

Yorkare Homes Limited

# Magdalen Park Nursing Home

## Inspection report

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## 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

We undertook an unannounced inspection of Magdalen Park Nursing Home on 30 March 2017. At the last inspection in December 2014, the service was found to be meeting all of the regulations we inspected.

The service provides nursing and personal care for up to 70 adults of all ages who may be living with dementia and/or physical disability. Accommodation is provided over three floors. The ground floor has 24 bedrooms which are split into two separate units (Haven North and South), for people living with dementia. On the first and second floors there are 40 bedrooms in total for people with nursing and residential care needs. Some of the rooms at Magdalen Park are used for double occupancy. The service has an extensive variety of communal areas including lounges, dining rooms, an in house pub, hairdressing/beauty salon and a shop. There is also a library, rooftop garden, and conservatory and entertainment room. There were 62 people using the service when we visited.

There was a registered manager employed when we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider demonstrated how they had achieved outstanding practice, development and improvement at the service. The leadership sought out creative ways to provide a personalised service and had achieved excellent results through exploring best practice and implementing this at Magdalen Park. The staff team were highly motivated and were actively involved in and contributed to continuous improvements in care and running of the service.

The registered provider and manager were dedicated to providing care which met the highest of standards. They strived for excellence through consultation and continually reflecting on how to improve the service further for people who lived at Magdalen Park. The registered manager demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using The National Institute for Health and Care Excellence (NICE) guidelines. In pursuit of excellence, the registered provider regularly read the 'outstanding' rated CQC inspection reports for other services and visited other services that had achieved this rating. They used them as a way to benchmark the quality of care provided at Magdalen Park and as a source of best practice ideas they could adopt.

Communication at all levels was clear and encouraged mutual respect. The service was recognised by schemes which reward quality, for example, achieving a Healthcare Design Award. The management team respected, supported and listened to staff at all levels to improve the quality of service. Staff members had lead roles for promoting best practice in chosen areas to improve the quality of the service. This showed

that the registered provider placed a high value on meeting the needs of people and their relatives.

People received exceptionally effective care. The service demonstrated person centred ways of meeting people's hydration and nutritional needs and were proactive in ensuring these needs were met. Staff worked creatively to meet people's needs and practices were actively followed by staff which had resulted in positive outcomes for people living at Magdalen Park.

There was a truly friendly and open atmosphere on entering the premises. A positive and inclusive practice for managing risk at the service had been adopted. All areas of Magdalen Park had been designed for the needs of people who used the service and there were specific areas to promote the independence and wellbeing of people who lived with dementia. There was plenty of communal space, with additional quiet areas where people could sit in peace. We observed that this was a safe home with a well-designed layout enabling staff and visitors to move freely within the environment and its grounds safely.

The service provided outstanding care to people, which was continually reviewed to ensure the best possible outcomes were achieved. People and their relatives told us staff were exceptionally caring and sensitive to their requirements. We found, without exception, staff went the extra mile to ensure people were safe and happy within their lives. People were at the heart of the service, which was organised to suit their individual needs and aspirations. People's achievements were notable and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. Without exception, people who used the service and their relatives were extremely complimentary and positive about the staff that supported them.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. The registered provider's recruitment processes ensured suitable staff were recruited and during this inspection we saw there were sufficient staff available to provide support to people when needed. This included support for people to eat, drink, and move around the home safely and to be involved in activities when they wanted to. We found that people's medicines were safely managed

There were procedures and risk assessments in place that staff implemented to reduce the risk of harm to people. This included staff's understanding of the signs of abuse. People's ability to make decisions was assessed and where people lacked the mental capacity to consent to their care and welfare, actions were taken in their best interests. There was evidence of communications with other health care professionals and people's relatives ensuring that significant individuals were involved in making decisions about people's needs where appropriate. The registered manager had taken appropriate action when people did not have capacity to consent to their care or treatment and applications had been made to authorise restrictions on people's liberty in their best interests.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and appraised regarding their personal performance. Staff told us they felt supported by the registered manager and provider and were supported through training and meetings where their views were listened to.

There were a wide variety of activities for people to participate in both within and outside of the home. Activities were individualised and meaningful to people and designed around people's own interests and hobbies.

There were systems in place to monitor the quality and safety of the service and identify any improvements that were needed. People who used the service, relatives and staff were confident in the leadership of the

service. They were encouraged to raise any areas of concern, which were taken seriously and the appropriate action taken.

## 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.

There was a positive and inclusive practice in managing risk at the service. People had the opportunity to live a full life without undue constraint because of the way risk was approached and managed at Magdalen Park.

The registered manager and provider were proactive in addressing issues of safety so that people were supported to live fulfilling lives. This included reviewing sessions which actively empowered people, their relatives and staff to raise any concerns about risk at the service.

Staff had a clear understanding of the role they had in safeguarding people from abuse. They reported to management any concerns they had and they told us who they would report outside the organisation where needed.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Good 

### Is the service effective?

The service was extremely effective.

The service worked proactively to promote people's health and wellbeing. There was a strong emphasis on ensuring people's hydration and nutritional needs were met and this had contributed to positive outcomes for people.

Staff were skilled in meeting people's needs and received on-going support from the registered manager and senior care staff through regular supervision and training. Mandatory and specialist training was based on current best practice and guidance, so staff had the most up to date information to support them in their work.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity

Outstanding 

### Is the service caring?

The service was extremely caring.

Without exception, people and relatives praised the staff for their caring and professional approach.

We saw evidence that staff and managers were going the extra mile to provide compassionate and enabling care to people living at Magdalen Park.

People were supported by the registered manager, provider and staff who were committed to a strong person centred culture which put people at the centre of the care provided at the service.

**Outstanding** 

### Is the service responsive?

The service was responsive.

People and their relatives consistently told us the service people received was responsive to their needs.

People's care was tailored and based on their needs and preferences. This was kept under review and staff responded quickly when people's needs changed.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing.

The service had a complaints system which ensured all complaints were addressed and investigated in line with the service policy.

**Good** 

### Is the service well-led?

The service was extremely well led.

The registered manager and provider proactively looked at ways in which the service could be continually improved for the benefit of people living and working there. Effective quality assurance systems were used to ensure shortfalls were highlighted, and that an outstanding quality service was provided.

The culture of the service was positive and person centred. People lived in a home where they were sure their views were

**Outstanding** 

valued. People living at the service, their relatives, staff and other professionals were all asked for their views and these were listened too.

The management were described as approachable by people, relatives and staff without exception. The service was creative in its approach to support.

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# Magdalen Park Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Magdalen Park Nursing Home on the 30 March 2017. This was an unannounced inspection and was completed by two adult social care inspectors.

Before our inspection we reviewed all the information we held about the Magdalen Park. We examined notifications received by the CQC. The registered provider is required to notify us of any events at the service that affect how the service runs or people who live at the service. We also contacted the local authority safeguarding team and commissioners to ask for their feedback about the service. The registered provider was not asked to submit a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the service.

We spent time talking with people who used the service and staff members in communal areas and observed how staff interacted with people. We visited people in their own rooms when invited. We spoke with three people who lived at Magdalen Park and three relatives during the course of our visit; we also spoke with the registered provider, registered manager, a nurse, and two care staff. We reviewed six people's care and support records, including assessments, care plans and records of care given. We also looked at medicine records, staff rotas, five staff files, maintenance records, meeting minutes and quality assurance records relating to the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt physically and emotionally safe and expressed high levels of satisfaction at Magdalen Park. One person told us, "This place is so good and the staff are marvellous. I have dizzy do's so the staff always help me when I'm bathing or in the shower to make sure I don't fall. My health has improved since I came here" and another said, "They [staff] are always asking if you are okay, it's marvellous here [the service]."

Relatives we spoke with said they felt their loved ones were safe living at the service. For example, one relative commented, "[Name] is doing so well since coming here. He has even had his pain relief reduced. He is always made safe and comfortable" and another told us, "[Name] has continuous care here, it's superb."

We saw '6C' reviews (care, compassion, competence, communication, courage and commitment) had been introduced with people, their relatives and staff at the service. These were introduced after a director of the organisation witnessed 'Toolbox talks' on a building site in which health and safety issues were talked about and addressed. People, their relatives and staff were encouraged to raise any concerns they had about safety at Magdalen Park.

We reviewed a selection of these '6C' reviews from February 2017 for people using the service and saw that discussions were held about how safe people felt, health and safety within the home and staffs use of personal protective equipment. We saw comments included, "Residents said that staff always wear gloves when assisting them." We discussed these reviews with one person who told us, "We have regular meetings where we can talk about anything, such as if anything in the home needs repairing. They are really good and we get to know what is going on and things are always acted upon and we get feedback at the next meeting." The staff '6C' reviews we looked at reported on discussions and practical examples shown to staff, such as how to use spillage kits for bodily fluids, people's moving and handling requirements and updates, and encouraging people's fluid intake. This showed the service actively encouraged people, their relatives and staff to raise their concerns about risk at the service and recognised the importance of continually ensuring people were safe.

We saw that the service displayed a transparent culture in relation to people's safety. The registered provider had asked a member of the local authority health and safety team if a health and safety visit could be carried out at Magdalen Park. This had happened at the service for the last two years and as a result we saw potential risks had been highlighted and the service had taken action taken to reduce them. For example, the use of valance sheets on people's beds had been reduced for people who are at risk of falls.

The registered manager monitored and analysed all accidents and incidents such as falls and pressure damage. This ensured any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. We saw examples of how the service made immediate adjustments or improvements to ensure people remained safe. For example, sensor beams were fitted in some people's rooms to alert staff when they were moving around. This showed us the service continually sought ways to make improvements to keep people safe.

We looked at how risks were managed and addressed within the service. We saw that a range of environmental risk assessments had been conducted and recorded with details that provided guidance for staff about how to minimise risks. These covered both the internal and external areas of the service such as the gardens, entertainment room, shop and hair and beauty room. The risk assessments identified specific hazards and control measures, which had been put in place to minimise the potential risk in the event of accidents and incidents.

Risks to people's personal safety had been assessed, covering areas such as bathing, moving and handling, falls, medicines, pressure care and behaviour. Plans were in place to manage these risks in the least restrictive way possible, supporting people to retain their independence. For example, one person's care records stated that they liked to be in charge and tell others what to do and could sometimes misinterpret conversations and become upset. The risks this presented had been assessed in detail, and balanced against the greater risks to the person's wellbeing if they could not do this. When the person was presenting in this way staff were instructed to encourage them to change their surroundings and tell the person all jobs had been done and that they [the person and staff] were supervising others to ensure they continued to do a good job. During the inspection we saw the person helped in the service shop to stock the shelves.

The service had a health and safety champion whose role was to research best practice in health and safety and to offer advice and guidance and to highlight good and poor practice. The champion provided a monthly report for the management team to describe good and poor practice observed, any best practice research they recommended, and any actions taken as a result of their findings. For example, we saw when issues of unsafe posture were highlighted for one member of staff, an appropriate chair that offered lumbar and back support had been provided.

The training information we looked at showed staff had completed training which supported them to work in safe ways. Staff told us about the equipment they used to ensure people were moved safely and were also able to demonstrate the service fire procedure and evacuation plans in the event of an emergency. A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced. Each person had an up to date personal emergency evacuation plan (PEEP). These included important information about the care and support each person needed in the event they needed to evacuate the premises, were taken to hospital or elsewhere in an emergency, ensuring continuity of care for people who lived at Magdalen Park. Records showed that all necessary checks had been carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order.

We saw the service used positive and inclusive ways to manage risk and keep people safe. The fire trainer had held a discussion with people who used the service about what they would be required to do, and what the staff should do, in the event of a fire. We saw that people who had attended had said they felt a lot more confident about the subject afterwards and one person was now regularly involved with the fire drills at the service. Due to the success of this another session had been planned and the service intended to invite family members to attend.

Magdalen Park followed the registered provider's guidance for the safeguarding of vulnerable people and we saw concerns were referred where necessary. All staff received training in safeguarding vulnerable adults as part of their induction training and refresher training thereafter. Staff demonstrated confidence and understanding of how to safeguard people who used the service; they understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns. One member of staff told us, "I am fully aware of abuse and how to report this to my manager or senior staff" and another said, "We have safeguarding training every so often. I look for uncharacteristic behaviour in people and any

bruising or marks. I would go and speak to my senior, manager or the owners. I know about the whistleblowing policy and I would report to CQC if I needed to." The registered provider also had a whistleblowing policy, which enabled staff to raise concerns. This showed that there was a robust system in place to manage safeguarding concerns and protect people from avoidable harm and abuse.

We saw staffing rotas that indicated which staff were on duty and in what capacity. These rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of registered nurses, care staff, domestic and laundry assistants, an administrator, catering staff and maintenance personnel. Staffing ratios were responsive to people's changing needs and preferences. This allowed for people to make full use of all of the facilities the service had to offer. During the day of our visit we saw people outside in the grounds of the service gardening, planting hanging baskets and tubs, and people also using the facilities available in the service, such as the hair and beauty salon, the shop, the cinema room and the in-house pub. There was sufficient staff to take people to these places and to stay with them so that these areas could be enjoyed. There was a consistent staff group to meet people's needs and to provide personalised care and support with activities, which meant people developed strong and positive relationships. We observed staff were present when people spent time in the communal areas and people who were spending time in their rooms were checked regularly.

The registered manager told us they were currently working on an appropriate 'staffing tool' to use which would help them continually review the service staffing levels to ensure they remained appropriate and flexible to people's needs. They went on to tell us that since January 2017 staff employed at Magdalen Park were now providing any cover that was needed at the service.

Recruitment processes at the service were robust to ensure prospective staff were suitable to work at the service. We checked five staff files and saw that all staff had been interviewed, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before being offered a role within the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were managed safely and we saw evidence to show that the service continually sought to improve the safe management of medicines and implement changes in practice to achieve this. A high number of staff were trained to handle medicines at the service which meant during each day shift there were five staff available to support people with their medicines and two during each night. Each newly recruited staff member attended an introduction to medication training session and were then inducted by a senior staff member or registered nurse to confirm their understanding of the training. We saw staffs competence in this area was checked prior to administering medicines independently and every six months thereafter, to ensure they were able to administer medicines safely. If a staff member made an error they were stopped from administering medicines until their competency had been reassessed. For example, we saw a recent review of staffs medicine competency checks had highlighted that the assessment needed to be more in depth. This had been addressed and the service had sourced some additional medicine training from an external provider in response to a medication error. We saw that since this refresher training and a subsequent medication quiz had been completed, no further errors in relation to people's medication had occurred.

People received their medicines as prescribed. Storage was secure and recording was complete, so the amount of each medicine in stock could be accounted for. A member of senior staff oversaw medicines ordering and audits of medicines administration records (MAR) to ensure there were sufficient stocks of medicines and that these were properly recorded. Where people were prescribed medicines to take 'as

necessary' (otherwise known as PRN), there were care plans with clear instructions for staff that set out what the medicines were and when they should be used. Controlled drugs were stored within a secure cabinet within the treatment rooms. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Good practice guidelines were followed when administering controlled drugs.

## Is the service effective?

### Our findings

Without exception, people we spoke with told us they trusted the staff supporting them and felt they were well trained. One person told us when speaking about the staff, "All of the staff are so helpful. Since I came here my health and appetite has improved so much. This place is lovely and there should be more like it out there." A relative told us, "The staff are fantastic, they communicate well with me about [Names] care and health."

The registered manager and provider were passionate about providing different ways of developing staff knowledge. There were 'Champion' roles within the service where they [registered provider and registered manager] had ensured staff had an enhanced level of knowledge in areas such as, health and safety, end of life care, infection control, dementia, moving and handling, dignity and nutrition and hydration. The registered provider told us that these roles and responsibilities had led to improved understanding of people's health related needs. We saw monthly reports were created by each champion which included how they had promoted the importance of the subject when working with people using the service, their relatives and staff.

People were cared for and supported by well trained, motivated and highly skilled staff. A comprehensive training programme was in place for new staff and there was continuing training and development for established staff. The registered manager oversaw staff's training needs through a detailed on line training matrix and was thorough in ensuring all staff undertook all the necessary training. Records and certificates of training showed that a wide range of in-house learning was provided for all staff by the service training manager. This included areas such as fire safety/evacuation, dementia, equality and diversity, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), food safety, moving and handling, infection control, safeguarding adults, care planning, end of life care, challenging behaviour and health and safety. To further enhance the skills of the care staff they had achieved, or were working towards, the level 2 and 3 diplomas in Health and Social Care.

All new staff underwent an induction programme within a three month period of starting work at the service which we saw included completing the Care Certificate. The Care Certificate is a set of standards that guides social care and health workers in their daily working life. It is the new minimum standard covered as part of induction training of new care workers. One member of staff told us, "I really enjoy my training; [Name of training manager] puts it across to us really well. Yesterday I was doing my care certificate and today when I have come to work I have remembered something from it whilst working." At the end of the 12 week period staff had an appraisal with their manager to discuss their role. There was evidence of regular one to one meetings known as supervisions and appraisals.

Staff had monthly supervision sessions and records seen evidenced their frequency and contained feedback about any areas of improvement, support needed and discussion around the values of the service. The meetings were also used as a tool to check and confirm staff's on-going competency in various subjects, for example, medicines, MCA, safeguarding and whistle blowing. In addition to this staff completed regular 6C reviews in which their practice was discussed in areas such as maintaining peoples dignity, peoples fluid

intake, personal care, moving and handling and care records. One member of staff said, "The 6C's are something we should be doing every day," they went on to tell us, "It's very friendly working here [the service]. Everything flows, information is passed on and everyone works together" and another said, "It's amazing working here. I am supervised and supported well. We are like a family."

The registered manager was a qualified Dementia Care Mapper. Dementia Care Mapping is an established approach to achieving and embedding person centred care for people with dementia which is recognised by the National Institute for Health and Clinical Excellence (NICE). We saw the service had identified that one person living with dementia was having difficulty engaging and being involved in group activities with staff and on a one to one level due to their diagnosis and actions towards staff and other people living at Magdalen Park. A dementia mapping session was completed with the person which recognised that the person had no stimulation in their own room and was often sat with their eyes closed, as if asleep. Following the mapping a personalised behaviour management plan was created which focussed staff towards ways of supporting the person. This was to prevent the likelihood of increased behaviours and explained how best to support them during times of anxiety. The person's room was personalised with items of interest to them such as information on where they had travelled during their life, photographs of their family and classical music playing in the background. This had a positive impact on the person as they were now stimulated and able to be involved in meaningful engagement with staff.

People received care that was personalised to their individual needs from staff who had a thorough understanding of their needs and were confident in supporting the people at the service who were living with dementia. One member of staff told us, "I have just started working on Haven [one of the dementia units]. It is the best, I have done training on dementia and if we just keep speaking to people we can learn about them. For example, if people are unable to tell us what food they would like we would show them the meals" and another told us, "I have done a course on dementia. We always give people choices and it's about looking at some people's facial expressions. I support one person who is unable to verbally communicate and I know when they are happy as they smile a lot and their eyes are bright."

The physical environment demonstrated the registered provider's commitment to providing an environment that enabled people to be as independent as possible whilst living with dementia. The service had won a Healthcare Design Award, for best New Build Care Home in the UK for 2015. The service included a full traditional 'street scene', along with its own licensed pub, the 'Magdalen Arms', a shop and a hairdressing salon. During our inspection we saw people accessing these areas of the service. We saw contrasting colours for hand rails and between walls, flooring and doors to provide clear lines of sight for people and to help them judge distances. Signage around the home was word/symbol signage so it was more easily visible to people with cognitive difficulties. The design of the premises was completed in ways that kept people with dementia orientated and stimulated. We saw the service was equipped with reminiscence and sensory stimulation materials in order to help create a calm and relaxing environment for people. This included handbags, twiddlemuffs, large jigsaws, balls, and colouring books and pens. We saw staff at the service had made tactile activity cushions that had different textured materials on them and a fisherman's jacket for people to wear which was covered in laces, clips and bows. This reflected best practice evidence of what works best for people living with dementia.

As part of the inspection visit we looked at how the service managed people's healthcare needs. We did this to check if people received appropriate care and treatment. Peoples care records we reviewed showed health care needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, physical and mental health. One person told us, "I have good access to my GP if I need it." Relatives of people who lived at the Magdalen Park praised the way their health care needs were met. Comments included, "I am always

communicated well with about [Names] health. They always keep me up to date."

The registered provider, manager and their team were passionate about researching and introducing creative methods to encourage people to eat and drink well. A 'Hydration project' to increase people's fluid intake had been introduced after speaking with people and their relatives and recording person centred fluid targets. These were based on any illness, how active the person was and how much they liked to drink. Two trials were set up by the nutrition and hydrations champions which were encouraging more fluids in the first three hours of getting up and hosting group coffee mornings every day where everyone drank together. The results from this had a positive impact on people's fluid intake and of the 24 people living with dementia at the service there was a 67% reduction in the amount of falls they had. A common complication associated with dehydration includes an increased risk of falls. Records also showed an improvement in people's wellbeing and interaction between each other and staff. During the inspection we saw this project had been expanded and staff had created more innovative ways to encourage people to drink more such as 'Mocktail Mondays' which included fruit drinks and fruit skewers which contained fruits that were high in water content.

One person's relative we spoke with acted as a nutrition champion on behalf of the people who lived at Magdalen Park. They told us that staff had tried pureed diets to see what the experience was like for people who required pureed food. They went on to tell us, "[Name of relative] has pureed food and I spoke to the head chef who has bent over backwards for [Name] to ensure their meals are flavoursome and appetising. For example, at Christmas they even pureed Christmas pudding for him as he adores this."

We observed lunch in two separate areas of the service and saw this was well organised, very enjoyable and promoted as a social occasion. Staff supported people who lived with dementia with a discreet and extremely caring approach. We observed people eating their midday meal and saw they were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. We saw they provided everything they could to maintain people's independence and ensure they did not take unnecessary control. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs. Everyone we spoke with said the meals were very good. One person said, "The food here is fantastic."

The 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's rights were protected because the registered manager and staff understood about their responsibilities in relation to the MCA. Where there were concerns about a person's ability to consent to aspects of their care, staff assessed whether the person had the mental capacity to give this consent. Staff we spoke with showed a good knowledge of how the principles of the MCA were applied. One staff member told us, "The MCA is used to see if people have capacity to make decisions about their own care and giving people choices. The senior staff will complete best interest meetings where required" and another told us, "I have done MCA training and we always assume the person has capacity until you know otherwise."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in terms of DoLS. They had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the local authority and maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We saw any

authorised DoLS had been reviewed at required timescales.

## Is the service caring?

### Our findings

The vision and values at Magdalen Park promoted people's rights to receive care that was based on freedom of choice, independence and living a dignified and fulfilled life; this was reflected in the care that people received. People were exceptionally well cared for and were consistent in their high praise of the service. One person said, "The care I receive is marvellous." Relatives told us, "The staff here are fantastic" and, "The staff treat [Name] as a gentleman and not a number. He has a garden area outside of his room which makes it special for him."

People who used the service were quick to give us examples of how caring the service was to them. For example, one person said, "The staff always treat me with respect and dignity. They give my wife and I time alone together when she visits and are not intrusive at all" and another said, "I always get a hug from [Name of registered provider] when I see him."

During our observations the staff we observed were highly motivated to provide excellent care; all of the interactions between staff and people using the service were confident and positive, staff valued and respected people as individuals. Staff were seen to address people by their preferred names and spoke with them in an adult way, took time to pay attention, listen and understand what the person said or communicated through their body language, facial expression and gestures. We saw people were rarely upset because staff understood their communication and provided the reassurance they needed, when they needed it. For example, we saw one person was supported to communicate with the use of pen and paper and at lunchtime the choices of meal were written down by staff to support them to choose what they would like to eat. A relative said, "Staff are very attentive. I cannot fault them."

People were treated with the greatest dignity and respect. The service had a dignity champion and each month they compiled a report of any good or poor practice observed and recommendations and action taken. We saw staff took the time to talk with people about what they wanted to do and asked permission before supporting the person in anyway. At one point during our inspection we saw a person becoming upset and anxious as they couldn't decide where to sit or who with at lunch. A staff member was quickly on hand to reassure the person and remind them it was their home and they could sit where, and with whom they wanted to; all of the time the staff member was holding the persons hand. We noted the person appeared much more relaxed, and made a decision where to sit. The staff member handled the situation with sensitivity and respect.

Staff went the extra mile to help ensure they met everyone's needs or wishes. For example, we saw two staff had volunteered on their weekends off to support one person to attend their granddaughters wedding; as this was important to him and his family. We saw the person's relative had sent a thank you letter to the service and comments included, "A big thank you for helping my granddad to attend my wedding day. Thank you to [Names of staff] for taking the stress away from us and we couldn't have done it without you."

The service had some rabbits that were very popular with the people who lived there. We saw one person in particular suffered a lot of pain due to an illness and sometimes had to spend days in bed with fatigue. The

pain was an issue when the person was sitting having their hair done in the salon. The person loved spending time with the rabbit and it was noticed that when they had the rabbit with them their pain appeared to subside. One member of staff had put the rabbit on the person's knee when they were having their hair done and we saw the person and the rabbit were now almost inseparable. This had such a positive impact on the person's wellbeing the person and their husband had started a 'Rabbit fund' which contributes to the care of the rabbit family at Magdalen Park.

People's wellbeing, confidence and independence had developed because of how the staff cared for them. One person had been receiving end of life care when they came to live at Magdalen Park and we saw that at one point they were eating almost nothing. The staff team had worked tirelessly with the kitchen staff to find out what the person used to eat at home when they felt unwell, and discovered this was warm milk and bread mixed together, which the kitchen staff made for the person and they began to eat this. After a while they progressed to pureed food and were now eating a normal diet. The kitchen staff spent time with the person asking advice about what vegetables to plant in the service gardens as the person used to love gardening and staff purchased window boxes for their room to grow cucumbers, as this was their favourite vegetable to grow. Slowly the person built up their strength, and this care and support had such a positive impact on the person they were now fully recovered, and along with another person and a member of kitchen staff has founded the 'Garden Enthusiasts of Magdalen' (GEM). GEM looked after the gardens at the service and grew and sold flowers. The person now grew their own cucumbers, which had won first prize at a local show in 2016. We spoke with the person and they told us, "I love it here because the staff care."

Great importance was attached to supporting people to maintain communication and important relationships within their own family. People and their relatives told us there were no restrictions on visiting. It was evident during the inspection when family members visited and they were greeted warmly and in a way that was clear that staff knew them well. One person's relative told us, "All of our family come and visit [Name], it's like a home from home" and another told us, "I visit every day and I come back at 9pm until 11pm every night as this is when [Name] is at his best. Visiting is so flexible which is great for me." The service had an internet connection that was available to all people free of charge to use and one person told us, "I keep in touch with my family using the telephone and Skype." Skype is an instant messaging application that provides online text message and video chat services.

The service had been nominated by a relative in 2016 to the 'Health and Care Awards' and we saw they were successful at becoming a finalist in the outstanding health professional of the year section of the awards. We saw the letter that had nominated them included comments such as, "As far as my family are concerned, care is the most important element for any nursing home and the quality of care provided by the staff at Magdalen Park Nursing Home is clear to see" and, "The fact that everyone from the manager, who is always there to discuss any niggles or worry we may have, to the ancillary staff know my grandma and our family and welcome us so warmly means when we leave after a visit we know we are leaving her in caring hands."

The registered provider had a policy and procedure for promoting equality and diversity within the service. We saw that the personalised approach to care ensured that people's emotional, spiritual and social needs were met. People's records we reviewed contained their preferences for male or female support with personal hygiene and how they expressed themselves. For example, one person plan said, "I like to be well presented for my wife. This is very important to me." People had access to advocacy services if required. Advocates are people who provide a service to support people to get their views and wishes heard. Magdalen Park let people know where they could access advocacy support if needed and we saw advocacy services had provided support to people in the past.

The service provided support to people when they were at the end of their life and we saw the emotional

effects of this were addressed with people using the service and the staff team. The service had an end of life champion and we reviewed a selection of the monthly reports which included discussions about how the service could support people with making advanced decisions about their end of life care. The end of life champion had also attended a training course which meant they could facilitate their learning across the service. Records showed nurses had liaised with local Macmillan teams and peoples GPs and this topic had also been talked about in residents meetings to support people to communicate their wishes if they chose to. There was no-one receiving end of life care at the time of the inspection. However, the service had provided this in the past.

## Is the service responsive?

### Our findings

The records we viewed, and feedback from people's relatives, showed us that staff were person centred in their approach to people's needs. One person told us, "Staff always talk things over with me and I discuss things with my family. They [staff] always listen and give me choice." A relative told us, "The staff listen to me and [Name] and we are always able to make choices."

All of the people who used the service had a plan of care which was held electronically. The registered provider completed an assessment of people's needs prior to them coming to live at Magdalen Park. The staff we spoke with had a detailed knowledge of people's personal histories, preferences and needs, and spoke about them as people rather than describing them in terms of their needs. This reflected that staff had adopted the person-centred values of the service.

The care plans we reviewed were personalised and contained information which reflected the person's individual needs, what was important to them and their personal histories. This was followed by care and support plans covering all aspects of the person's life; these were detailed and included the support needed, the aim of the plan and the desired outcome. For example, one person's plan for personal care said, 'I cannot bathe or shower so will need support with personal care four times a day as well as bed baths' and, 'I like to look smart and clean shaven.' Another personal plan for mouth care said, 'I like fresh water, mouth sponges and Vaseline tips to be used on my mouth. This is to treat mouth ulcers.' These records were regularly reviewed and updated by senior members of the staff team to identify any concerns and monitor that care was being delivered in accordance with the person's plan of care.

People enjoyed a wide range of activities. We received positive feedback from people who used the service about the activities taking place within the service. One person told us, "There are plenty of activities. I like the bingo and dominoes and I go on the trips out which include having tea out and going to garden centres. "We saw the person was busy knitting squares to make blankets. A relative told us, "They [the service] celebrate peoples birthdays and Valentine's day. There is always cake and a party. They took [Name] to East Park to see a World War II display." We spoke with one member of staff who did activities with people one day every week, they told us, "Everyone has an activities assessment completed to see what activities they like to do and a weekly plan is completed and given to each person. Every week we do arts and crafts, movie afternoons and we do a group activity of people's choice in the bar every day. One to one sessions are organised with people and we get the 'Daily Sparkle' every day." The Daily Sparkle is a reminiscence newspaper, published 365 days a year, which offers an ever-changing range of nostalgia topics and activities. During the inspection we saw the Daily Sparkle was handed out and discussed with people and a group collectively chose a movie to watch in the cinema room on the afternoon of the inspection.

The service had extensive grounds that included vegetable patches, an allotment and model animals. The 'street scene' area of the home provided a 'Sweets and Treats' shop, a hair salon, and a pub. A relative told us, "We are able to buy a glass of wine or a can of beer from the in-house pub on an evening when we visit. It's good social activity. When family visit [Name] they are able to have a meal with him in the pub."

We saw from records we looked at that the service offered a seven day programme of activities, provided by three staff. This included in-house activities and trips out. The service had founded the gardening enthusiasts group and another group called 'Make a Wish'. Make a wish involved asking people who used the service what they would like to complete. We saw people had chosen to go to the seaside, pet an owl and visit the theatre. All of these had been accomplished.

We looked to see how complaints were managed. The registered provider's complaints policy was visible in the entrance hall of the service. Checks of the complaints file kept by the registered manager showed that they investigated all concerns raised with them and that appropriate action was taken where needed to resolve the issues and improve practices within the service. People were well-informed about the process for making complaints and relatives told us they knew how to complain and that they felt able to approach any of the management team at Magdalen Park.

People's concerns and complaints were actively encouraged and seen as part of the process of driving improvement. The service recognised that people may have grumbles or concerns they would not wish to deal with formally and encouraged people to raise these. A relative commented that although they had never had cause to complain, "I know if I had to complain it would be dealt with effectively."

## Is the service well-led?

### Our findings

A positive and inclusive culture was promoted by the registered provider, manager and all staff, which was evident upon our unannounced arrival at the service. Staff were friendly, welcoming and the management team demonstrated effective and strong leadership by ensuring the service continued to run smoothly for people living at Magdalen Park, in spite of the inspection.

Without exception, people spoke positively about the running of the service. One person told us, "The home is really well managed. They [registered manager and registered provider] always come to see me and have a chat." A relative told us, "I am always made extremely welcome and [Name] is perfectly happy living here."

The registered provider was committed to providing a warm homely environment and to meet people's individual needs. Their 'Philosophy' statement said they aimed to provide an individual care package that promoted dignity, independence and varied support in the best environment for each person's needs, to make this time of their life as enjoyable and safe as possible. We saw from our observations, discussions with people living at the service and staff, and records we looked at that each person was provided with personally tailored care and attention.

The registered provider and manager demonstrated clear visions and values and were passionate and committed to providing an excellent person centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. One staff member said, "We want people to live their lives how they want to, as it is their home" and another told us, "It's amazing working here."

Staff told us the registered manager was visible and they were united in their praise about how the service was run. They described an open and transparent culture at the service, where they could make suggestions and were listened to. They were able to describe to us their role within the service and what their responsibilities were. They were enthusiastic, motivated and had confidence in the leadership at the service. One member of staff told us, "Anything I've got to say I can go to the manager and you feel like you're being listened to and something will be done" and another told us, "The manager is definitely approachable."

Magdalen Park had the benefit of strong and motivated leadership. The registered manager spoke positively of how they were fully supported by the registered provider, who responded immediately to any situation when requested. They met regularly to discuss quality assurance and other relevant updates. The registered manager was supported by nurses, senior care staff, care staff, activity staff, catering and domestic staff and administration staff. During our discussions they were able to demonstrate a good knowledge of the requirements and responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated a good understanding of people's needs and the needs of the staff team, and any questions we asked were responded to with detailed information. The registered manager told us they shared and learned about best practice from liaising with the local authority and safeguarding teams as well as working with external partners such as local GPs.

The registered manager was well trained and continued to develop their knowledge and professional development to ensure it was up to date. We saw they had completed a qualification from the Institution of Occupational Safety and Health, which they told us, had aided their knowledge and understanding in relation to health and safety and had led them to be more proactive in looking at accident trends. The Institution of Occupational Safety and Health is a British organisation for health and safety professionals.

The management team recognised, promoted and implemented creative systems and worked in partnership with other organisations in order to provide a high-quality service. They strove for excellence through consultation, and research. For example, the management team attend local authority provider meetings and on occasions visited different services to observe their practice and take away information that would help to improve Magdalen Park. The service was also happy to invite other providers to their service to share good practice, for example, the registered provider was a member of the National Association for Safety and Health in Care Services (NASHIC), and we saw a national networking conference had been held by the registered provider which was attended by other leading healthcare professionals. We saw '6C' reviews had been implemented at the service which gave people and their relatives a platform to be fully involved with maintaining safety at Magdalen Park.

Magdalen Park worked towards, and achieved awards for the quality of service provided. These included a design award for the environment and an award for top care home on a website in 2017. The website highlighted the most recommended care homes in each region of the UK. We saw the service had received 18 positive reviews on the website in the last 12 months and overall 28 people and their relatives had awarded the service an excellent rating. Some of the comments included, "The level of care my [relative] receives is very high and I would recommend Magdalen Park to anyone", "From the reception to nursing and caring staff and housekeeping we have been treated so kindly and with professionalism" and, "The management should be truly proud of their home and staff." The awards are based on the review scores from the website as of 31st March 2017.

We saw records that confirmed communication with staff occurred through a variety of channels. Staff told us they had regular staff meetings and handovers. One member of staff told us, "Senior staff always update us if there have been any changes and last month we all sat down and went through some people's plans and we were asked what our views were on them." We saw staff meetings were used to highlight any concerns in the service and drive continuous improvement. 'Lessons learnt' were discussed and at one meeting in February 2017 we saw it had been recognised that a more dignified approach was needed to ensure staff were aware if a person had died. A butterfly was now displayed in the hallway/corridor to inform staff coming into work if a person had died and may still be in their room with their family. Reviews of this practice showed that this was working well.

The registered manager and provider completed regular quality monitoring of the service to drive improvements for people using the service. This included regular audits. Topics audited included falls, accidents and incidents, skin care and nutrition and hydration. We saw where any risks had been identified action had been taken to resolve them. For example, the nutrition audit analysed each person's weight, if there had been an increase or decrease and we saw referrals to dieticians and GPs had been made, if required. This showed us there was a good system in place to identify and mitigate any risks to people using the service.

The service strove for excellence through links within the local the community and we saw people attended local farmer's festivals, entering competitions with vegetables that had been grown at the service. Local schools visited at Christmas time to sing carols and people took part in a wide range of local community activities such as, scarecrow competitions, boccia and Easter bonnet making. Boccia is a precision ball

sport, related to bowls. The service held many events in its own grounds where relatives and members of the public could attend. Every three months a car boot sale was held at the service where members of the community and visitors/relatives could hold their own stalls, flower sales were held in the grounds and a flower arranging club was held every month. This helped to form and strengthen links with the local community, raising the profile of the service locally.

We saw staff regularly completed fundraising for the service residents fund and we saw in March 2017 a bikeathon had been held in the service. Staff pedalled for nine hours non-stop on exercise bikes and raised over £800 for the residents fund. .