Park Lane Healthcare (Moorgate) Limited

Moorgate Hollow

Inspection report

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14 March 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced, and was carried out over two days; 10 and 14 March 2016. The home was previously inspected in April 2014, where no breaches of legal requirements were identified.

Moorgate Hollow is a 24 bed care home, providing care to older adults with support and care needs associated with dementia. At the time of the inspection there were 23 people living at the home.

Moorgate Hollow 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.

At the time of the inspection, the service had a registered manager. 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 and associated Regulations about how the service is run.

Staff at the home were passionate about their role in relation to upholding and protecting people's dignity. The home had staff who were designated as dignity champions, and regular sessions were held where staff discussed how to ensure people received care with dignity.

Mealtimes were pleasant experiences in the home, and people told us that they enjoyed the food. We found that staff were knowledgeable about people's food preferences, and people's health in relation to nutrition and hydration was monitored effectively.

We found that appropriate steps were taken to ensure that the service was safe. There were up to date risk assessments and these were followed by staff. Staff had received training in safeguarding, and there was appropriate guidance for staff to follow in the event of suspected abuse.

People received care and treatment that met their needs, and care was regularly reviewed to ensure it remained suitable and effective. When people required the attention of external healthcare professionals this was sought quickly, and care plans showed that the guidance of external healthcare professionals was followed by staff.

The provider had failed to make certain, legally required, notifications to the Care Quality Commission, and had not appointed a registered person when the previous one left their role some months earlier.

The provider had not met legal requirements in relation to people giving consent to their care and treatment. Where people lacked the capacity to consent, the requirements of the Mental Capacity Act had not been followed, and the provider had obtained consent instead from people's relatives. Records within the home showed that where people were deprived of their liberty, this was only done in accordance with the appropriate authorisation.

You can see what action we told the provider to take at the back of the full version of this report.

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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Is the service effective?

Requires Improvement

The service was not always effective. Senior staff within the home understood the Mental Capacity Act, however, the arrangements in place for obtaining and acting in accordance with people's consent did not meet the requirements of law

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for people

Is the service caring?

Good

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and spoke with passion about their jobs and meeting people's needs.

Is the service responsive?

Good

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Requires Improvement

The service was not always well led. The home's registered manager understood the responsibilities of their role, and they were supported by a senior manager and a deputy manager. The management team were accessible and were familiar to people living at the home.

Quality audits within the home were not sufficiently robust to identify areas of concern of areas requiring improvement. The provider had failed to make some legally required notifications to the Care Quality Commission.

Moorgate Hollow

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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 10 March 2016 and 14 March 2016. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with four staff, the registered manager, two senior members of the provider's management team, three relatives of people using the service, and five people who were using the service at the time of the inspection. We also checked the personal records of five of the 23 people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat 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 also contacted the local authority to gain their view of the service provided.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Good

Is the service safe?

Our findings

We spoke with three relatives and two people using the service using the service about whether they felt the home was safe. They all said that they felt it was. One of the relatives we spoke with told us they never had any cause to worry about the safety of people using the service. Another said: "Yes, [my relative] has always been safe here, the staff know what they are doing."

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The home's management team said that staffing numbers were regularly reviewed to ensure that they could meet people's fluctuating needs. Whenever we saw someone ask for help or support, staff were very quickly available to assist, and we saw that staff constantly anticipated people's needs so that they were on hand to help in good time.

We found that staff received annual training in the safeguarding of vulnerable adults. One member of staff we spoke with told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. There was information available throughout the home to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

Other training had been undertaken to promote safety in the home, including health and safety training, infection control training and training in relation to how people with mobility difficulties should be supported to mobilise safely. We observed staff carrying out moving and handling procedures. We saw that this was completed safely, and staff we observed clearly understood how to move people in a safe manner.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out the steps staff should take to ensure people's safety. However, we noted that when people required a hoist to transfer from one place to another, there was no information in their care plans about the type of hoist or sling they had been assessed as needing.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the registered manager maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission. We cross checked this with information submitted to the Commission by the provider, and saw that all notifiable safeguarding concerns, accidents and incidents had been alerted to CQC, as required by law.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that 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 reduse 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 a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. 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. The staff member responsible for medication during the inspection described the pharmacy as responsive, and said that the home had a good relationship with the pharmacy.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood the appropriate procedures. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, the home had not recorded what each medication was for, or the indicators which would suggest that the person required the medication. On the second day of the inspection the registered manager told us that work had now been done to address this.

Requires Improvement

Is the service effective?

Our findings

We asked two people using the service about the food available in the home. They were both positive about their experience of the food. One person said to us: "It's always nice, I always enjoy it." We carried out an observation of a mealtime in the home. We saw that the staff had created a pleasant, calm atmosphere in the dining room. People were supported to eat in a discreet manner, and staff understood people's needs and preferences well. Staff took time to ensure people were offered choices of food and drink, and responded quickly when people changed their minds or asked for an alternative. We observed that, in order to help people make choices, staff used ready plated meals to show people the choices available. One person said that they didn't want either of the dishes available, so staff arranged for another option to be made for them. Two people chose to eat in the communal area of the home, rather than in the dining room. Staff facilitated this, and remained on hand to assist in case people needed help.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet or the risk of malnutrition, appropriate referrals had been made and professional guidance was being followed.

We asked the deputy manager about whether anyone was deprived of their liberty at the home. They told us that the home had recently made applications to deprive a person of their liberty (DoLS) in respect of some of the people living at the home, in accordance with recently issued guidance. The deputy manager had a good understanding of this process.

We checked people's files in relation to decision making for people who are unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. People's care plans did not reflect appropriate decision making in accordance with the MCA. For example, one person's file showed that they did not have the capacity to consent to their care. There was a record in their file which stated that a best interest decision had been reached in relation to them receiving care, however, it did not detail what aspects of care and treatment it was in their best interests to receive. Best interest decisions should be specific rather than generic, meaning that care and treatment was not being provided to this person in accordance with the MCA.
Another person's records stated that they lacked mental capacity, and consent to their care had been given by their relative. This did not reflect appropriate practice in accordance with the Mental Capacity Act. A third person's file contained a care plan in relation to best interest decision making. However, it was very generic and did not record which people had been consulted, or what the decision was specifically related to.

Local arrangements, beyond the control of the provider, were that all people using the service were being moved to the same GP. Meeting minutes showed that the registered manager had told people's relatives that if they were unhappy about this arrangement they should contact her and their relative would not be

included in this transfer. However, we checked people's files and found that no best interest decision making, in accordance with the MCA, had been undertaken.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We checked staff training records and saw that all but one staff member had received training in relation to the Mental Capacity Act in the preceding 12 months. Staff had also received training covering the needs of older people, including training in moving and handling, dementia awareness and dignity. Designated staff within the home held the role of champions, in relation to dignity, dementia and infection control. We spoke with one staff member who held the role of dignity champion. They spoke with knowledge about this, and described how they led training events where staff role played to experience what it felt like to receive poor care.

Good

Is the service caring?

Our findings

We asked four people using the service about their experience of the care and support they received. Their responses were all positive. One person told us: "It's lovely here, they [the staff] are all really nice, they look after you." Another told us the staff were "kind and nice."

We carried out a 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. Throughout the SOFI we found staff spoke with people respectfully and patiently, and used effective communication skills to ensure that people with communication impairments could better understand them. Staff were consistently reassuring and showed kindness towards people both when they were providing support, and in day to day conversations and activities. There was a natural friendliness between staff and people using the service, and staff clearly knew people well. We found that staff took the time to ensure that there was an enjoyable and fun atmosphere in the home, and people using the service were observed to be laughing and appeared happy.

We observed staff using a hoist to transfer a person from one chair to another. The manoeuvre was well planned, and staff spoke to the person throughout to ensure that they were reassured and understood what was happening. The staff concerned told us that they did this as they had been hoisted themselves during one of the home's dignity challenge events, which enabled them to understand the experience of being hoisted.

The home took steps to involve people's relatives in day to day life in the home. One person's relative told us that they attended regular reviews of their relative's care, and they said they found this useful as it helped them understand what was being done for their relative. They told us that staff at the home were "very good" at contacting them and updating them in relation to any developments in their relative's care. Another relative said: "The staff always let us know what is happening."

We looked at feedback the provider had received from questionnaires they had given to people's relatives. These were all positive, and a number of relatives had written reviews on a care home review website. Again, these reviews were all positive, resulting in the home being one of the highest rated in the region.

We checked five people's care plans to look at how the provider met people's care needs. The care plans showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needing. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored regularly to ensure it continued to meet their needs.

Good

Is the service responsive?

Our findings

Activities were plentiful in the home. Over the course of the inspection a chair exercise facilitator visited the home, and we also observed a game of bingo taking place. Additionally, staff had time to sit and chat with people and participate in individual activities. The activities programme had been devised by staff and managers speaking with people using the service, and through regular residents' and relatives' meetings. One visiting relative told us that there were plenty of things for their relative to do, and a staff member told us that external support was regularly brought in to lead on activities and provide entertainment.

Parties took place regularly in the home. At the time of the inspection, the communal areas of the home were decorated with an Easter theme, and one staff member with whom we spoke described a regular programme of events reflecting the time of year, including a recent Valentine's event, and a forthcoming Easter party. We asked staff about the arrangements for people's friends and relatives visiting the home. They told us that there were no restrictions and visits were welcome. We asked one relative if this was their experience and they said that it was. They told us they were always made to feel welcome by staff.

We checked care records belonging to five people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs. In one of the care plans we checked, we noted that the person had developed a health condition which required staff support. Accordingly, a new care plan had been implemented so that staff understood how to provide the right support to this person.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans. The home held regular meetings for people's relatives, and in the minutes of these meetings we saw that they were reminded of their ability to be involved in the reviews of their relative's care.

Complaints information was featured in the service user guide, which was a document setting out what people using the service could expect from the home. However, we saw that this did not contain correct information in relation to how complainants should seek external remedy. The home's complaints register showed that when people had made complaints they were dealt with promptly, and appropriate records were kept.

The provider carried out surveys of people using the service and their relatives on a six monthly basis. The most recent survey consisted predominantly of positive comments, although there was some negative feedback about the laundry service within the home. The registered manager described the processes that had been implemented in response to this, and spoke with knowledge about how they had designed a new system to address any concerns that had been raised.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager and a deputy manager. The deputy manager was responsible for managing the home in the manager's absence, and we found they had a good oversight of the service. In addition to the home's management team, a senior manager was regularly on site at the home, and the provider's directors had a good knowledge of day to day matters at the home.

Staff told us that they found the management team within the home to be approachable. The manager's office was located in a central area of the home, and we observed that staff regularly consulted with the registered manager about aspects of people's care and their work. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction.

Minutes of a recent relatives' meeting evidenced that the registered manager attended these meetings and was available to speak with relatives and other visitors when required. The most recent survey of people's relatives included positive feedback about the registered manager, with one person describing them as "very approachable, very helpful and understanding." Another respondent said that the registered manager was "a real hands on manager."

We asked a member of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision and appraisal. We checked five staff files which confirmed this, and showed that the registered manager used supervision sessions to ensure that staff were performing well in their role and had received the training that they required.

We checked minutes from two recent team meetings, and found that the discussions recorded showed staff had been able to contribute to decisions about the service, and received updates about any developments or planned improvements.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the registered manager, looking at the quality of care records, the premises, catering, infection control arrangements and other aspects of the home's management. We checked recent audits and found that they did not always identify areas that needed to be addressed. For example, the most recent medication audit scored the medication system as 100% with no improvements required, however, it had failed to identify that there were no records setting out what symptoms people required their "as required" medication for. The most recent audit of the premises had not identified that some areas of the premises had been damaged and could not be hygienically cleaned.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. This document had been updated in January 2016 and contained all the information that the provider was required to include. However, the provider had failed to notify the Care Quality Commission of their update to this document,

which is a legal requirement. We spoke with one of the provider's directors about this, and they told us that they thought only "certain" changes were notifiable. This was incorrect, as providers are legally required to notify CQC of any changes in their Statement of Purpose. We advised the provider about the legal requirements and they gave assurance that this would be rectified.

In addition to a registered manager, all registered providers are required by law to have nominated individual. The provider's nominated individual had left the company some months prior to the inspection, but the provider had failed to notify the Commission about this, or appoint a new nominated individual, which they are legally required to do. We advised the provider of this requirement, and they assured us that they would notify the Commission of a new nominated individual without delay. At the date of this report's publication, this had been completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have appropriate arrangements in place for obtaining, and acting in accordance with, people's consent. Where people lacked the capacity to give consent, the provider did not always follow the correct, legally required procedures.