

***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: 24 July 2013

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

Management of medicines

✓ Met this standard

Records

✓ 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 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:

- Management of medicines
- Records

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 24 July 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

At this inspection we found medication was administered safely to people. People were given appropriate support where required, to ensure they had taken their medication.

People were protected from the risks of unsafe or inappropriate care and treatment because their records had been reviewed and updated regularly.

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

Management of medicines

✓ Met this standard

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

We inspected this outcome because when we visited the home in April 2013 we found people were not protected against the risks associated with medicines. The provider did not have appropriate arrangements in place to manage them safely. We issued a compliance action to ensure that improvements were made in order to protect people. The provider sent us an action plan of the steps they would take to ensure compliance with this outcome.

At this inspection we found that people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage them safely.

The provider had refurbished the three treatment rooms and installed hand washing sinks. Air conditioning units ensured the treatment rooms were fit for purpose. This meant medicines were stored at the correct temperature.

We looked at the records used in the management of medicines. The medication was mainly dispensed from a monitored dosage system. Staff used a medication administration record (MAR) to confirm they had given medication as prescribed. The MAR record gave staff information about the side effects of some medicines and if the person had any allergies to any medication.

The staff told us that the supplying chemist carried out periodic audits and offered advice and support to staff when required. We looked at a number of medication audits completed by the manager which identified minor problems. There was evidence of action taken to resolve the problems.

The staff told us that "as required" (PRN) medication was also prescribed for some people who used the service. The medication policy had clear guidance when the medication should be administered. Records of medication which had been disposed of by the

supplying pharmacist were checked for accuracy.

We found that controlled drugs were stored in cabinets that complied with the law. Correct stock levels were found and were written correctly in the register. The medication fridge was locked and there were records of checks to ensure medication was stored at the correct temperature.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We inspected this outcome because when we visited the home in April 2013 we found people were not protected from the risks of unsafe or inappropriate care and treatment. This was because accurate and appropriate records were not maintained. We issued a compliance action to ensure that improvements were made in order to protect people. The provider sent us an action plan of the steps they would take to ensure compliance with this outcome.

People's personal records including medical records were accurate and fit for purpose. At this inspection we looked at three people's care plans and found they contained detailed, accurate and up to date information. There was evidence that there were timely reviews and updates of people's care plans, for example we saw that plans had been updated following assessments by visiting healthcare professionals. Care plans and assessments were reviewed monthly to make sure that the information was accurate and up to date. The care records identified risk and were based on the needs, choices and preferences of people who used the service.

We saw that the care records for people were held on each of the units. We noted cabinets were locked but the keys were left in the lock. We discussed this with the manager who took immediate action to ensure records were stored correctly. Records were kept only for the length of time required.

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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