

Yorkare Homes Limited

Magdalen Park Care Home

Inspection report

Magdalen Lane
Hedon
Hull
HU12 8LA

Tel: 01482700733

Website: www.yorkarehomes.co.uk

Date of inspection visit:

25 November 2019

03 December 2019

Date of publication:

11 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Magdalen Park Care Home is a purpose-built residential care home, providing personal care to 56 adults at the time of the inspection. People, some of whom may be living with dementia, are supported across two units. The service can support up to 70 people.

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

We received overwhelmingly positive feedback about the leadership of service, which centred around the experience of people. The provider continued to promote a culture of truly exceptional person-centred care and enabled staff to support people to achieve outcomes that far exceeded expectations.

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.

The home was warm and welcoming and people were comfortable and at ease. The provider had maintained the home to a high-standard and continued to support people to be as independent as possible whilst living at the home. People had access to a variety of facilities including a café, shop, a licensed pub, cinema, rooftop garden and a bowling green.

Staff were extremely caring and thoughtful and respected people as individuals. People told us they truly felt at home and that staff extended the same kindness to their friends and families.

People told us they felt safe in the care of staff. They were protected from avoidable harm and received care and support tailored to meet their individual needs. People received their medicines on time and as prescribed.

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 outstanding (published 1 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Magdalen Park 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 Care Act 2014.

Inspection team

The inspection was carried by one inspector and an Expert by Experience. 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

Magdalen Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care

provided. We spoke with ten members of staff including the provider, registered manager, unit manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at additional information sent to us by the provider which showed the outcomes people had achieved.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of neglect, abuse and ill-treatment. One person told us, 'Yes, I'm safe here, staff are very good.'
- There were effective safeguarding systems in place to address any concerns. Staff knew when and how to report concerns and they were confident the registered manager would promptly address any issues.
- The service had good links with the local authority and the registered manager understood their responsibilities to report any safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm. Information about risks were consistently and reliably communicated to staff.
- People had access to the equipment and support they needed to move safely around the home.
- Equipment was regularly serviced and well maintained.
- The registered manager monitored and regularly reviewed incidents and acted to prevent reoccurrence.

Staffing and recruitment

- There were enough, appropriately skilled and competent staff to keep people safe. One person told us, 'I had a funny turn, and within seconds of pressing my buzzer, there were three staff here for me. They quickly got an ambulance and I was off to hospital.'
- Robust recruitment systems ensured the right staff were recruited to support people to stay safe.
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed.
- Staff followed good practice guidance for the administration of 'as and when required' medicines, such as paracetamol. One person told us, 'I get my medicines on time and if I need others I just ask.'

Preventing and controlling infection

- Staff followed good infection control and prevention processes. They had access to and used personal protective equipment to limit the spread of infection. One person told us, '[Staff] are here cleaning every day.'

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a truly holistic approach to assessing, planning and delivering care and support. Staff knew people exceptionally well and supported them to achieve outcomes which far exceeded health professionals' expectations. A relative told us, 'The staff seem to be very perceptive to the residents and their needs.'
- Staff supported one person to regain their speech, mobility and daily living skills; they described the positive impact this had on the person's ability to maintain important relationships and their quality of life. Another person, who had lived at the home for many years, had initially been told by doctors they only had several weeks to live.
- The provider had invested further in new evidence-based techniques and technologies to support the delivery of high-quality care. They had recently bought an airway clearance device, designed to remove an obstruction in any person found choking. Staff had successfully used the device when one person had been found unconscious and choking on food; the person subsequently made a full recovery.
- People had access to new technology which turned any surface into an interactive, touch screen. Staff used the technology across the home to promote engagement and improve people's wellbeing, through group and one to one activity.
- The provider had recently contributed to research undertaken by the University of Manchester, looking at how best to meet people's physical health care needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff teams worked efficiently and effectively. There were clear roles and responsibilities and managers fostered a work culture that valued teamwork and collaboration.
- Staff worked collaboratively with other health professionals to support people to maintain good health and access other services. They had direct accessed important GP held information, such as current medication, allergies, and other medical records, to ensure timely and consistent care.

Staff support: induction, training, skills and experience

- The provider had continued to invest in staff training. Staff had a thorough understanding of people's individual needs and applied their knowledge in a way that achieved the very best possible outcomes for people. They received specialist training in areas such as dementia care and had been provided with the opportunity to enter a simulated environment and experience first-hand what it is like to live with the condition. Staff told us, 'The dementia training was absolutely amazing' and 'The training helps me do my

job to a higher standard.'

- People benefitted from a highly-supported staff team. The provider invested a great deal in staff well-being and managers had received specialist training in providing emotional support. A staff member told us, 'The managers are very good at supporting staff, particularly looking after their mental well-being. So, staff can continue on and strive to deliver the best care they can for people.'

Adapting service, design, decoration to meet people's needs

- The provider had maintained the environment to a high-standard and continued to support people to be as independent as possible whilst living with dementia. People told us the environment meant a lot to them and the impact this had on their quality of life, " , 'We've got everything we want' and 'Upstairs there are beautiful balconies. They are lovely. I do like the fresh air.'"
- People had access to a traditional 'High-street', including a café and shop, a licensed pub, the 'Magdalen Arms', and a hairdressing salon. In addition, people had access to a cinema, rooftop garden and bowling green.
- The home had two greenhouses tended to by an established group of service users who enjoyed gardening and growing veg.
- Communal areas looked out onto open spaces, and a vegetable patch and tractor positioned in the grounds of the home reflected the landscape familiar to people using the service. People appeared calm and visibly comfortable and happy in their environment.
- The provider had recently invested in new technology which had eliminated the need for call bells; this added to the calm atmosphere.

Ensuring consent to care and treatment in line with law and guidance

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a good understanding of MCA and DoLS and were confident about using the Act. They followed the correct procedures in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink throughout the day. They were given choice and those with complex needs received the support they needed. People told us, 'There's lots of choice, always chips or salad with sandwiches on the menu' and 'There's always two choices for the hot meal, they (Staff) show you a meal to choose from.'

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had continued to promote a strong, visible person-centred culture. Throughout the home posters were displayed highlighting the providers zero tolerance stance on discrimination One person told us, 'We're all the same here. No differences here. We're like a family.'
- Staff were attentive and pre-empted people's needs. They paid attention to detail and throughout the inspection they engaged with people in a meaningful way.
- People and relatives told us staff were exceptionally thoughtful and kind. For example, staff had arranged for one person's family member to attend training alongside staff, so they could continue to help care and support their relative as they had always done.
- Staff were particularly sensitive to times when people needed caring and compassionate support and demonstrated a true empathy for the people they cared for. For example, staff had created a small memorial in the garden, so one person could preserve the memory of a loved one who had passed away.
- Staff had contributed to one person's extensive collection of fridge magnets, which they brought back from holidays from around the world. The person was proud of their collection which signified the close bond they had developed with staff.
- Staff supported people to celebrate birthdays and special occasions. Staff had prepared a buffet and baked a cake for one person celebrating their birthday with family and friends. The chef told us they would always try to fulfil special requests and would provide a suitable alternative to celebration cake for anyone with special dietary needs. They told us, 'If we can do it, we will. I would want someone to do that for me.'
- Staff showed the same kindness and respect to people's friends and families as they did the people they cared for. People told us, 'My visitors can come anytime and they're very welcome... It's like having family lunch at home' and 'This is my house. My family can come when they like and stay for as long as they like.'

Supporting people to express their views and be involved in making decisions about their care

- People had been given a platform to express their views and shape how the service ran. People regularly attended residents' meetings where they provided feedback about their experiences of the care provided. One person told us, 'I've attended two meetings and staff are very open and very nice people.'
- Staff ensured people received they right support and were fully informed to make decisions about how they wished to be cared for.
- Staff fostered meaningful relationships with people which people told us was important to them. One person spoke fondly about a member of staff who they had grown to know well. They told us the staff member had been promoted to a more senior position and yet they always made time to say hello. It clearly meant a lot to them to have maintained this relationship.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff respected people's right to lead a private life. One person told us, 'Oh yes [Staff] definitely treat me with respect.'
- Staff monitored people's needs via an electronic system which discreetly alerted staff to people who required support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff involved people and their relatives in developing care and support plans. They asked people for their views and used this information to support them in a way they preferred. One person told us, 'I talk to staff about my care and how I like it.'
- Staff carried hand-held devices and recorded care at the point of delivery. Care records were uniquely tailored to each person and allowed staff to keep an up to date picture of people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Staff shared this information with other health professionals to ensure people received continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access the community, take part in activities they enjoyed and to pursue their hobbies and interests. One person told us, 'I read a lot. I get two magazines and my newspaper delivered. There is a little library here and a book stall.'
- Staff supported people to maintain relationships with people closest to them; family and friends were welcome to visit the home at any time. There were plenty of opportunities for people socialise with others in the home.

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home. Complaints investigations were thorough, lessons were learnt, and improvements were made where possible.

End of life care and support

- Staff ensured they involved people, their families, friends, and appropriate professionals in developing end of life care and support plans.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

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 the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Staff had continued to provide people with the very best care and support. The provider and registered manager had worked to sustain the outstanding standard of care people received.
- The values of the service were centred around people's needs and choices and staff paid great attention to detail. One person described the service as their home and the staff and managers as their family.
- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Managers were equipped with the tools to respond quickly to quality concerns and gave staff open and honest feedback.
- Staff were highly satisfied in their roles. The registered manager fostered staff development and promoted team work. A staff member told us, 'People receive better care as a result when you are learning and progressing.'
- The provider supported people to challenge themselves to achieve their goals. The provider had written about this, 'People are at the forefront of this concept. It could be something small or huge. It could be about mobility or eating healthily.' Some people had taken part in a dancing and others had learnt a new language.

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

- Staff took every opportunity to improve care, including when things went wrong. One person told us, 'staff sort things out for us very quickly. They are definitely very professional.'
- Staff regularly reviewed documentation to ensure people were safe and cared for appropriately. For example, additional checks had been put in place to ensure people received the very best end of life care.
- The provider visited other services and actively researched ways in which they could improve people's experience, including the dining facilities and outdoor space.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager routinely engaged with people, their families and staff, and valued their contribution in the continuous improvement of the service.
- Staff and people worked collaboratively to address any concerns. After receiving feedback from people about food, the provider employed a dedicated hospitality manager who worked alongside people to

improve their dining experience. This included reviewing menus, food suppliers and dining facilities.

- The provider had joined up with the local authority and other agencies to provide apprenticeship opportunities to support people to gain employment in health and social care.
- The provider was committed to supporting improvements in the standards of care for people. They had worked in partnership with the local authority to provide guidance and support to other care homes and to share good practise.