Inspection Report

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

Moorgate Lodge

Nightingale Close, Moorgate, Rotherham, S60 2AB

Tel: 01709789790

Date of Inspection: 08 July 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Park Lane Health Care (Moorgate) Limited
Registered Manager	Mr Wayne Ashley Willis
Overview of the service	Moorgate Lodge is a care home providing care for 56 older people. The service is located on the outskirts of Rotherham. The service is divided into three units on three floors accessed by a lift. There is parking and people have access to secure gardens.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

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 8 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Our inspection looked at our five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

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

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

Is the service safe?

People were treated with respect and dignity by the staff. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helps the service to continually improve.

The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people were safeguarded as required.

The provider had systems in place to ensure the service was safely run. Audits were carried out by the registered manager.

Recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

Is the service effective?

People's health and care needs were assessed and care plans were designed to meet the needs of people who used the service. Relatives of people who used the service told us that they felt involved in their relatives care, and were able to contribute to their care plan.

Is the service caring?

We observed staff interacting with people who used the service and saw that they were patient and gave time for people to respond. Care plans included people's interests, likes and dislikes. This ensured that people's preferences were considered as part of their care.

We spoke with relatives of people who used the service who told us that they felt their relative was cared for appropriately. One relative said, "I have no concerns about the care provided to my relative."

Is the service responsive?

The service had activity co-ordinators who planned social events and daily activities for people who used the service. We observed people taking part in activities that were suitable. People also joined in from a distance which suited their needs.

People received appropriate support to ensure there nutritional needs were met. Care plans told us that staff responded appropriately to issues such as weight loss and difficulties in swallowing. Dieticians and speech and language therapists were consulted where needed.

We spoke with relatives of people who used the service who were able to discuss anything with the manager or the staff. One relative said, "The managers door is always open and he always makes time for me."

Is the service well-led?

We spoke with staff that were clear about their roles and responsibilities. They felt able to speak with the nurses or the manager if they needed to. Staff saw the importance of involving people and their relatives to improve the service.

There was a quality assurance system in place which was completed throughout the year. The manager acted on suggestions made and discussed the outcome of the survey with people who used the service and their relatives.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at six care plans and we found evidence that people were involved in making decisions about their care. Relatives told us they had been involved in providing life history information and agreeing the initial care plan.

We found information relating to personal choice and there was evidence of consultation about people's likes dislikes, and preferred preference of care.

There were also individual records which asked people's consent about taking photographs of them to use in care documents and preferences regarding medication administration.

We found the care plans included a comprehensive pre-admission assessment and the form included the views of relatives. The pre-admission formed the basis of the care plan, and included a referral from the social worker.

From our observations we found staff were respectful and listened to people's wishes. People's dignity was maintained when delivering care. For example staffs knocked on bedroom doors before entering, and ensured bedroom doors were closed when undertaking personal care.

The manager told us that there were a number of staff that were identified as dignity champions. They had responsibility to ensure staff always acted appropriately.

Staff took time to ask people where they wanted to sit in the dining areas and we saw people being encouraged to join in activities. Drinks and snacks were offered throughout the day and staff offered choices of tea and coffee or cold drinks.

The home employed two activity co-ordinators who worked approximately 30 hours each week. They engaged well with the people present in the lounge, involved them all and

appeared to know them well. There had been hairdressing that morning and the co-ordinators and people who used the service told us that they also arranged quizzes, singing, trips and outings. These included one to one activities and taking groups out for meals. We were told they had just started baking using an oven purchased out of funds raised. People told us how much they had enjoyed baking scones and then serving cream teas during the Wimbledon tennis competition.

People told us that sometimes they joined in arranged activities but also liked to sit and read the daily newspaper or listen to their radio in their bedroom.

We observed that the home had several visitors during the day and people were happy to receive visitors into their bedrooms while others sat in the lounges. We spoke with seven relatives who told us that they felt involved in decisions about the care and treatment of their relative.

We saw notice boards around the home that advertised a programme of activities available to people. The manager told us that regular residents/relatives meetings were held to discuss outings and activities and we were able to look at the minutes from a number of the meetings held.

Care and welfare of people who use services ✓ Met this standard

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four people's assessments and care plans. They gave a clear picture of people's needs. This included information such as people's preferences about their likes and dislikes in relation to food and leisure activities.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Each person's plan outlined the areas where they needed support. There were risk assessments in place for people, which outlined any risks associated with their care. These included things like risk of falls and the use of mobility equipment required to keep the person safe. We observed staff moving people safely by following the care plans. The manoeuvres were managed at the person's pace and staff explained what they were doing at every stage of the transfers.

We saw records that confirmed some people were monitored in relation to their food and drink intake. However, the provider may find it useful to note that we saw two different documents used to record food and fluid. One document used did not have sufficient detail to confirm if the person received sufficient food and drink to meet their needs.

We observed staff offering assistance with meals and they engaged with people in a positive manner, offering a choice of food and where they wanted to sit for their meal. Some people were assisted to eat their meals and this was done at the person's own pace.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. People's needs and preferences were clear in their care plans. The staff we spoke with demonstrated a good knowledge and understanding of people's rights.

We looked at care plans that showed staff had considered people's mental health needs. Mental Capacity Assessments (MCA) were in place and there was evidence of best interest decisions in areas such as nutrition and consent to care and treatment. The manager told us that no one currently living at the home was subject to a Deprivation of

Liberty Safeguards (DoLS) authorisation. The DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

We found that people's care and treatment was regularly reviewed to ensure their care and treatment was up to date. One relative told us they had attended a review of her relatives care and was able to discuss any concerns they may have had.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke to several people who used the service and they told us they felt safe. One person said, "My daughter knows we are looked after so she has peace of mind." Another person said, "The staff keep an eye out for you to make sure we are safe."

We spoke with four staff about their understanding of protecting vulnerable adults and they told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice. Staff had a good understanding about the whistle blowing procedures and they said they would report anything straight away to the nurse in charge or the manager.

We looked at training records with regard to the protection of vulnerable adults and we found most staff had received refresher training. The manager confirmed that further safeguarding refresher training was scheduled to take place later in July. Staff told us that safeguarding of vulnerable adults training was also covered within comprehensive induction programme.

The manager told us they used the local authority safeguarding adult's procedures. We discussed a number of safeguarding referrals which were currently being investigated. We found the manager had taken appropriate action to keep people who used the service safe.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found there were recruitment procedures which ensured the required employment checks were undertaken. The manager told us that staff did not commence work with people who used the service until references had been received and they had obtained clearance to work from the Disclosure and Baring Service (DBS).

We looked at the recruitment files of six staff including two qualified nurses. We also spoke with staff that were on duty on the day of this inspection. The recruitment files contained the required employment checks prior to commencement of employment at the home. We saw evidence to confirm nurses were fit to practise including their unique identifying number which is called their PIN.

Staff we spoke with told us that most staff had worked at the home for a number of years. They said they enjoyed working at the home and they received guidance and support from the manager and nursing staff.

All new staff were subjected to a probationary period where they were expected to complete the provider's induction training which included a mixture of internal and external training. The manager told us that staff would shadow experienced staff until they were competent to work unsupervised with people who used the service.

We looked at the training plan which confirmed staff had attended appropriate training to ensure they had the skills and competencies to meet the needs of people who used the service. Most of the staff who worked at the home had completed a nationally recognised qualification in care to levels two, three and four.

The manager had a good understanding of the appropriate steps she would take to refer staff to the appropriate authorities, if they were deemed unfit to continue to work with vulnerable people.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at the systems used to monitor the quality of the service. The manager told us that they looked at all aspects of quality including talking to staff and people who used the service. The manager then had responsibility for providing an action plan which was reviewed each month.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the manager. He had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The manager told us that he audited about one third of the care plans each month and had clear processes to follow to ensure any action was taken immediately to rectify any shortfalls in the records. The nurse on duty also had responsibility for keeping care plans up to date. Regular meetings with qualified staff took place to ensure best practice was shared.

We looked at a number of audits which demonstrated the home monitored the quality of service provided to people who used the service. Audits looked at included infection control and maintenance. Other examples of the quality monitoring included audits for medication procedures, emergency procedures, health and safety, and fire safety. There were no issues which required attention.

The provider had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys returned to the provider were collated and the outcomes were discussed with the manager to agree any actions which may need to be addressed.

The manager told us that relatives meeting were held at regular intervals and we were able to look at the most recent minutes. This gave relatives an opportunity to discuss any concerns they may have had about the service.

We saw there was a detailed complaints policy in place. This was on display in the reception area of the home. In addition, a copy was held in the office for staff to refer to. This meant people were kept informed about how to raise any complaints or concerns they might have.

The manager kept a record of complaints and reviewed them regularly. We looked at the records and saw there had been four recent complaints logged. These had been addressed by the manager. One relative we spoke with about complaints said they felt there was a good relationship with manager and staff. They said, "You can go in and talk to them."

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk