 2 staff personnel files.

After the site visit the inspectors and Expert by Experience spoke with 16 relatives via telephone interviews on 3 & 10 May 2023.

We also reviewed records remotely, away from the home, including 3 people's care records and records relating to the governance of the service. We received electronic feedback about the home from the local authority commissioning team and from 7 members of staff.

We fed back our findings of the inspection on 18 May 2023 to the provider's regional manager and the deputy manager of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments provided appropriate guidance to staff to help them mitigate risks to people.
- People had a personal emergency evacuation plan which showed the support they would require in the event they needed to leave the building in a fire or other emergency.
- Systems and equipment were maintained and serviced to make sure they remained in good working order and were safe to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living in the home and relatives told us they were confident that their family members were well protected. One person said, "I feel very safe. They [staff] look after me and take their time when they help me up. I can be a bit wobbly, but they are patient and kind." Another person shared, "I feel safer here than I did at home, nice to know people are about to talk to and they [staff] come when you need them."
- Comments from relatives included, "Safe environment, falls have reduced since moving in," And, "Staff are vigilant to any changes and let you know," One relative told us, "I think [family member's] very safe there; staff look after them and there is the security where you have to sign in and out [on arrival/exit] and they look and feel safe". Another relative shared, "100% safe in all sorts of ways, [family member] is lovely and clean, has their hair done, is safe and looks very different from when they were at home"
- There were systems in place to reduce the risks of abuse. Staff had been provided with safeguarding training and concerns were reported to the appropriate professionals with measures put in place to reduce

future incidents.

- During this inspection we made a referral to the local authority safeguarding team following a concern received. The local authority lead on investigating any safeguarding concerns raised.

Staffing and recruitment

- Recruitment was ongoing, reliance on agency staff had decreased with several new staff starting. Plans were in place to recruit staff from overseas with consideration being given to ongoing support with helping them to settle in.
- A dependency tool was used to assist the management to calculate the numbers of staff required to meet people's needs.
- There was mixed feedback from people, relatives, and staff about the staffing numbers in the home. The majority felt there was enough staff to meet people's needs but some shared instances of having to find staff who were not always visible at certain times. One person commented, "Mostly I think that there are enough staff, and I can usually find someone. It has got better in the past it could be a bother." A relative said, "Well like all homes I have found that in a lot of cases there are not enough staff, but the staff I have met are quite competent and they have had some new staff start." Another relative said about the continuity of care staff, "There is certainly a lot of familiar faces when I go, people I recognise and know."
- The management team said there were enough staff to meet needs but were reviewing the organisation and deployment during the shifts to relieve pressure at busier times. During our inspection visit, we saw staff were visible and responded to people's requests for assistance promptly.
- Staff records showed checks were undertaken prior to staff starting to work in the service, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People and relatives told us they had their medicines as prescribed. One relative told us how the staff, "Will give [family member] their medication and wait for them to take it, unlike at the hospital."
- We observed part of the morning medicine administration round and noted this was done safely by the staff member responsible for supporting people with their medicines.
- Medicines were stored safely, and checks undertaken to ensure they were stored at recommended temperatures. Where people were prescribed medicines to be given as required (PRN), protocols were in place to guide staff when these should be administered.
- Medicine administration records showed people received their medicines as required.
- Where staff were responsible for supporting people with their medicines, they had received training and their competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We shared some relatives feedback of instances where standards had slipped in this area and the provider acted to address this.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was supported by the provider in line with current government guidelines.
- People told us their relatives could come to the home when they wished to, which was confirmed by people's relatives. During our visit, we saw some mothers and their young children come to visit people in the lounge for a play date as part of a weekly activity called 'Nippers and Slippers'. We also saw relatives visiting their family members throughout the inspection. One person said, "I am waiting for [relative] to come, they come and see me several times a week and are taking me out today."

Learning lessons when things go wrong

- The management team had systems in place to learn lessons and these were disseminated to staff in meetings and in daily shift handover, where required.
- Analysis of falls and incidents were undertaken to assist the management team to identify, for example, trends and actions taken such as referrals for specialist equipment to mitigate future concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Improvements were needed to establish an open culture, ensure stability and effective leadership and direction in the home. Since our last inspection there had been a new provider and several changes in the management of the home which had led to inconsistencies. This included issues with management and staff approach, person centred care, cleanliness in the home, laundry and feedback not always being acted on. One relative said, "I have felt a bit frustrated at the same things happening over and over again. When I flag things, they are addressed. The whole issue has really been due to the several changes of manager, they have one who tries to make changes and then they'll leave." Another relative commented, "If I had any concerns, I know who to contact, I have not had any complaint. Only issue is there has been many managers, and there needs to be some consistency. The deputy manager is there all the time and because of that I am confident I can speak to them if I needed to."
- Staff feedback was mixed. Whilst many felt supported by the deputy manager there was several comments about the impact of past managers and their different approaches which was unsettling. Some said previous managers were not visible and it was not always easy to speak up. One member of staff commented, "We have had a number of managers since the new owners took over. Each manager tells us to do different things which is very confusing to [care staff]. They don't listen 100% to what we have to say. I feel if you have a voice, they don't like it. Deputy manager does listen to us, but their hands are tied. We know our residents, management don't."
- At the start of the inspection a manager was in post, but we were advised during feedback they had not passed their probation period and the provider was actively recruiting. The regional manager confirmed they would be based in the home supported by the deputy manager to implement their action plan to address the inconsistencies within the home. Staff were receptive towards the deputy manager and the provider's regional manager who they said understood the home and the people who lived there.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gain people's views and opinions about the quality of the service provided. We received complimentary feedback from people who lived in the home about how caring and compassionate the staff team were. This was confirmed in our observations. One person said, "It's a lovely place they [staff] will do anything for you; hearts of gold." A relative shared how pleased they were that their comment about missing laundry has been acted on. "I did mention [family member's] clothes and the next few days, they put

a rail in reception and told us to look if we could see any of their clothing and we could take it back. So that was wonderful, they acted on a comment I had made; they are wonderful".

- Overall people's relatives described a friendly and welcoming home they would recommend, and it was the inconsistencies at times that let it down. One relative shared how the staff team were, "Fantastic and so accommodating and welcoming to [family member] and us. Nothing is too much trouble, and we are always kept informed of any changes." Another relative said, "I am very happy with Magdalen House, [family member] seems very happy there and I am happy with them being there, it's a lovely home and that's why I chose it."

- Management and the staff team had regular team meetings and at daily shift handovers discussed various topics such as any changes in people's needs or care, best practice, legislation, and other important information related to the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The provider had a policy and procedure relating to the duty of candour and management had notified us of specific incidents as is required.

- There were inconsistencies regarding the documentation of concerns and complaints. The provider was making improvements to their feedback processes to ensure concerns and complaints were detailed and where relatives had raised a concern, they were provided with an explanation and apology, in line with the duty of candour policy.

- Audits and monitoring systems supported the provider in identifying any shortfalls. These fed into the action plan for the home which was being implemented to drive improvement and address the inconsistencies we had found. This included ongoing recruitment, additional cleaning schedules, a designated infection control lead, additional support with laundry management and improvements to feedback systems and communication. We were encouraged by the actions being taken but these improvements need time to be fully embedded into the culture of the home to ensure people are consistently provided with a safe quality service.

- Feedback from the local authority commissioning team cited positive working relationships with the home. One professional said their visit to the home, "Was positive and I observed good interactions during my visit. No concerns raised." They did add that obtaining information was not always timely and they were not aware of the recent management arrangements. We fed this back to the provider's regional manager.