Park Lane Healthcare (Moorgate) Limited

Moorgate Croft

Inspection report

Nightingale Close
Moorgate
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South Yorkshire
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15 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on 15 November 2016. The inspection was unannounced, meaning that the home's staff and management did not know the inspection was going to take place. The location was previously inspected in March 2016. At this inspection we rated the home "Good" overall, but identified a breach of regulation in relation to how it ensured people gave appropriate consent to their care.

Moorgate Croft is registered to provide residential care to 31 older people, including those living with dementia. On the day of the inspection 30 people were receiving care services from the provider.

Moorgate Croft is in Rotherham, South Yorkshire. It is in grounds shared with two other homes managed by the same provider, and is within walking distance of the town centre.

The home's registered manager had left their post a short time before the inspection to manage another of the provider's homes located within the same grounds. They had not formally notified CQC of this at the time of the inspection, and had not applied to cancel their registration A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People gave us positive feedback about receiving care at the home. They told us they liked the staff and management, and found them to be kind. We observed that at all times staff treated people with dignity and respect, and worked hard to ensure that people were cared for in a kind manner.

People told us that food in the home was good. People were offered a wide range of choice, and mealtimes were a pleasant experience. There were plentiful activities both within the home and in the local community, which people appeared to enjoy taking part in.

The provider had appropriate arrangements in place to ensure it complied with the requirements of the Mental Capacity Act 2005, making sure that people's mental capacity was assessed, and acting accordingly.

We found that medicines were safely managed, and staff and the provider had a good knowledge of safeguarding and how to protect vulnerable people.

We saw that the provider managed risks safely, and where people were vulnerable to risk thorough assessments were in place.

Audits took place to monitor the quality of the service provided, and actions were devised from audits in order to ensure continuous improvement.

The home's registered manager had left their post just before the inspection, however, they were still

involved in the home to ensure a handover took place for the new manager. The new manager had been appointed and was in the process of making an application to CQC to become the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We found that medicines were safely managed, and staff and the provider had a good knowledge of safeguarding and how to protect vulnerable people.

We saw that the provider managed risks safely, and where people were vulnerable to risk thorough assessments were in place.

Is the service effective?

Good

The service was effective.

People told us that food in the home was good. People were offered a wide range of choice, and mealtimes were a pleasant experience.

The provider had appropriate arrangements in place to ensure it complied with the requirements of the Mental Capacity Act 2005, making sure that people's mental capacity was assessed, and acting accordingly.

Is the service caring?

Good

The service was caring.

People gave us positive feedback about receiving care at the home.They told us they liked the staff and management, and found them to be kind.

We observed that at all times staff treated people with dignity and respect, and worked hard to ensure that people were cared for in a kind manner.

Is the service responsive?

Good

The service was responsive.

There were plentiful activities both within the home and in the local community, which people appeared to enjoy taking part in.

The provider had good arrangements in place for reviewing people's care, and responding appropriately when there were changes in people's health and social care needs.

Is the service well-led?

Good

The service was well led.

Audits took place to monitor the quality of the service provided, and actions were devisied from audits in order to ensure continuous improvement.

The home's registered manager had left their post just before the inspection, however, they were still involved in the home to ensure a handover took place for the new manager. The new manager had been appointed and was in the process of making an application to CQC to become the registered manager.

Moorgate Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on 15 November 2016 and was unannounced. This meant that the home's staff and management did not know the inspection was going to take place. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with people who were using the service at the time of the inspection, we spoke with staff, the home's management team and a senior manager within the company.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and drink, engaging in social activities and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We checked records relating to the management of the home, including medication records, audits and personnel records. We also checked people's care plans and monitoring documentation.

Good

Is the service safe?

Our findings

We asked people using the service whether they felt safe at Moorgate Croft. Everyone we asked said they did. One person said: "They [the staff] keep us safe." We observed how staff supported people and saw that they did this in a safe manner when, for example, helping people to move around the home or transfer from one area to another. We saw that staff ensured that they gave people reassurances and explained each task to the person as they supported them to transfer.

There was information in the home in relation to safeguarding, and what steps staff should take if they suspected or identified abuse. The provider's training records showed that staff had received training in safeguarding vulnerable adults, as well as in other safety – related training areas, such as fire safety and moving and handling. Records held by CQC showed that the provider had acted appropriately when untoward incidents had occurred, making the required notifications to CQC as well as making referrals to the local authority.

We checked a sample of five people's care plans to look at how risks that they were vulnerable to or may present were managed. We saw that there were suitable, detailed risk assessments in place, which were regularly reviewed to ensure they remained fit for purpose. Records showed that some people needed specialist equipment to assist with caring for them safely, for example, bed rails at the sides of their beds. These were regularly checked to ensure they were safe, and the risks associated with the use of bed rails were assessed.

We looked at the arrangements for managing and administering medication within the home. There were appropriate procedures in place to ensure that people's medicines were safely managed, and our observations showed that these procedures were predominantly being adhered to. However, we did note that the staff member we were observing did not handle medication correctly, often tipping tablets into their bare had before handing them to people to take. Medication was securely stored, with separate storage for controlled drugs, which the law says should be stored with additional security. Records of the temperatures of medication storage areas were kept, as medicines can spoil or become less effective if stored at the incorrect temperature. We looked at a sample of medicines which were stored in bottles and tubes. We noted that staff had not recorded the date of opening on any of the bottles or tubes we checked. The home's manager had a good understanding of this requirement and told us that they would be raising these issues with staff following the inspection.

We checked records of medication administration and saw that these were appropriately kept.. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. These records were clear and up to date.
People's care records contained details of the medication they were prescribed and how they should be supported in relation to medication. Some people were presecribed medication to be taken on an "as required" basis, often referred to as PRN. Each person this related to had documentation guiding staff in relation to the signs and symproms which would indicate that the person required this medication.

There was appropriate information around the home in relation to fire risk and fire safety, including clearly marked emergency exits. Each person using the service had been assessed for their ability to leave the building in the case of a fire. These assessments were kept together so that in the case of an emergency the information could be easily accessed by the fire service.

We checked a sample of four recruitment files to assess whether appropriate checks were carried out before staff were appointed. We saw that recruitment procedures at the home had been designed to ensure that people were kept safe. All staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided referees and a checkable work history. However, we identified that in two of the files we checked there was only one reference. We spoke with the management team about this, who told us that they thought this was due to filing errors. We have checked personnel checks at this location, and the provider's other locations, in the past and it is normal practice for two references to be obtained for staff prior to employment, so we felt that the explanation of filing errors seemed to be likely.

Good

Is the service effective?

Our findings

We asked people about their experience of the food at Moorgate Croft. They were all extremely positive and gave us very favourable views about the food. People told us the food was always good, and they always had a choice. We noted that at breakfast people were given a choice of what one staff member described as "anything they want" and people confirmed that this was the case, with some choosing a cooked breakfast, others having cereals or toast and some having a combination. One person told us: "There's always plenty. You get what you want – anything you ask for, you get."

We carried out observations of breakfast and lunchtime in the home. We saw that people were able to have their meal where they chose. Lunch was unhurried with staff giving discreet support where required. When people had finished their meals staff checked whether they wanted an extra course or anything else to eat, and drinks were regularly topped up through the course of the mealtime. The dining rooms we observed were well laid out and the atmosphere was pleasant, with calming music being played and attractively set tables.

We checked a sample of five people's care plans to look at whether information was available about their food preferences and their needs in relation to nutrition and hydration. Where people had been assessed as being at risk of malnutrition or dehydration, there were clear plans setting out how staff should support people in relation to this. Records we checked showed that staff were following this guidance. Where required, we saw that people had been referred to external healthcare professionals for guidance and advice around nutrition and hydration.

The registered manager told us that staff had received training in the Mental Capacity Act 2005 (MCA) and the training records we checked confirmed this. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked five people's care plans to check the arrangements in place for acting in accordance with the law when people did not have the capacity to make decisions about their care. We found that the provider was undertaking these assessments appropriately and acting in accordance with the conclusions of each assessment. For example, one person's file contained an assessment of their mental capacity, which concluded that they lacked capacity to consent to their care. As required by the MCA, where a person lacks capacity any decisions made must be in their best interests. There were records showing that relevant people had been consulted, alternatives had been considered and decisions reached were considered to be in the person's best interest. We saw records which showed that best interest decisions had been reached on a case by case basis, so that they were specific to each decision being considered.

Good

Is the service caring?

Our findings

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By carrying out a SOFI we observed that people experienced being cared for by staff whose approach to them was warm and patient, and that staff enabled people to make choices and decisions.

Observations of staff interacting with people showed that people were treated with dignity and respect. Staff we spoke with had a good knowledge of the importance of treating people with dignity, and spoke about how much they enjoyed this aspect of their work. Staff we observed took the time to stop and chat with people, and spoke to them with genuine warmth.

Staff we spoke with knew people's needs very well, and could describe their individual preferences and the way they wished to be cared for. When staff were supporting people with care tasks, they did so in an unhurried manner, speaking respectfully to the person they were supporting and ensuring that tasks were carried out at the person's own pace.

A member of staff had been designated as "Dignity Champion" and they were responsible for sharing dignity information and initiatives within the staff team. They undertook dignity challenges with staff, which enabled staff to experience what it felt like to be cared for by others, meaning that they had a better understanding of upholding dignity when providing care.

We observed that people were well-dressed, and many people were wearing jewellery and watches, indicating that when staff had supported people to get ready for the day they had taken time to ensure each person's preferences were upheld and reflected in the way they presented themselves. Staff we observed preserved people's dignity as they worked. For example, if staff needed to discuss care tasks or people's needs they did so in a discreet way, ensuring that they respected people's privacy and dignity.

Bedrooms we looked at were personalised, with people furnishing them with personal belongings including photographs, ornaments and other mementos. This showed that the provider had enabled people to reflect their own tastes and preferences.

We looked at a sample of five people's care plans to look at whether people had been involved in their care planning, and to check whether care had been planned in a way that reflected people's personal choices and preferences. The care plans we looked at set out how people should be cared for in accordance with their own personal preferences and needs. They reflected each person's individual choices. There was some limited evidence that people had been involved in planning their care, although this had not always been possible due to the degree of cognitive impairment that some of the people using the service were living with.

Good

Is the service responsive?

Our findings

The home employed a dedicated activities coordinator, and they organised activities both within the home and in the local and wider community. During the inspection a quiz took place, which around ten people using the service participated in, and there were plans for craft sessions and visits from external entertainers over the coming days.

We looked at staff training records and saw that the majority of staff held a nationally recognised qualification in care. In addition to this, staff undertook training in a range of relevant areas, including moving and handling, food hygiene, dignity and respect and infection control.Staff we spoke with told us that training was plentiful, and that it enabled them to understand and carry out their roles. We did note, however, that in some cases a number of staff had not repeated the training at the frequency required by the provider's own policies. For example, the majority of staff had not received a refresher of health and safety training within the last 12 months, although the provider's policy was that this would be repeated on an annual basis.

People's needs were assessed prior to their admission to the home, and the information within the initial assessments was used to develop their care plans. We checked a sample of five people's care plans and found they covered all aspects of people's health and social care needs.

The care plans we checked had been regularly reviewed to ensure that they continued to meet people's needs. We saw that the staff carrying out reviews of care plans had checked each person's notes and information for the preceding period and checked whether there had been any changes before recording whether the care plan still met their needs, or making any necessary changes to the care plan.

We looked at the way people's care plans stated they should be supported and then carried out observations of staff supporting those people. We saw that staff followed people's care plans and provided care and support in the way set out as required to meet their needs.

Complaints information was available within the home, and a complaints policy available to people using the service. We asked people if they knew how to make a complaint, and they told us they did and would be happy to do so if they ever felt the need. Records we checked showed that the provider had not received any complaints in the year prior to the inspection, however we saw that they had received a number of compliments and letters of thanks.

Good

Is the service well-led?

Our findings

At the time of our inspection the home's registered manager had just left their post in order to manage another service owned by the provider. They had not, at the time, made a formal notification to CQC in relation to this, and had not yet applied to cancel their registration. The registred manager was still available to the home, and was assisting the home's new manager in their induction into the role. The home's new manager was in the process of applying to CQC to become the registered manager.

We asked people using the service about management within the home. They praised the management team. One described managers as "lovely." Another told us they could talk to managers whenever they wanted.

The provider had a quality assurance system which was carried out by a senior manager. This included checking care plans, accidents and incidents, personnel issues and the condition of the premises. This was done to a good degree of detail and was used identify any areas that needed to be addressed.

The home's manager told us that they monitored practice within the home via day to day observations, as well as carrying out formal audits. We checked a sample of manager's audits and found that they were thorough, and where shortfalls were identified action plans were developed and followed up so that improvements were made.

We looked at the records of recent team meetings and saw that they were used to communicate developments within the home, as well as improve practice and plan changes. We noted that team meetings had not taken place on a particularly regular basis in recent months. The home's management team told us that this was an area they were working to improve, and they intended to hold team meetings more regularly going forwards.

Regular staff supervision also took place. We looked at a sample of three staff members' supervision records. They showed that supervision topics included staff's training needs and the needs of people using the service as well as any wellbeing issues or concerns.

Staff we spoke with told us they felt supported by the management team, and felt they could speak up if they had any concerns, and make suggestions for improvements or changes. Supervision records and team meeting records corroborated this. The home's manager told us that they had a communication box outside their office so that staff could leave messages securely when the manager was not present. This meant that staff had a way of communicating with management at all times.