

Magdalen House Housing Support Service

41 Roseangle
Dundee
DD1 4LZ

Telephone: 01382 200890

Type of inspection:

Unannounced

Completed on:

24 September 2018

Service provided by:

Priority Care Limited

Service provider number:

SP2015012621

Service no:

CS2015342720

About the service

This service registered with the Care Inspectorate on 11 September 2017. The service is provided to Adults and Older People with a Learning Disability living in their own home. The service is available 24 hours a day, seven days a week and is provided by a range of staff including senior support workers and support workers. There were 23 people living in Magdalen House at the time of this inspection.

Magdalen House aims to: 'support individuals to maintain their core tenancies by providing housing support and care at home services individually targeted to meet the needs of our service users'.

What people told us

Prior to this inspection we received eight completed care standards questionnaires from people using the service and their relatives, of these three strongly agreed and five agreed that they were overall happy with the support that they or their loved one received, comments included:

'I am happy here.'

'I have lived in other surroundings and different places and I think the staff are very good and make an effort with me compared to the staff at my other homes.'

'I have been here for 27 years, things have changed for the better.'

During the inspection we spoke to six people living in Magdalen House who were receiving support. They gave us positive feedback about the support they receive and the staff who provide it. Comments included:

'I am happy, I am fine.'

'I want to stay here, it's a good place.'

'I like being independent.'

'It's good here, I like going to the pub and meeting my friends.'

'I have lived here for twenty-two years, I am keeping well, I like spending time in my room listening to my music.'

We also spoke with three relatives who told us:

'I visit X twice a week, they have all they need and I have no concerns and there is lots more staff now, I haven't noticed any difference since the change of registration.'

'I would Like X to go out more, for things like walks but I know they aren't keen to do so.'

'I have seen a lot of staff, they are very young nowadays but they are friendly enough.'

'X doesn't cope well with change, lots of new staff and it takes them time to get to know X.'

'Staff keep me well informed, I just ask if I need to know anything, staff do a good job.'

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 3 - Adequate |
| Quality of staffing | 3 - Adequate |
| Quality of management and leadership | 3 - Adequate |

Quality of care and support

Findings from the inspection

People should have a personal plan that is right for them because it sets out how their needs will be met, as well as their wishes and choices. The provider was in the process of introducing a new format for care plans. We saw that there was a range of information contained within both the old version and the new version. We discussed with the Provider that it was difficult to see how the person supported had been involved in the development of their plan. Plans could be improved by including information about the persons strengths and abilities which would help to create plans that supported people to maintain their independence or to gain further independence where appropriate. Further work was required to help staff understand the outcomes that people could expect from their care and support.

We also looked at risk assessments. It was clear that staff required further support to understand how to write a risk assessment that clearly identifies the risk to people's health and wellbeing. We shared examples with the management team during feedback. It was good to see that staff worked with a range of other professionals to help ensure that appropriate advice and guidance was available for people in relation to their health and wellbeing - for example, from dietitians, psychologists and district nurses.

If people need help with their medication, they can expect to have as much control as possible. We looked at a sample of records where people required full assistance to manage their medication. We saw that people had been provided with secure storage for their medication and that staff provided support to order and administer medication. For oral medication administration were generally accurate, for topical prescriptions like creams and lotions, there were frequent gaps in recording that did not demonstrate that these preparations were being applied as prescribed. The provider had recently completed a medication audit where this had been identified and actions agreed to address this discrepancy.

People should expect that where their independence, control and choice are restricted, that this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively. We saw that where people had been appointed a guardian that relevant documentation was in place. It could however be clearer within support plans how the powers appointed to legal representatives have been delegated to the staff team. In addition, the manager should ensure that there is a regular check of legal documentation to help ensure it is in date. We recommended that the manager consider using a central register to record this information which would help to keep this information up to date. We have provided the manager with an AWI register from our website.

We looked at accident and incident records and saw these had not always been followed up or notified to relevant agencies such as the Care Inspectorate. We also discussed the importance of ensuring that these are followed up and any actions taken recorded for example medication errors. We received retrospective notifications following our discussions prior to the conclusion of our visits.

People using the service, relatives and members of the multi-disciplinary team spoken with provided generally positive feedback about the support and the staff who provide it.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. We recommend that the provider and registered manager reviews the system of recording and reporting accidents and incidents to include consideration to Care Inspectorate notifications as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting', Care Inspectorate (Published 2012, amended 2015).

This ensures care and support is consistent with the Health and Social Care Standards which state that, 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People using the service should have confidence in the staff because they are trained, competent, skilled, are able to reflect upon practice, and follow their professional and organisational codes.

We sampled recruitment record for new staff and found that the provider was following best practice in relation to safer recruitment.

Staff training records showed staff had access to a variety of training to support them to carry out their role. We discussed the training needs of staff to help them to understand differences to how they should provide support to people since the change of registration from being a care home to housing support and care at home and to meet health and wellbeing needs. We would recommend that staff have further training in risk assessment, vagus nerve stimulator, catheter care, Adults with Incapacity Act, Learning and Physical disabilities, and the housing support and care at home model.

Staff had access to formal qualifications such as Scottish Vocational Qualifications (SVQ) 2 and 3. Staff were mostly registered or were aware of the need to register with the Scottish Social Services Council (SSSC). We discussed the importance of the manager and provider ensuring staff are aware of their responsibilities to register within appropriate timescales. This includes ensuring the application process is completed timeously and staff are registered within legal requirements.

To support staff to do their jobs the provider had processes such as team meetings, supervision and appraisals where they could share information, experiences, suggestions and issues. We discussed how we found these processes were not as regular as they should have been and staff would have benefitted from the guidance and support as the service was undergoing a major transformation with the change of registration.

Staff had been given Adult Protection training and were able to describe what the actions they would take if they had or witnessed any concerns.

Staff were helpful throughout the inspection and had good ideas and were enthusiastic about taking the service forward. Staff spoken with raised concerns about the lack of support they received particularly about what they should be doing to and changing since the service changed its registration. The provider and manager should involve staff and harness their ideas as part of making improvements.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. We recommended that the manager introduces a system of prompts and checks for new staff to ensure that they are fully aware of the requirement to register with SSSC and the defined timescales. New staff should be encouraged to submit their application in plenty of time to ensure that they are registered within the six months of commencing in post.

This ensures care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in my staff because they are trained, competent and skilled, are able to reflect upon their practice and follow their professional and organisational codes.' (HSCS 3.14).

2. The provider should continue to review the training that staff receive to undertake their roles and this should include risk assessment, vagus nerve stimulator, catheter care, Adults with Incapacity Act, Learning and Physical disabilities, and the housing support and care at home model.

This ensures care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in my staff because they are trained, competent and skilled, are able to reflect upon their practice and follow their professional and organisational codes.' (HSCS 3.14).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service changed its registration and was registered as a housing support and care at home service on September 11 2017.

We were disappointed to find during the inspection that there had been very little progress made in practical terms to make the changes required to the support provided in line with the new model of care. We discussed our concerns with the provider and manager and recommended that they developed an action plan involving the people using the service and their families showing the changes that required to be made and the timescales for doing so. We also recommended that they provide the Care Inspectorate with regular updates about the progress being made to implementing the necessary improvements.

The provider had a range of audits and checks in place to ensure the support provided to people was of a good standard. We discussed during feedback the importance of these being undertaken regularly and that they are effective in identifying issues, remedial action that requires to be taken by whom, when, and when these are completed.

We also discussed the providers responsibility to have a clear role in the development and improvement of the service including regular quality assurance checks to ensure that the service provides a good quality of care and support.

At the time of the inspection and during the last twelve months the service was going through a major transformation. The provider needs to ensure that there is clear, effective and supportive leadership for all staff to help them to make the necessary changes so that the service provides care in line with its registration as housing support and care at home.

During feedback the provider acknowledged that there was a lot of work to do and provided assurances that action would be taken to ensure that there would be a planned and coordinated action taken to make the necessary improvements identified during this inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider to involve the people who use the service and their families in developing an action plan for taking the service forward and for making improvements. The Care Inspectorate to be provided with monthly updates about the progress being made.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'I can be meaningfully involved in how organisations that support and care for me work and develop.' (HSCS 4.6).

2. The provider and manager to ensure that quality assurance processes are effective at identifying and issues and how these are dealt with.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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