Park Lane Healthcare (Moorgate) Limited

Moorgate Croft

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place over two days; 22 March and 1 April 2016, and was unannounced. We last inspected the service in June 2014 when it was found to be meeting the regulations we assessed.

Moorgate Croft is a 31 bed care home, providing care to older adults with support and care needs associated with old age and dementia. At the time of the inspection there were 30 people living at the home.

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.

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.

People using the service told us they were very happy with the care and support they received. The staff we spoke with understood people's needs and preferences well. We saw they supported people in a caring, patient and empowering manner while encouraged them to express their opinions and choices. Staff promoted independence and choice as they carried out their day to day duties.

We found medicines were handled safely by staff who had received suitable training and exhibited good knowledge. Staff understood the arrangements for protecting people against the risk of abuse, and CQC records showed that the provider had taken appropriate action when required.

We saw there was enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment.

People received a balanced diet and were involved in choosing what they ate. The people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People told us in-house social activities were available, as well as occasional trips into the community. There was an activities co-ordinator at the home, but all staff were involved in arranging activities in the home, which we saw was carried out in a collaborative and fun manner.

There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home. We also saw various audit systems had been used to check the quality of service provided. A new system was seen to be robust, but other quality checks had not always identified areas requiring improvement.

The provider did not have adequate arrangements in relation to ensuring that people's consent was obtained or acted upon. The legal framework regarding consent was not adhered to. Where people lacked the capacity to give consent, the provider did not have appropriate arrangements in place. You can see what action we have 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.

There were robust systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there was enough staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not have suitable arrangements in place for obtaining and acting in accordance with people's consent. Where people lacked the capacity to consent, the provider did not adhere to the legal requirements for making decisions about how they should be cared for.

Staff had completed a structured induction when they started to work at the home and a varied training programme was available which helped them meet the needs of the people they supported.

People received a varied well-balanced diet. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Is the service caring?

Good

The service was caring.

People told us they were very happy with how staff provided their care, and their experience of living at the home. We saw staff interacted with people in a positive, enthusiastic and caring manner, respecting their preferences and decisions.

Staff demonstrated a good awareness of how to respect people's

privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People, and their relatives and loved ones, had been encouraged to be involved in care assessments and planning their care. Care plans were individualised so they reflected each person's needs and preferences. People's families were invited to regular reviews of care, and were encouraged to provide input.

There was a system in place to tell people how to make a complaint and how it would be managed. People we spoke with told us they had no complaints or concerns, but said they would feel confident raising any issues with the registered manager or care staff.

Is the service well-led?

Good

The service was well led.

People we spoke with told us the registered manager was approachable and played an active part in how the home operated. Staff told us they felt well supported by the registered manager.

People were consulted about the service they or their relative received. A new audit system had recently been introduced, which appeared to be thorough and robust. However, it had only recently been implemented therefore we couldn't assess its effectiveness. Other audits we looked at did not always identify areas requiring improvement.

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 was 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 home was previously inspected in June 2014, where no breaches of legal requirements were identified.

The inspection was unannounced, which meant that the provider and staff did not know that the inspection was going to take place. It took place over two days, 22 March and 1 April 2015. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to CQC by the provider and information from other agencies.

At the time of our inspection there were 30 people using the service. We spoke with four people who were using the service and one visiting relative. We also spoke with staff members, the registered manager and a member 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 looked at the care records for nine people using the service and records relating to the management of the home. This included meeting minutes, medication records, staff recruitment and training files and surveys completed by people's relatives. We also reviewed records used to monitor the quality of the service provided and how the home was operating.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and we saw staff assisting people in a safe way. For example, we observed staff helping people to move from room to room and transferring to and from wheelchairs using specialist equipment. Staff did this in a safe manner and provided reassurance to people as they were carrying out each of these tasks. The registered manager was trained in delivering moving and handling training to staff, which ensured that staff understood how to do this safely.

The staff we spoke with demonstrated a very good understanding of people's needs and how to keep them safe. They were aware of any risk people may be vulnerable to or may present, and what action to take if necessary. Staff described how they monitored people's safety, and records we checked supported this.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care plans we looked at showed records were in place to monitor any specific areas where people were at risk, and explained what action staff needed to take to protect them. Overall these had been reviewed and updated when necessary. However, we noted that bed rails use was not always adequately assessed. Bed rails are a form of restraint, and can cause injury or even death if not used correctly. As such it is imperative that their use is closely monitored. We gave the provider written feedback about this on the day of the inspection.

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. Records within the home showed that the provider had acted appropriately where untoward incidents or suspected abuse had taken place, and appropriate referrals to the local authority had been undertaken.

Our observations indicated there was enough staff on duty to meet people's needs in a timely manner and keep them safe. A visiting relative told us that they felt there were always enough staff to meet people's needs, and we observed that whenever people required assistance staff were immediately available to provide support.

We checked a sample of staff files which showed that a satisfactory recruitment and selection process was in place. The staff files we sampled contained all the essential pre-employment checks required, including a work history, evidence of identification and references. This also included Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which outlined how medicines should be safely managed, with senior care workers taking responsibility for administering medicines. The senior care worker on duty showed us the medication system and described the arrangements in place for recording all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had. We checked three medication

administration records (MAR) and found they had been completed correctly.

The service had controlled drug storage which met legal requirements. We saw that staff checked the balance of controlled drugs each time one was administered and this was recorded so that there was a clear audit trail of when the medication had been given. Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

Requires Improvement

Is the service effective?

Our findings

We asked three people using the service about the food available in the home. They were positive about their experience of the food. One person said to us: "It's always good, there's usually something nice to eat." Another person told us that if they didn't like what was on offer, there was always another choice available.

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 given appropriate support to eat if they required it, and staff did this discreetly and respectfully. Staff took time to ensure people were offered choices of food and drink. During the meal, staff were checking that people were happy with their food and whether they wanted anything else to eat. Both dining rooms contained a notice board with a menu on it, although in both cases we noted that the menu did not contain accurate information.

We checked nine people's care records to look at information about their dietary needs and food preferences. Each file contained details of people's nutritional needs and preferences, 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 looked at records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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.

In two of the files we checked, we saw that the person concerned had been assessed as meeting what is referred to as the "acid test" for a requirement for DoLS authorisation, however, the assessment concluded that an application for a DoLS authorisation was "not a priority." This meant there was a risk that these people were being unlawfully deprived of their liberty. There was no information about how this conclusion had been reached.

We also 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. The care plans we checked contained a generic document relating to how decisions must be made in people's best interest if they lacked capacity, but there was little information about specific decisions that had been made for people, or who had contributed to the decision making. One person's file stated that they had the mental capacity to make decisions and consent to their

care, however, their file also contained a generic best interest care plan, which was not relevant to them. Some of the records we checked indicated that people's relatives had given consent to their care and treatment despite them not having the correct legal authority to give this consent.
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 staff had received training covering the needs of older people, including training in moving and handling, dementia awareness and safeguarding. However, we noted that the majority of staff had not yet received training in relation to the Deprivation of Liberty Safeguards.

Good

Is the service caring?

Our findings

Our observations showed that staff respected people's choices and preferences. Staff we observed appeared to know people extremely well, and spoke with them in a respectful, kind and patient manner. Throughout the inspection we saw that staff strived to ensure the environment in the home was fun and friendly, and people responded well to this. People we spoke with praised the staff and were positive in their accounts of receiving care and support. One person told us: "They [the staff] are all very nice, very kind." A visiting relative also praised the staff and said that they were always made to feel welcome. We asked the relative about visiting times in the home and they told us they could visit whenever they wanted, without any advance notice.
People chose where they spent their time, with some people choosing to stay in their rooms and others preferring to sit in the communal areas. People's rooms were highly personalised, and the rooms we looked at contained a large amount of people's personal belongings which gave them a homely feel.

We saw people's choice was respected by staff and if they changed their minds staff respected this and assisted them to move around the home safely. Staff described how they offered people choice, such as where and when to eat, what clothes they wanted to wear and the time they liked to go to bed and get up. People we saw were well groomed and many were wearing jewellery and other accessories, indicating that staff had taken time with people when helping them to get ready for the day, ensuring they could reflect their personal preferences in the way they dressed.

The staff we observed continuously upheld people's dignity, speaking discreetly with people about any care needs, knocking on doors and addressing people using their preferred names as set out in their care plans.

We saw people's needs and preferences were recorded in their care plans so staff had clear guidance about how to support people and provide care which met their needs. On the whole care plans were very personalised, and each one reflected the person concerned in detail, although we noted a small number of areas where additional detail could be added. The staff we spoke with demonstrated a good knowledge of the people living at the home, their care needs and their wishes.

There was information in the communal area which told people about the dignity champions at the home. The champion's role included ensuring staff respected people and understood different ways to promote dignity within the home. The registered manager told us that the staff team undertook dignity challenges, which were exercises where staff underwent the experience of receiving care, in order to better understand how it felt for people using the service, and how to ensure the way they provided care respected the person and upheld their dignity.

In addition to dignity champions, the home also had staff members who were designated as dementia champions. We spoke with one of the dementia champions and they spoke with passion about their role. They had been supported by the provider to undertake additional external training in relation to this field to enable them to develop their knowledge in relation to dementia.

Good

Is the service responsive?

Our findings

People using the service and the visitor we spoke with all said they were happy with the care provided and were complimentary about the staff and the way they supported people. One person said to us: "If I need anything doing they sort it out for me." The visitor told us they believed their relative's health had improved noticeably since moving to Moorgate Croft.

One person using the service told us about activities and said: "There's always something going off, there's things to do, staff are always around." Staff told us that there was a dedicated activities co-ordinator although they were not working when we inspected the home. We saw staff engaging people in indoor ball games, and supporting people to choose music and DVDs of their preference. The registered manager described that a visiting singing group attended regularly to entertain people, and a programme of armchair exercise had recently been implemented. A local museum had recently held a reminiscence event which people using the service were supported to attend. The registered manager told us that this had been a popular event, and there were photographs on display in the home from the day.

People we spoke with told us they were offered choices about when to go to bed and get up, where to spend their time and what to eat. Care plans reflected this, and our observations during the inspection showed that people's preferences were adhered to.

We found that in most cases people's care and treatment was regularly reviewed to ensure it was up to date, although we did note a small number of individual care plans that had not been reviewed within the provider's planned frequency. Each care plan had evaluation records, showing that staff had reviewed whether the care being provided met people's needs. We also saw evidence of care plans being changed to improve the way people were cared for when their needs changed.

We checked records of complaints within the home, and saw that when people had made a complaint this was addressed promptly by the registered manager. People we spoke with told us that they had no cause for complaint, but said they would be confident to make a complaint if they wanted to. The registered manager described that some visiting relatives had raised concerns in the past about the laundry system within the home. In response to this, changes had been made to the way that laundry was managed, and we were told that this had reduced the level of concerns being raised. The arrangements for making a complaint were described in the service user guide, which was given to all people when they began using the service, and was on display in the communal area.

People using the service and their relatives were encouraged to give feedback about the home. This took the form of an annual survey and regular meetings. We looked at the results of the most recent survey, and found that the vast majority of responses were positive. The most recent relatives meeting had been used to update relatives on some improvements to the premises, including a programme of redecoration and work on an area of the home to develop a library area.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. People told us they liked living at the home and felt it was well run. They said they saw the registered manager regularly and felt they were approachable and listened to their views. Staff told us that they found the manager to be supportive and accessible. On the first day of the inspection, the registered manager was on annual leave. The senior staff member on duty did not believe they could access the manager's office, where many administrative records were kept. This could not be addressed until the manager was contacted by phone. We discussed this with the registered manager on the second day of the inspection, and they described steps they were planning to take so that staff understood how to access essential records during the manager's absence.

Staff told us they enjoyed working at the home. They confirmed they attended meetings where they could voice their opinions and told us they believed they were listened to. One staff member said: "I love it here." They told us that the registered manager was "great" and was always available for guidance and help.

Various audits had been used to make sure policies and procedures were being followed and essential checks were carried out. We checked a sample of these, and found that although they were very thorough they did not always identify areas where improvement was required. For example, the care plan audits had not identified where care plans had not been reviewed at the required frequency, or where care plans did not contain accurate information in relation to consent or mental capacity. We discussed this with the registered manager and a senior manager within the organisation. They told us that the audits were going to be improved so that they considered and checked all relevant areas.

The operations manager had recently introduced a new audit tool, which was a thorough, regular check of a number of key areas of the home's operations, including medication management, safeguarding of vulnerable adults, health and safety and personnel issues. This audit had recently been introduced and only one had been carried out at the time of the inspection, therefore we couldn't judge its effectiveness.

We checked minutes from team meetings and group supervision sessions. We saw that he manager used these events to communicate information about the way the home was run and developments within the service. Staff we spoke with had a good knowledge in these areas.

Systems were in place to make sure that the registered manager and staff learned from events such as accidents, complaints and incidents. The registered manager described improvements that had been made as a result of feedback form people's relatives, and told us about planned improvements and changes. This reduced the risks to people using the service and helped the home to continually improve.

We checked records of incidents and accidents, and noted that in most cases relevant incidents had been notified to the Care Quality Commission, as required, although we identified one injury to a person using the service which had not been notified. We discussed this with the registered manager, who was able to explain the cause for this oversight.

The service had appropriate arrangements in place for managing emergencies. There was a contingency plan which contained information about what to do should an unexpected event occur. Additionally, there were personal evacuation plans in place in an accessible area of the home. This meant staff and firefighters had guidance on how to support people from the building safely in the event of a fire. There were arrangements in place for staff to contact management out of hours should they require support, and we saw this in action on the first day of the inspection.

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, or acting in accordance with, people's consent. Where people lacked the capacity to consent to their care and treatment, the provider did not take the steps required by law to ensure they were cared for in accordance with the requirements of the Mental Capacity Act 2005