

# Magdalen House Housing Support Service

41 Roseangle  
Dundee  
DD1 4LZ

Telephone: 01382 200 890

**Type of inspection:**  
Unannounced

**Completed on:**  
3 November 2023

**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 16 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 between 02 November and 03 November 2023 from 09:00 until 16:00 each day. One inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This was a pilot inspection to test a new way of confirming that better performing, low risk services are continuing to provide good quality care and support.

This inspection is called a core assurance inspection. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support.

We confirmed that the previous evaluations of good and very good have been maintained.

We know this because on this inspection we:

- spoke with two people using the service, and two family members of other people using the service;
- spoke with staff and management;
- observed practice and daily life;
- and reviewed documents.

## Key messages

### Legal Assurances

We found that people were safe and protected from harm because the service operated legally and in line with their conditions of registration, including having the appropriate insurance in place. We also noted that the service had clear aims, objectives, values and principles.

### Wellbeing Assurances

Staff were knowledgeable regarding protection responsibilities and had received training in adult support and protection, infection control, food hygiene and other wellbeing topics. This meant that staff understood their responsibility to protect people from harm, infection, neglect, abuse and exploitation.

We saw that appropriate health assessments and referrals were made, when required. There was clear information available to help staff understand and respond to risk.

We observed a medication round and people being supported with their medication needs and checked associated records. This showed us that people's health and wellbeing benefited from safe and effective medication management practices. These interactions were conducted in a compassionate way which promoted choice.

We saw that where people needed support to manage their finances, there were policies and procedures in place to keep their money and valuables safe.

We saw that the service had good governance and quality assurance processes in place, which included the observation of staff practice.

People told us they were able to stay connected with those important to them, and to keep in touch with their local community. This was supported by the care plans we read which included records of 'meaningful connection'.

### Leadership Assurances

The manager had good oversight of the professional registration of staff and ensured this was maintained. This meant that staff were subscribed to an expected standard and code of conduct.

We saw that the service had used questionnaires based on the Health and Social Care Standards to inform its Improvement Plan.

There was a good system of recording accidents, incidents and falls but the Care Inspectorate had not always been notified of these as required. The manager was reminded of the need to submit notifications timeously and to contact inspector if there was any doubt.

The manager had re-established an effective programme of meeting staff individually to support them with work related issues including training, individual professional goals and best practice. This meant that the manager could ensure that delivery of care is of a consistently high standard. Staff we spoke to felt supported.

We found that folders holding management records and processes, for example, team meeting minutes, were not well organised and made accessing information difficult. We suggested that having separate

folders for each management process may be easier to navigate. Also, the service may wish to consider moving to more technological ways of recording and storing information so that changes in service delivery can be shared instantly.

## **Staffing Assurances**

Only one member of staff had been recruited since the last inspection. We read through recruitment details which showed that Safer Recruitment guidance had been followed. Protection of Vulnerable Groups (PVG) check was in place and two references had been received prior to commencing with the service.

Newly recruited staff shadow experienced staff for three days and then have a concluding meeting with management. New staff also have to complete a comprehensive list of core training which includes, Health and Safety, Infection Control, Adult Support and Protection, Food Hygiene, Mental Health Awareness, Dementia, Dignity at Work, Continence Care, Epilepsy Awareness, Coronavirus Awareness, Environmental Cleaning, Stress and Distress, Hydration, Complex Behaviour, Record Keeping, Equality and Diversity.

Staff told us they had benefited from an induction programme that gave them a basic understanding, and prepared them for the role. People's needs were met because the induction programme enabled staff to support the needs and outcomes of people using the service.

People were kept safe because the service had effective recruitment practices in place. People told us they could be involved in the recruitment process if they wished. There was a clear link between the needs of people using the service and the skills and experience of staff being recruited.

## **Setting Assurances**

All the people within this service were independently mobile so there was no need for a lift or mobility aids. However, there was one hoist within a communal bathroom and although this was not currently used, it was scheduled to have a maintenance check the following week. This would then comply with the relevant regulation.

The manager described, and we observed through our inspection, that a carefully executed refurbishment was on-going. This has been done systematically and sensitively, to ensure that tenants have not been disrupted. The refurbishment will bring 'kitchenettes' to each tenancy and also individual en- suites.

The manager completed the necessary service maintenance checks to ensure that water safety and necessary water temperatures were maintained. The manager also ensured that the necessary fire checks were undertaken at the necessary frequency. This was supported by the sample of monthly records we scrutinised.

This provider had access to two Maintenance Staff who respond to maintenance requests across several sites. Requests for assistance was prioritised based on urgency and risk. From our observations within this service we concluded that this was an effective system. On the very rare occasion that repairs were not actioned then a follow-up request would be submitted.

## **Planned Care/Support Assurances**

We saw that care planning was very person-centred and we were impressed with the use of the Health and Social Care Standards in this process. We tracked how care and support was planned and implemented through discussion and decision-making with the supported person. We spoke to two people and a further two relatives and all described delivery of care that was in accordance with their needs and wishes.

All stated that they were central within the review process and felt they were 'listened to'. The relatives we

spoke to, in particular noted that the staff 'knew' the people that they supported very well. We observed interactions throughout our inspection which supported this.

Some people told us that they undertook some form of voluntary work and they acknowledged that the support they received from staff played a big part in securing, and maintaining that opportunity.

We saw that points from care plan reviews and tenants meetings had been followed through. For example, people requested a holiday to Blackpool and this was now well into the planning stage.

Where anticipatory care planning, or end of life care, was required the service ensured that this was done sensitively, to a very personal level, with fine detail of personal wishes and preferences.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area 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)**

**This area for improvement was made on 20 September 2022.**

#### Action taken since then

A lot of work has been put into reviewing the format of record and document maintenance.

We sampled three resident files which were divided into a File Audit:

- This is Me;
- Information for Support Staff;
- Care at Home;
- Housing Support;
- Medication/Medical;
- Pictures from Outings;
- Reviews/6 monthly Reviews;
- Risk Assessments;
- PEEP;
- Documents' (incl. Guardianship orders);

- Financial;
- Tenancy Agreement' (incl. Grief, Bereavement, Palliative and EoL Care);
- SLT input and Bowel Screening info.

Another file had clear detail on the use of MAKATON. There was also the good use of photographs throughout.

We found these to be well-ordered and easy to navigate. A big improvement on the previous format.

This area for improvement is therefore met.

## Previous area for improvement 2

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).**

**This area for improvement was made on 20 September 2022.**

### Action taken since then

In the course of our inspection, we saw a very 'live' improvement plan which was within records and also displayed proudly within the communal hallway. There was evidence of on-going surveys and seeking opinion through the review process. The manager explained that it can be difficult to obtain honest feedback as residents often stated what they believed to be the correct answer. They had tried to address this by seeking opinion through talking mats and other communication techniques.

The service was trying other ways of encouraging feedback but it was felt that work already carried out to address this area for improvement was sufficient to assess it as 'met'.

It will naturally form part of future inspections which include evaluations of Quality Assurance.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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