

Review of compliance

Park Lane Health Care (Moorgate) Limited Moorgate Lodge	
Region:	Yorkshire & Humberside
Location address:	Nightingale Close Moorgate Rotherham South Yorkshire S60 2AB
Type of service:	Care home service with nursing
Date of Publication:	September 2012
Overview of the service:	Moorgate Lodge is a care home for older people 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 ample parking and people have access to secure gardens.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Moorgate Lodge was not meeting one or more essential standards.
Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. One person said "Staff asks us daily what we want, if you don't want what is on the offer you can choose something else, like jacket potatoes."

People we spoke with told us that the care provided at the home met their needs and they felt able to tell staff if they needed extra help. People told us they felt safe at the home and would tell the manager if they had concerns about anything. People told us that they were able to join in activities of their choice. One person said "I like the bingo and taking part in the quiz."

We spoke with four relatives and they told us that the care provided was good and they said the food had improved "enormously" since the home had employed a new cook.

What we found about the standards we reviewed and how well Moorgate Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was not meeting this standard. People were not cared for in a clean and hygienic environment. People were not protected from the risk of infection. The appropriate Department of Health guidance on the prevention and control of infections had not been followed. There were no effective systems in place to reduce the risk and spread of infection.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was not meeting this standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us that they liked living at the home and staff were very kind. One person said "The staff are very good to me. I can get up when I want and staff assist me to have a shower in my room every other day."

A relative we spoke with said they thought the care was very good, they told us they had looked at several homes before choosing Moorgate Lodge. They told us they thought they had made the right choice. Another relative said "Staff are very good they tell me what is happening to my relative and inform me if he is ill."

Other evidence

We have looked at this outcome because when we inspected the home in March 2012 we found people did not always have the choices and rights respected. Some documents did not confirm how people were consulted about their care. We issued a compliance action which required the provider to ensure they became compliant with this outcome. The provider sent us an action plan which outlined when they would be compliant.

People expressed their views and were involved in making decisions about their care and treatment.

We looked at three care plans to assess how the provider ensured people who used the service were involved in their care. We found assessments which included the views of relatives. These were generally completed prior to admission into the home. There was evidence of details about the life history of the person and this included likes and dislikes with regard to food and hobbies.

We heard staff talking to people using their first name and staff told us the care plan provided information about how they wanted to be addressed. Care plans that we looked at confirmed people's name preferences.

We saw staff assisting people to move around the home safely, by ensuring people used their frames and walking sticks correctly. We observed staff offering choices regarding food and drink, including hot and cold drinks and snacks. We observed lunch as this had been raised as a concern at the previous inspection. Staff had time to assist people in a relaxed way. Staff and people who used the service chatted about the lunch which was chicken pie or battered jumbo sausages. This showed that the staff had time to actively engage with people in a meaningful way.

We spoke with four staff about maintaining people's dignity and offering choice. For example they told us about ensuring curtains and doors were closed before undertaking personal care, and ensuring the person was not fully exposed when being washed and dressed.

People who used the service had opportunities to join in activities and continue to maintain links with the community. One person told us "I like spending time outside, I like getting a bit of fresh air." The activity coordinator told us about some of the activities she organised. This included bingo and quizzes. People told us they had enjoyed watching the Olympic games and it provided conversation each day. They said "We are doing very well, especially athletes that come from Yorkshire."

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.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with six people who used the service. People told us that the care provided at the home met their needs and they felt able to tell staff if they needed extra help. One person said "I am able to do most things myself, but staff help me to have a shower". Another person told us "I feel safer now we have a call bell in the lounge so that I can call for assistance when I need it."

We spoke with three visitors/relatives and they told us they were happy with the care provided. One relative said they visited regularly to help to feed their relative. She said "I like to still feel involved in my relatives care."

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three care plans and found them to be person centred and included detailed instructions to enable staff to deliver the correct care to people. We spoke with four care staff and a nurse to assess their understanding of the care being delivered. The staff told us that if people's care needs changed, they would inform the nurse or the manager so they could seek appropriate advice and change the person's care and treatment.

We found the care plans were person centred and the daily notes contained sufficient detail to enable staff to evaluate the person's care monthly. We found some of the

notes to be very difficult to read. The provider should note that not all care records were legible. This would make it difficult for staff to follow directions and deliver care appropriately.

We found risk assessments in relation to moving and handling, falls, pressure care and nutritional assessments were updated monthly. This ensured staff had up to date information about how to deliver care and treatment to people. Staff told us that they had responsibility for updating keyworker records which helped to evaluate the care given to people.

Staff told us handovers at the start of each shift were used to ensure staff had up to date information about the care and treatment people needed.

We observed staff interacting with people in an appropriate manner. For example, staff spoke discreetly to people when talking to them about using the toilet and we saw staff providing assistance to take part in activities. We saw staff kneeling at the side of people so that they could communicate with people easier. We observed staff using moving and handling equipment to ensure people remained safe whilst moving around the home.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is non-compliant with Outcome 08: Cleanliness and infection control. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We haven't been able to speak to people using the service while assessing this outcome. However we gathered evidence of people's experiences of using the service by looking at their environment and observing staff working at the home.

We also looked at records in relation to the environment and how people were protected from the risk of infection.

Other evidence

We have looked at this outcome because when we inspected the home in March 2012 we found some areas of the home were in a poor state of repair which made it difficult to maintain a hygienic environment. We issued a compliance action which required the provider to ensure they became compliant with this outcome. The provider sent us an action plan which outlined when they would be compliant.

During this inspection we found that the provider had installed a new kitchenette and work surfaces. This ensured the areas were more hygienic and easily cleaned. The provider had also purchased new fridge freezers for kitchenettes on the units. New hot plates in the dining areas ensured food was served at acceptable temperatures.

We carried out an inspection of the premises, the operational director accompanied us. We found the bathrooms on York and Lincoln units were cluttered with commodes and bath chairs. They also contained broken equipment, and had several tubs of washing creams and incontinence wear which should have been stored in people's bedrooms. The bathroom door on York unit did not have a mechanism to prevent it banging into the toilet which was sited directly behind the door. This meant people using this unit would not be able to access the bathrooms. The bathroom in the Chester unit was out

of commission awaiting refurbishment. This meant that people's choice would be limited to having showers in their bedroom as none of the three bathrooms were accessible.

We found communal toilets were dirty and some did not have toilet rolls available. Hand sanitising facilities were broken and not in use, although a non sanitising soap dispenser was seen in most communal toilets. Waste bins were in poor repair in the communal toilets. Toilet floor surfaces were in poor repair making them difficult to keep clean. Pedal bins in communal toilets were in poor repair. This meant the lids did not open without lifting the lids by hand.

In several ensuite facilities we found dirty flannels in sinks, and towels which were old and worn. We also found that some of the ceiling tiles in a number of bedrooms were stained with water marks. This meant a number of ensuite facilities were not fit for purpose.

Chester Unit

We found the kitchenette in the lounge area on Chester unit was in poor repair. The sink was very dirty with what looked like tea stains, and kitchen cupboards were in poor repair. One of the unlocked cupboards contained medication which was not appropriately stored. This meant that people may be at risk of harm because medication was not stored appropriately or securely and there were poor infection control procedures.

We found a number of dirty bed rail protectors which were also in a poor state and required replacement. Bedding was threadbare on a number of beds which were left unmade at 11.45am.

In one bedroom we found a large box of thickener (this is a substance used to thicken food liquids to assist where people have difficulty in swallowing) which was left open. This could lead to cross infection. This was on the person's side board which was less than three feet away from where the person received personal care. In this bedroom the ensuite facility was dirty and the flooring was stained making it difficult to clean.

We found one bedroom which was not occupied. The ensuite was dirty and had personal items of the previous occupant were still left on the sink.

The storeroom on this unit had a large hot water boiler which made the room extremely hot. It was untidy and contained two very large containers of medication administration records. This meant the room could potentially be a fire risk.

The sluice was untidy and had a bag of soiled incontinence wear on the floor. There was a overflowing bag of dirty clothing which had not been taken to the laundry at 11.45am.

Lincoln Unit

The food waste bin on Lincoln unit was overflowing when we went around the home at 11.30 a.m.. When we returned after lunch had been served it had still not been emptied.

We found most of the extractor fans in ensuite facilities were broken. Ensuite facilities were dirty, toilets were badly stained making them difficult to clean. Toilet roll holders were missing in several rooms leaving holes in the doors from which they have been removed.

One ensuite facility had six individual bags containing soiled incontinence wear which were left on the ensuite floor. These were found at 11.30 a.m. In the bedroom was a small medicine pot which contained medication that had not been taken by the person who was in bed. This meant breakfast medication was left open to contamination.

In one bedroom we found soiled bedding and a male urine bottle that had not been emptied. In the persons ensuite we found a dirty mop which was propped against the shower facility.

We found dirty wheelchairs, commodes and commode basins stored in the ensuite shower facilities. This meant the people using the facilities were at significant risk of infection.

We found areas which had wallpaper peeling of the wall and the general communal areas including corridors, lounges and dining areas in need of deep cleaning.

The evidence noted above demonstrates that the provider had failed to maintain adequate standards of cleanliness and infection control. This meant people who used the service, staff and others were not protected against the risk of acquiring health care associated infections.

We received a detailed action plan the day after this inspection from the provider. The action plan told us the immediate action they had undertaken and how they were going to address the issues of monitoring the effectiveness of cleaning the home in the future.

Our judgement

The provider was not meeting this standard. People were not cared for in a clean and hygienic environment. People were not protected from the risk of infection. The appropriate Department of Health guidance on the prevention and control of infections had not been followed. There were no effective systems in place to reduce the risk and spread of infection.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We haven't been able to speak to people using the service while assessing this outcome. However we gathered evidence by looking at key documents in relation to infection control

Other evidence

We spoke with one nurse and four members of staff; most had worked at the home for a number of years. They said they enjoyed working at the home. They said the new manager was supportive and was always available to offer advice. They also told us that representatives from the organisation visited regularly, and they offered support and advice. This was confirmed when we saw the operational director speaking to a group of staff about accessing training.

We were unable to look at the training plan as it was not up to date. The operational director showed us a new e-learning programme which was being rolled out to all staff. He told us this would provide clear evidence of training completed. We spoke with staff who confirmed they had completed all the required training. They also told us they had completed National Vocational Qualification at level two and three. They confirmed that they had begun to access and complete some of the e-learning courses.

The operations director showed us the e-learning induction programme that matched the 'Skills for Care' standards. We spoke with one new member of staff and she told us that she shadowed a more experience member of staff for a period of time before working unsupervised. She told us she had completed most mandatory training in her previous employment.

We looked at a plan of supervision for staff and we found the new manager had commenced supervision for all staff. Records looked at showed all staff had received at least one recent supervision. The manager told us that she had responsibility for completing all yearly appraisals, and these would be planned over the next few months. We saw evidence that nurses had received clinical supervision from the manager. Staff confirmed they had received supervision. They told us they had attended staff meetings where they were given opportunity to discuss work practice.

We spent a period of time during this inspection observing staff interacting with people who used the service. We found staff were meeting the needs of people who used the service. We did however find staff were not following infection control procedures and we were not able to confirm staff had received training in this area. We asked the provider to tell us how they were going to address this shortfall. We received an email from the provider on 10 August 2012 which told us that all staff were scheduled to receive refresher training in infection control by the 17 August 2012.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We haven't been able to speak to people using the service while assessing this outcome. However we gathered evidence by looking at key documents in relation to infection control

Other evidence

This visit was to determine compliance with outcome 8. However some areas of concerns that had been identified during our visit in March 2012 had not been addressed. The manager told us that a new cleaning schedule had been introduced following issues raised at the previous inspection. It was clear from our inspection of the service that the cleaning schedules were not working effectively to maintain a safe clean environment for people to live.

We did not cover this outcome in full but we identified that the provider was not protecting people from the risks associated with infection because they did not have the systems in place to monitor the prevention and control of infection.

We asked to see completed infection control audits to confirm how the service monitored infection control procedures. The manager was unable to locate the audits but told us she had responsibility to complete checks on the monitoring of infection control. We found no evidence to confirm that the manager had any systems in place to manage and monitor the prevention and control of infection as required by the Department of Health's code of practice.

We looked at staff meeting minutes. We found evidence, which confirmed discussions had taken place with staff about the importance of maintaining a clean and safe environment for people to live.

Our judgement

The provider was not meeting this standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We haven't been able to speak to people using the service while assessing this outcome. However we gathered evidence by observing how staff accessed care records and where the records were stored to maintain confidentiality.

Other evidence

We have looked at this outcome because when we inspected the home in March 2012 we found a number of care records that were not sufficiently detailed to ensure people received the care and treatment they required. We issued a compliance action which required the provider to ensure they became compliant with this outcome. The provider sent us an action plan which outlined when they would be compliant.

At this inspection we found people's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

We looked at a number of records to assess the progress made by the home since our last inspection of the service. We found care records and risk assessments were in place and up to date. Records were sufficiently detailed to ensure staff could deliver the care needed to meet people's needs.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe

or inappropriate care and treatment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The provider was not meeting this standard. People were not cared for in a clean, hygienic environment. People were not protected from the risk of infection. The Department of Health guidance on the prevention and control of infections and related guidance had not been followed.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider was not meeting this standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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