

HW Reference:

Time & Duration of Visit: 10.00am to 12.30 pm

Number of people engaged with: 10

Managers Name: Nicole Rands

Enter & View Residential Care Report

Specialism/Service: Accommodation for persons requiring nursing or personal care, Dementia, caring for adults of all ages.

Magdalen Park Care Home

Magdalen lane, Hedon, Hull HU12 8LA

Date of visit: 5th November 2019

Date of publication:

HWERY Representatives: Denise Lester, Pam Wakelam, Karen Meadows, Helen Moore

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch East Riding programme to carry out a required number of Enter & View visits per year to collect the views of people whilst they are directly using services. This will then contribute to its remit of helping ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

This visit was carried out by 4 Healthwatch representatives 2 of whom were volunteers. We were given a tour of the premises by the residential care manager.

We spoke with the registered manager, 10 other staff, 7 residents and 1 relative.

The home has a total of 64 bedrooms providing beds for 70 residents over three floors and divided into 3 distinct areas. There are currently 59 residents. All of the bedrooms have en-suite facilities and there are 9 additional toilets/bathrooms. The Haven on the ground floor provides dementia care in 2 units each with 12 rooms. The first and second floors have 40 rooms in total and are primarily for people with residential care needs, the second floor being used mainly by people who have a level of independent care. Two of the rooms on the second floor are designated as “premium suites” each with a kitchenette and lounge area. These are designed for couples or siblings.

Magdalen Park has a wide variety of communal areas; these include lounges, dining rooms, an in house pub, hairdressing salon, and a shop selling mainly sweets and toiletries.

The home uses an honesty box principle to pay for purchases. There is also a library, roof-top garden, and cinema room.



The home has been open now for 5 years so at the time of the visit. All rooms were being re-carpeted and painted as part of a rolling programme designed to maintain the quality of the service being offered. This has not affected the running of the home and disruption has been kept to a minimum, and has not compromised the safety of the residents.

The Enter & View team were greeted in the reception area via an entry control system. The reception area is spacious and inviting with the manager's office situated nearby. We were asked to sign in by a welcoming receptionist. Hand sanitisers were in place and notices of our visit and the last CQC rating clearly displayed.

Without exception, all of the staff, residents and one relative we were able to speak with, praised the home for the care it provided. We saw that communication at all levels promoted mutual respect. The environment was warm and friendly, with a person-centred approach at all levels.

Recommendations/Observations

- To work with the hospitality manager to look at improving the quality of the food prepared and the freshness of the ingredients bought in.

What is working well

- The laundry system is innovative and organised to ensure that resident's laundry is sorted, cleaned and returned to the correct resident.
- The home has access to De Choker devices on each residential floor which enables staff to access and operate these quickly and effectively in medical emergencies.
- The home has adopted a hand held call bell system that promotes a calm and dignified care environment.
- The home is very much person centered with residents being encouraged to take part in innovative activities that promote independence and self esteem.
- The home actively promotes an environment conducive to residents living with dementia and that actively promotes resident's health and wellbeing.



Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

By safe we mean people are protected from abuse or avoidable harm.

Magdalen Park appeared to have a high standard of cleanliness and was, at the time of our visit, being re-carpeted and painted as part of a rolling programme. We detected no mal odour and lighting and noise were deemed to be at appropriate levels. Relatives that we spoke to commented that they considered the home provided a safe environment with no concerns about safety. The outer door was kept locked using a keypad. Other doors as appropriate were locked using an electronic device. We were asked to sign in and out. Access between floors was by a lift.

A call system was in place utilising staffs' hand held devices. This obviates the use of bells which can be disturbing and intrusive and promoted a calm and dignified environment. All staff wore name badges and different staff roles could be identified by individual uniform styles. This makes for less confusion for residents and relatives.

One lady resident we spoke with said that she *"never had to do anything, she felt absolutely safe and it was like living in a hotel (apart from the food)"*.

We observed that both fire evacuation procedures and infection control measures were in place.

Both the manager and other staff stated that they were happy and that staffing numbers were sufficient to safely meet residents' needs. Recruitment of staff, apart from senior staff, was not deemed to be a problem, nor was the provision of cover when necessary.

Medicine management procedures, including controlled drugs, were observed to be compliant with current legislation. There was a dedicated medicines room which was kept locked. Medicines were managed via a computer system called "Omnicell" which identified each resident and their requirements. The system is audited regularly to ensure compliance.

How effective do service users consider the service to be?

By effective, we mean does residents care, treatment and support achieve good outcomes and promote a good quality of life?

We were told that residents had access to all the necessary external services, including dentist, optician, podiatrist, hairdresser, GP, hospital services as well as a physiotherapy service for winter chest rehabilitation. The manager told us that the only service which was difficult to access was Mental Health.

The home makes use of the local falls team. We saw no trip hazards and fall prevention measures are in place. Corridors on the Dementia unit are fitted with handrails in a contrasting colour to the walls. Toilet and bathroom doors have red painted surrounds, toilet seats and hand rails are also painted red. Toilets also have automatic lighting when entered. Residents' bedroom doors are each coloured differently and are fitted with name and photo plaques where consent has been given.

We observed clear, pictorial signage throughout the residential corridors, all of which were placed at appropriate height levels.

The home has dining areas on each floor that are set out cafe style. Residents are able to take their meals wherever they choose, including in communal areas and in their own rooms. The dining area on the second floor has a kitchenette where friends and family can make themselves drinks and snacks. Whilst the home does have set dining times, residents can choose when to have their meals. We observed one resident enjoying a late breakfast. We saw that there was a four weekly menu in place. This looked varied and appetising.

When asked about the food, one of the residents told us that *"the quality of the food isn't up to my standards"* and that the food *"needed more seasoning and fresher better quality ingredients"*. Another resident stated that the food was *"ok but not great"*.

A member of staff told us that much of the food is bought in ready made, *"the home needs to go back to home cooking"*. At the time of our visit the group's newly appointed Hospital-ity Manager was on the premises and working to improve the food offer. He is a chef by profession and appears to be well experienced. He told us that he was *"excited"* about his role and, although a relatively new member of staff, he was *"happy"* and felt *"well supported"*.

The home is very conscious of the importance of hydration and appropriate hydration arrangements could be identified throughout the home. All communal areas have hydration stations and residents' rooms all have personalised water/juice jugs. Residents' fluid intake is monitored regularly in care plans.

The Healthwatch team were able to speak with the housekeeper who has devised a method to label residents' laundry, which is simple and is working well. This entails attaching a thread of coloured wool or narrow ribbon to items of clothing.

The colour used is specific to each resident. The wool colour used is then attached to a small pegboard against the residents' room number. This idea is being rolled out to other homes in the group.

How caring do service users find the service?

By caring, we mean that the service involves and treats people with compassion, kindness, dignity & respect.

Relatives and residents praised staff for their caring approach. We saw that staff communicated effectively and compassionately with residents and interactions promoted dignity and respect.

Care staff were all observed to knock before entering resident's rooms. We spoke to a number of residents during the visit and the consensus of opinion from those spoken to was all very positive. One resident stated that she was "*comfortable and warm*" and that the staff "*were great*". Another said that they had "*no complaints*" and that "*the girls are wonderful*". Other comments included "*care staff are wonderful,*" and "*staff are caring*". Residents all appeared happy and well-dressed. Residents stated that they could go to bed and get up when they pleased and the home welcomed their friends and family warmly.

Relatives are all able to be included in writing care plans during the admission process. The home uses the Care Doc computer system so that care plans can be updated immediately via staffs' hand held devices. Residents have End of Life Plans only as a matter of choice. All residents have a named Key Worker.

Resident's rooms are all large and clean with appropriate levels of lighting. Residents are able to personalise their rooms, and the rooms we observed, with consent from the residents, were all homely and individualised. Some rooms were available for shared accommodation between couples or siblings. Many of the residents' rooms have a pleasant outside aspect which allows them views of the spacious and well-maintained grounds.

The home has several landscaped garden areas, including a roof garden. These gardens included a bowls area, two greenhouses, raised beds, model farm animals and well furnished seating areas. Rain on the day of the visit prevented residents from using these areas. Additionally, the street scene on the ground floor has a pub, sweet shop and hairdressers. Residents with sufficient capacity keep their own money and can spend in the street as wished. There is also a cinema room on the top floor where residents can enjoy films on a large screen in a cinema style environment.

There are two full time Activities Coordinators in post who work on opposite rotas to cover 7 days a week. We saw a large noticeboard with the weekly programme displayed in text and picture form. A range of interesting activities is available to include bingo, therapy pets, quizzes, boccia, light exercise and games. Social events and outings are also offered and a file is kept showing which residents have taken part. On the day of our visit we saw residents engaged in a form of chair based "basketball". They appeared to be engaged well in this activity with lots of encouragement from staff. This type of activity helps residents maintain dexterity and hand eye coordination.

Residents are also able to take part in Art and Craft activities producing goods that they sell at open days and events. This raises money for the home which is invested in buying new resources. Residents are also involved in gardening activities and have access to the two greenhouses. The home has its own residents' gardening group and the roof top garden has its own bowling green, with the residents taking part in 'inter home' competitions in summer.

The home has access to free transport for external visits to shops, theatre and other homes. One resident told us that *“there is a lot going on, but I choose to do my own thing”*.

There were displays of photographs showing residents engaged in activities, including a visit from some Shetland ponies.

How responsive to their needs do service users find the service?

By responsive, we mean that the services meet people’s needs.

The Healthwatch team observed that one of the strengths of the home is that care is tailored to people’s needs and preferences. We observed that staff were all aware of resident’s needs and displayed patience and empathy in the care they provided. We observed that the home is very ‘person-centred,’ with residents being encouraged to take part in activities that promote independence and self esteem.

Meetings for residents and relatives are held every 2 months. Key Workers are invited to attend residents’ meetings so that they can raise any issues and be part of planning activities in the home. Relatives can also attend a weekly surgery. Staff meetings are held monthly.

Any complaints are dealt with openly and professionally. A section in the residents’ pack, available on admission details the complaints procedure and policy.

Residents are encouraged to stay connected to the local community. There are regular trips to the community cafe and to Hedon pop in centre. Residents have access to WiFi and Skype throughout the home, enabling them to stay connected to family and friends.

How well-led do service users consider the service to be?

By well-led, we mean that the leadership and management assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

The manager told us that staff levels are sufficient for both day and night and that there are no problems with recruitment.

Company wide Quality Assurance systems are in place which highlights any shortfalls. Maintenance and repairs are dealt with promptly either by the home’s own handyman or through company systems.

All staff felt that they were well trained and had access to all the training that they need. Training is either face to face, or by e-learning.

Some staff members have lead roles for promoting best practice. We spoke with a staff member who is a ‘dignity champion.’ She told us that *“there is nothing I would want to change”* and what she liked best was *“the residents’ smiles, getting a response and encouraging residents to join in”*.

All staff that we spoke with felt that management were approachable and supportive, and were all extremely happy working at the home. Staff told us that they are able to have a debrief following any incident in the home.

One member of staff described how she had a full de-brief following an incident in which she had to use a De-choker. This was to ensure that she was emotionally fit to return to her duties. Another member of staff said that what she enjoyed most about her role was “*being satisfied when I am driving home from work, knowing I have made a difference*”.

Response from Setting:

[To be completed by office once received]

Signed on behalf of HWERY		Date:
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