

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Moorgate Residential Home

Bedford Bridge, Magpie, Yelverton, PL20 7RZ

Tel: 01822852313

Date of Inspection: 15 July 2014

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September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Shadrick Care Homes Limited
Registered Manager	Mrs Noreen Shadrick
Overview of the service	Moorgate Residential Home provides accommodation and personal care to a maximum of 21 people. Health care needs are met through community health care services, such as district nurses.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We carried out this inspection to review the actions the provider had taken to address the issues identified during our inspection of 18 December 2013. During our inspection of this service we considered our findings to answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

We were able to observe most of the 21 people who used the service at the time of our inspection. We were not able to converse with everyone who used the service as a result of their health care needs which included various stages of dementia. The three people who we were able to speak with were happy with the care they received.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, their relatives and the staff supporting them and from looking at records.

If you want to see the evidence support our summary please read the full report.

Is the service Safe?

We found that the service was safe on the day of our inspection. The homes medication policies and procedures had been reviewed and updated since our last inspection.

We reviewed the homes Medication Administration Records (MAR) charts and found these records had been accurately and appropriately completed.

Is the service effective?

At the time of the inspection the service was not effective as the care provided had not been appropriately documented and recorded.

We found that people's care plans did not include sufficient detailed information about the care needs of each individual.

In addition the daily records of care did not include details of the care each person had received. It was not possible to identify from the daily care records any significant changes to people's care needs that had occurred.

Is the service caring?

We found that the service was caring at the time of our inspection. People told us "the staff are very kind and not at all pushy", "it's a lovely, homely place" and "It's very nice and I love it here, it is one of the best places I have ever been".

We observed the provision of care in the home's lounge areas after lunch using our SOFI (Short Observational Framework for Inspection) tool. We saw numerous examples of positive interactions between staff and people who used the service throughout our inspection of the home.

We also spoke with three relative who were visiting on the day of our inspection who told us "they have fantastic patience with people" and "they are very caring, you could not find anything better, in fact I doubt you could find anything to equal it".

Is the service responsive?

At the time of the inspection we found the service to be responsive. We saw that the home had conducted a survey of people who used the service in January 2014. The results of the survey had been very favourable. Where minor issues had been reported rerecords showed appropriate actions had been taken by manager and staff to resolve them.

We found that the home had addressed and resolved the majority of issues raised by the Commission in the previous inspection report.

Is the service well-led?

At the time of the inspection we found the service to be well-led. The registered manager and one of the providers were present in the home on the day of our inspection. Staff members told us "I love it here", "managers listen to ideas and are very approachable" and "we are a happy and established team".

The service had a quality assurance system and we saw that staff had received appropriate training and support. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 02 October 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) provide a legal framework that protects people who lack the mental ability to make decision about their life and welfare. At our previous inspection on the 18 December 2013 we found that the home had failed to comply with the Mental Capacity Act. The capacity of people who used the service to make decisions independently had not been appropriately assessed and recorded. We found the care plans of people who had capacity to make decisions independently had been signed and agreed by relatives instead of the person to whom they referred.

At this inspection we found that appropriate assessment documentation had been completed on people's arrival at the home. We saw that people had signed forms to consent to the home providing them with care and support in relation to their medications. Where people did not have capacity to sign these forms they had been signed by a relative or representative as being in the person's best interests. We saw that appropriate assessment had been completed for people who did not have the mental capacity to make decisions in relation to specific issues. Within the three care plan we reviewed we saw people's capacity assessment had been regularly reviewed and updated as necessary.

We saw that where a concern in relation to an individual's capacity to make a significant decision about their care and welfare that had been identified the home had sought appropriate support from external professionals to reach a best interests decision.

We discussed the Deprivation of Liberty Safeguards and recent Supreme Court judgment with the registered manager. The manager explained that in response to the judgment the home had made a number of DoLS applications. Providers of care services are required to formally notify the Care Quality Commission of all applications for Deprivations of Liberty and the results of those applications. The provider may wish to note that the Commission has not yet received any notifications in relation to these DoLS applications.

During our observation within the homes lounge areas we saw that people were regularly offered choices in relation the activities they engaged with and how they spent their time.

We saw that people were free to move around the home and garden and we noted that people chose to spend time in various locations around the home throughout the day. We saw that staff explained any care intervention they proposed and checked that the person was happy for this to occur prior to providing support. For example we saw a member of staff offer one person a hand massage. This offer was accepted and we observed this person and staff member chatting quietly together and laughing as the massage was provided.

In relation to the choices available to people who used the service staff members told us "I try to encourage people to take part (in activities) but you have to respect their wishes", "I always ask people and explain what I am doing" and "people can choose when to get up, we have two people who like to have a lie in in the morning".

The three people who used the service that we spoke with during the inspection told us they were happy with the care and support the received from staff and were "always treated with respect".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection of Moorgate Residential Home we spoke with three people who used the service, three relatives and four members of staff. Comments we received from people who used the service included "very good", "marvellous", "the staff are very kind and not at all pushy" and "it's a lovely, homely place".

Some of the people who lived at Moorgate Residential Home had a form of dementia and therefore not everyone was able to tell us about their experiences of care. To help us to understand the experiences people had we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching what was happening in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

During our observation we saw numerous examples of positive and caring interactions between staff and people who used the service. We completed our one hour observation in the homes lounge areas after lunch on the day of our inspection. We observed some people who used the service were engaged in an exercise class with the homes activities coordinator, while others spent time reading books and chatting with staff and other people in the home.

The atmosphere in the home was calm and relaxed and we saw that people were supported and encouraged by staff in a quiet, caring and courteous manner. We heard staff interacting with people in an adult to adult manner, asking questions and respecting the person's decisions.

One person was actively walking around the home during our period of observation, this individual then decided to join in with the exercise class. We saw that the leader of the exercise class appropriately engaged the individual in the group activity when they chose to take part.

It was clear from our observations that staff were knowledgeable about the care and support people required as well as people's individual personalities and their preferences regarding the way in which they were supported.

Relatives who were visiting the home on the day of our inspection told us "I am impressed with the amount of activities that go on", "they are very caring, you could not find anything better, in fact I doubt you could find anything to equal it" and "I think it is a million times better than some of the places we looked at".

The four members of staff who we spoke with during the inspection told us "people are well looked after here" and "we work to find the best way to give people care".

We saw that the home had two pet cats and that the manager's dog was visiting on the day of our inspection. People who used the service spoke warmly of the animals in the home; one person said "we have a friend who is having a good scratch at the moment".

At our previous inspection we found that accidents had not been appropriately responded to and that medical advice had not been sought in relation to one person who had experienced a head injury.

At this inspection we found the relevant policy documentation had been reviewed and updated. Staff were now instructed to seek medical advice in relation to all head injuries. We reviewed the home's accident book and found that staff had sought appropriate medical advice in relation to a recent incident where a person had fallen and injured their head. This person's care records and the incident investigation report demonstrated the home had complied with the medical advice they had received.

Within the three care plans we inspected we found detailed information about people's life history had only been recorded in one care plan. However, we found that the home had responded appropriately to the limited information available on life history within the remaining two care plans. For example, in one person's care plan we saw a short note that said "X has a history of having to fix things and has been known to take things apart. He is unaware of any risk to himself and others". We found that the home had constructed a circuit board to enable this person to interact with and repair this item safely. The provider may wish to note it is vital the detailed life history information is available to staff as it can help staff to understand how a person's past can effect who they are today.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

At our previous inspection on the 18 December 2013 we found the home's Medication Administration Records (MAR) charts had not been correctly completed as it was not possible to differentiate between staff signatures and the codes used to record information on the MAR Charts.

At this inspection we again reviewed the home's MAR charts. We found that the majority of MAR sheets had been provided in a printed format by the home's pharmacy supplier. These printed MAR sheets included details of each medication, its dosage and when each medication was to be taken. The printed MAR sheets included a photograph of the person to whom they related to, to reduce the risks of medication errors. We saw that where additional medications had been prescribed these had been added to the MAR sheets by hand. All hand written entries had been countersigned by a second member of staff to confirm their accuracy.

We inspected the home's medication policy and found that it had been reviewed and updated since our last inspection.

Medications at Moorgate Residential Home were well organised and stored securely within lockable cabinets. On the day of our inspection there were no controlled drugs in the home, however, we saw that new storage procedures for controlled drugs had been developed since our last inspection. We reviewed the controlled drugs book and other medication records and found the home had maintained accurate records of unused medications that had been returned to their pharmacy supplier for disposal.

Staff told us they had received medication training from the home's new pharmacy supplier and the registered manager told us that additional medication training was planned for all staff later in the summer.

We saw that the home had facilities for storing medications in a fridge and on the day of inspection we found that two medications were stored securely in a fridge. The provider may wish to note that the maximum and minimum temperature of the fridge used to store medications had not been monitored and recorded in accordance with the home's medication policy to ensure that these medications were stored appropriately.

The home had a homely remedy policy which had recently been reviewed and updated. A homely remedy is medication that can be given to people which is not formally prescribed, such as pain killers and cough medicine. We saw that details of any homely remedies provided had been recorded on people's MAR charts.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The three people who used the service who we spoke with said "We have regular meetings when they ask if there is anything we would like changed", "the staff are very good" and "It's very nice and I love it here, it is one of the best places I have ever been". Three relatives who were visiting on the day of our inspection told us "The deputy manager is very competent", "the use of the word care is very appropriate here, the staff always behave as if they have just arrived on duty, I have never seen them become tired or impatience" and "they have fantastic patience with people".

Staff members told us they were well supported by the management of Moorgate Residential Home, their comments included "I love it here", "managers listen to Ideas and are very approachable" and "we are a happy and established team".

We saw the home had conducted a survey of the 21 people who used the service and their relatives and representatives in January 2014. In total 15 responses were received. The survey responses were generally very favourable with the majority of respondents reporting that the service was good or excellent. Comment received included "We have always been happy with the care you give to X" and "X says the staff are wonderful, they are always kind and lovely. X couldn't imagine there was anywhere better". We saw that where minor issues had been raised in survey responses these issues had been addressed and resolved by the management. This demonstrated that the service valued the feedback and acted upon the feedback provided.

In addition, we found the home regularly received thank-you cards from relatives of people who used the service. Comments on recently received cards included "thank you so much for the care and kindness you have lavished on X".

We found the home had appropriate complaints procedures, but records demonstrated that the home had not received any formal complaints.

We discussed the quality assurance procedures with the registered manager who explained that both the registered manager and deputy manager had completed quality assurance spot checks outside of their normal hours of work to assess the quality of care

provided by staff.

There were effective staff management systems in operation in the home and staff had received additional support where necessary to ensure they provided care effectively.

We found that the home's policy documentation had been regularly reviewed and updated to ensure it accurately reflected working practices in the home. All accidents and incidents in the home had been appropriately recorded and investigated by managers. Where issues had been identified appropriate changes to procedures had been made and support had been requested from health care professionals as necessary.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we previously inspected Moorgate Residential Home on the 18 December 2013 we identified a number of areas of concern in relation to the quality of records in the home. We found that assessment information had not been appropriately documented, and information supplied by people who used the service and their family members had not been recorded. We found that a new digital record keeping system had been introduced to the home but some areas of important records had not yet been activated on this system. These included information on people's life history and their likes and preferences in relation to nutrition.

At this inspection we again reviewed information held on the homes digital record keeping system for three people who used the service. We found the digital system had now been fully introduced and was in operation. This system was used to record details of peoples care plan, assessment documentation, risk assessments, daily records of care and other monitoring information.

We found that people's care plans had been based on standard sections of text with some additional information added to record details of the person's individual care needs. Although these care plans did provide some guidance to staff the information provided was not sufficiently detailed to ensure each person received appropriate individualised care.

We saw that staff recorded details of the care people received and the activities they engaged with on the digital record keeping system, but the information recorded in relation to care people received was insufficiently detailed. We found staff completed these records by choosing options from a selection provided by the system. For example in relation to the provision of personal care we saw that staff had selected one of a number of available options including "assistance accepted" or "assistance declined". The care records did not include any detailed information on what these phrases meant and did not included a record of the actual care that staff had provided. Where planned care had been declined the records did not include any information on the steps taken by staff to ensure people received appropriate care and support.

We saw that regular monthly reviews of care plans had been completed. One person's care plan had been reviewed and update in the week prior to our inspection as a result of a significant change in their personal care needs. We reviewed this person's daily records of care for the month prior to this review. We were unable to identify the significant change in care needs that had occurred from the daily records of care. The failure to effectively document the care provided and changes to people care needs exposed people to the risk of unsafe or inappropriate care.

During our inspection we observed that people who used the service were regularly offered, and chose to engage with a variety of activities within the home. The care records we inspected did not accurately record details of the numerous positive interactions people were able to engage with at Moorgate Residential Home.

We reviewed three staff personnel files and found that they were well organised and logically set out. We found that all records in the home were stored securely in the manager's office and were accessible to appropriate staff when necessary.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: The provider had failed to protect people who used the service against the risks of unsafe or inappropriate care as they had failed to accurately record details of the care provided . (Regulation 20(1)a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 October 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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