

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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ 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
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 ample 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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Moorgate Lodge had taken action to meet the following essential standards:

- Cleanliness and infection control
- Assessing and monitoring the quality of service provision

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 7 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We carried out an unannounced inspection of Moorgate Lodge in August 2012. At that inspection we found the provider was not compliant in two essential standards of quality and safety. We made compliance actions, which required the provider to make improvements in these areas.

We undertook this visit to review the provider's compliance with the compliance actions. At this inspection we found that improvements had been made. There were effective systems in place to reduce the risk and spread of infection.

We found that improvements had been made which ensured they had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

Cleanliness and infection control

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

Our inspection in August 2012 found that people were not cared for in a clean and hygienic environment. People were not protected from the risk of infection. We judged that this had a moderate impact on people who used the service. We issued a compliance action which required the provider to ensure they became compliant with this outcome.

The provider wrote to us and told us how they would maintain the appropriate standards of cleanliness and hygiene within the home. They told us they had immediately implemented improvements in this area. They provided us with regular updates about their progress in meeting this essential standard.

Following our inspection in August 2012 we shared information about our concerns with the local council and they have been working closely with the home to ensure people were cared for in a clean and hygienic environment.

On this inspection we found there were effective systems in place to reduce the risk and spread of infection.

The provider had made considerable investments in replacing equipment, fixtures and fittings which had significantly improved the cleanliness of the environment. New flooring had been fitted to areas identified in the previous inspection report which has made them easier to maintain and clean.

Work on one bathroom to create a shower area will be completed in the next few weeks and communal toilet areas and ensembles had been refurbished.

New personal protective equipment (PPE) and sanitising gel stations had been introduced and we observed staff wearing the required equipment.

New sluicing facilities are to be installed in the next few weeks to replace existing facilities. A new clinical waste store was being constructed outside of the home and was due to be finished in the next few days.

New kitchenettes have been installed and they had introduced servery books to record and monitor food temperatures. Fridges and other white good have also been replaced and daily checks are being undertaken to ensure clean and store food safely.

The manager had been identified as the infection prevention and control lead to ensure accountability and governance. Regular meetings had taken place to ensure essential information in relation to health and safety and infection control was identified and discussed.

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

Our inspection in August 2012 found there were no effective systems in place to monitor and protect people from the risk of infection. Infection control audits had not been undertaken, and infection control policies and procedures had not been followed. We judged this had a moderate impact on people using the service. We issued a compliance action which required the provider to ensure they became compliant with this standard.

The provider wrote to us and told us how they would improve the systems used to monitor the quality of the service. The provider told us they had immediately implemented some of the changes. They sent us regular updates which told us about their progress in this area.

On this inspection we looked at the systems used to monitor the quality of the service. We were told that the provider had engaged with a management consultancy to help develop systems and policies to improve all aspects of the service. This included the development of health and safety and infection prevention and control systems. Detailed cleaning schedules had also been implemented and we were able to look at the completed records. Staff had received training in infection control and was following good practise guidelines.

The manager told us that regular visits from the provider looked at all aspects of quality which included talking to staff and people who used the service. We looked at a number of documents which confirmed the provider managed risks to people who use the service. We found action plans were put in place to address shortfalls. The manager told us they had responsibility to continually review and action any areas of non compliance.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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