

Magdalen House Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 September 2022

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 18 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'.

About the inspection

This was an unannounced inspection which took place on 15th and 16th September 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with two people using the service and four relatives of three other people supported by the service. We spoke with four members of staff (Support Workers and Senior Support Worker) and management. We observed practice and daily life and reviewed documents which included staff supervisions, a folder of audit procedures and records, a service development plan and individual care plans (four for worker reference and four held by tenants).

We looked at service records of accidents/incidents, staff training records and a sample of medication records. We spoke with a Social Worker and Contracts Officer who both worked closely with the service.

Key messages

Staff were very good at developing meaningful relationships with people.

Staff felt well supported by the management team.

The staff team had a very good understanding of tenant communication and mood.

The service focussed on promoting rights and choices.

The service was catching up with care plan reviews.

Processes around staff supervisions, appraisals and team meetings were improving.

The recording and storage of information could be more accessible for staff.

The service should compile an improvement plan in consultation with stakeholders.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw that people experienced warm and compassionate care and support because there were encouraging, positive relationships between staff and people making use of the service. We observed first aid being administered to one tenant and this was done sensitively with compassion and warmth, but also with humour, which relaxed and reassured the individual.

It is important for people in this service to know who will be supporting them. People felt confident in their care because every effort was made to let them know who was going to provide their care and support. Staff knew how best to communicate any changes to each individual, so that they were clear what to expect from their support. Staff clearly knew the people they supported very well and were able to minimise the impact of any disruption or staffing change.

We read several examples of risk assessments which were clear in their advice and assessed risks but were also clear in their tone, not to be restrictive. This showed us that this service was risk-enabled and respected the wishes and choices of those that had capacity to make them, including Guardians when appointed.

We heard of several examples where behaviour could have been seen as challenging to others, and staff provided sensitive support to reduce the impact on other people. Staff told us that management and peers were available for emotional support or reflection if they were affected by such incidents.

We found the records and documents held by the service to be extensive and informative. However, they were inconsistently distributed between dividers and there was no 'content sheet' to help navigation. We saw that there was an audit sheet but this did not have provision for confirming that remedial action had been completed. To improve the quality of care planning and record keeping we strongly suggested that the associated paperwork was reviewed. This should be done in consultation with staff to ensure that it is fit for their purpose of supporting people effectively. (**See Area for Improvement 1**).

The file retained by tenants was smaller in contents but one tenant suggested that they could be personalised or made 'easy-read' as required.

We saw through the review process that people were fully involved in decisions about their care and support. People were supported to build, maintain or regain their confidence and to have a strong sense of their own identity and wellbeing. People could choose how they spent their time and benefited from maintaining and developing their interests and what matters to them. Regular six monthly reviews had been difficult to implement through the recent pandemic but the management team had a plan in place to re-establish this legal process.

We spoke to relatives who had lost their sister in recent months. They explained that the staff and management had to adapt and change to effectively provide for the changing needs of their sister. They stressed their appreciation for the high quality of care and support that was provided to her through palliative and end-of-life care.

Although this service has moved to a housing support/care at home model, there remains communal areas where we saw people socialising and chatting together. It may be appropriate to undertake regular tenant meetings so that people can discuss common issues which may affect all those within the service.

Staff understood the importance of social connectedness and where possible they actively supported people to maintain relationships with those important to them, helping to reduce the impact of social isolation.

People were assisted to keep safe as there were suitable arrangements and processes in place to minimise the risk of infection. The service had established regular monitoring checks for infection prevention and control (IPC) practices. We also saw that there was extensive use of public information posters throughout the communal environment.

There were good supplies of personal protective equipment (PPE) and hand sanitiser. These were located within the service's office and in convenient locations throughout the building.

Guidance had recently changed in relation to the wearing of PPE within communal areas of housing support and supported living accommodation. The service was aware of, and had implemented, the new guidance. Staff had suitable knowledge and guidance and had undertaken training on infection control.

Areas for improvement

1. The service should review its recording and record-keeping processes to ensure that records are accessible and consistent. This will also ensure that documents available to staff, those supported by the service or their legal representative, are accurate and up to date. This exercise should be done in consultation with staff to ensure records (and their storage) are fit for purpose.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

In this setting it is essential that staff continually evaluate people's experiences to ensure that, as far as possible, people who are using the service are provided with the right care and support. We found this to be generally the case.

We read a comprehensive development plan which identified, largely, organisational and managerial objectives. We saw some evidence of leaders empowering others to become involved in quality assurance systems and activities, including questionnaires for staff and those they support. Constructing an effective self-evaluation should lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We suggested that a whole-team approach be adopted to

ensure full consultation with staff on self-evaluation and the resulting priorities for improvement. Consideration should also be given as to how other key stakeholders will be included in this exercise. **(See Area for Improvement 1).**

We found that people were confident giving feedback and raising any concerns because they knew leaders would act quickly and use the information to help improve the service. We saw a 'thank you' card written by a supported person which clearly illustrated the significance and importance of the support and encouragement she received. The verbal response to such correspondence not only encourages further feedback but also instils confidence in the person that their opinions are valid and appreciated. Learning from compliments and complaints is central to quality assurance processes and fully inform the dynamic approach to quality improvement in all areas.

The supervision and appraisal of staff is not only a fundamental support but also ensures that quality of care and support is consistent and assured. Staff, without exception, found the management team to be supportive, accessible and approachable. They also felt that the induction and training provided by the service improved their work performance. However, it is impossible, without a regular appraisal process, to evidence how this improvement is managed or quantified. The service is striving to ensure that this process is reintroduced after being disrupted by the COVID pandemic.

We also saw that regular team meetings had been re-introduced and we suggested that this process is used for sharing of information as well as for consultation, discussion and reflection. Initial topics for discussion may include the format and contents of the service-held file (and the tenant's file) and the implementation of a service self-evaluation and improvement plan.

Areas for improvement

1. The service should undertake a fully consultative exercise to compile a service self-evaluation and subsequent improvement plan. The Care Inspectorate document 'Self-Evaluation and Improvement' (September 2019) was sent to assist in this process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can be meaningfully involved in how the organisations that support and care for me work and develop". (HSCS 4.6) and

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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