

PLH Moorgate Holdco Limited

Moorgate Croft

Inspection report

Nightingale Close
Rotherham
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Tel: 01709838531

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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

About the service

Moorgate Croft is a residential care home providing personal care and accommodation to 31 people. The service can support up to 31 people.

People's experience of using this service and what we found

People were safeguarded from the risk of abuse. People we spoke with told us they felt safe living at the home. The provider had systems in place to ensure lessons were learnt and action taken when things went wrong. The provider ensured people's medicines were managed in a safe way. We identified an error in recording of one medicine, however, this was rectified on the day of our inspection.

The home was clean and well maintained. Risks associated with people's care had been identified and actions taken to minimise risks occurring. There were sufficient staff available to meet people's needs, although some people said staff were often busy.

People's needs were assessed and care and support was provided in a way that supported people's preferences. Staff told us they received training and support to carry out their role. People received sufficient food and drinks to maintain a healthy and balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed staff interacting with people who used the service and found they were supportive and caring. Staff we spoke with explained how they respected people's privacy and dignity and promoted people's independence. People who used the service were complimentary about the staff and how caring they were towards them.

People received person centred care which met their needs and considered their preferences. Social stimulation was provided by an activity co-ordinator. The provider had a complaints procedure and people we spoke with felt able to raise concerns with the registered manager and the staff team. End of life care needs were part of people's care records. The service had an end of life lead to support staff with this element of care.

The registered manager was supported by a deputy manager and a team of senior staff. The provider had an audit system in place to identify any concerns and to monitor the home. People were supported to feedback their opinions about the service and meetings were available for relatives, residents and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 February 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. There was also an inspection on 12 September 2019, however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Moorgate Croft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Moorgate Croft is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager, senior care worker and care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People we spoke with told us they felt safe living at the home. One person said, "The staff make me feel safe, I know they are always around if I need them." Another person said, "I am safe living here."
- Staff we spoke with confirmed they had received training in safeguarding and knew how to protect people.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified. Risk assessments had been completed which instructed staff in how to manage risks in a safe way.
- People had personal emergency evacuation plans in place [PEEP's] which explained the support people would require if they needed to evacuate the premises in an emergency.

Staffing and recruitment

- We observed staff interacting with people and found there were sufficient staff available to meet people's needs.
- People we spoke with told us staff were busy, but always supported them when they required assistance. One person said, "Generally there are sufficient staff available. I shouted for help once when I could not reach the buzzer and they [staff] came very quickly."
- Staff told us they felt there were enough staff working with them to ensure people's needs were met.
- The provider had a recruitment policy in place which was used to ensure new staff were recruited safely. We looked at recruitment records and found staff had been recruited in line with the provider's policy.

Using medicines safely

- The provider had systems in place to manage people's medicines and people received their medicines as prescribed. We observed staff administering medicines and found this was carried out safely.
- We identified an error in the recording of one medication. This was addressed by the registered manager on the day of our inspection.
- Staff we spoke with confirmed they received training in medicine management. Staff also received competency checks to ensure their knowledge remained up to date.

Preventing and controlling infection

- We completed a tour of the home with the registered manager and found the environment was clean and well maintained.

- We saw staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff used these items where required.

Learning lessons when things go wrong

- The provider had a system in place to ensure accidents and incidents were recorded and monitored.
- Where accidents and incident had occurred, the registered manager had identified trends and patterns to ensure lessons were learned and incidents minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was provided in a way which met their individual preferences.
- Care records we looked at contained assessment documentation to ensure the service could meet people's needs.
- People we spoke with told us staff offered choices. One person said, "I don't like a shower, but I love a bubble bath and they [staff] respect this."

Staff support: induction, training, skills and experience

- People received support from staff who were trained, experienced and well supported.
- Staff we spoke with told us they received training and individual supervision sessions with their line manager. One staff member said, "We have training and support and they [management team] look after us well here, it's a nice place to work."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts to ensure they received a balanced diet which met their needs.
- We observed meals being served throughout the home and found this was a pleasant experience. Staff offered support to people as required.
- People we spoke with said the meals were satisfactory. One person said, "It's nice home cooked food but it could be better." Another person said, "If I don't want dinner they offer something else, I would rather have a snack. We have drinks and snacks in-between meals."

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet the needs of people living at the home.
- Signage in place assisted people in navigating around the home and finding rooms such as their bedrooms.
- People had access to outside space at the front and back of the service. Access to the garden at the rear of the building was downstairs. Garden furniture and patio areas were available.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We looked at care records and spoke with people who used the service and found people had access to healthcare professionals.

- One person said, "If I needed a doctor they would get one. I rely on the staff knowing when I need one though. I trust them."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the guidelines of the MCA. Where people lacked capacity, decisions were made in the persons best interests.
- Staff we spoke with were knowledgeable about the MCA and ensured people were involved in their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we spent time observing staff interacting with people. We found staff were kind, caring and respectful.
- People we spoke with were complimentary about the care and support they received. One person said, "Staff are lovely, you know. They [staff] are good to me." Another person said, "I'm happy here. They [staff] are so nice. They look after us properly."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care and were supported to make decisions. One person said, "I can make my own choices about my care and my own life. I can voice my opinion and it is always respected."

Respecting and promoting people's privacy, dignity and independence

- We saw staff preserved people's privacy and dignity and were keen to ensure their independence was maintained. One staff member said, "I remember to talk to people when delivering personal care, involve people in their care and promote independence when they can do things themselves."
- People we spoke with felt staff were considerate in how they provided support. One person said, "Staff knock on the door all the time. If I am in my room staff always ask if I'm alright, I like that."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information for individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care and had control over their own life. One person said, "They [staff] go above and beyond their line of duty. I have a room full of family photos and personal possessions. It feels nice and it's my space. Another person said, "I have tea and coffee making facilities in my room and everything I want."
- Care plans we saw were reflective of people's needs and were updated regularly to ensure they were current.
- Protected characteristics such as culture and religious needs and preferences were also considered and maintained.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activity co-ordinator who was available 20 hours a week.
- On the day of our inspection we saw people enjoyed a bowling game and listening to music. People we spoke with told us activities were available and they enjoyed taking part in them. One person who preferred to spend time in their room said, "I have joined in with bowling this morning, but I would rather be alone. I like sitting in my room quietly on my own. Activities are available, and they do offer different things, but I'm not bothered."
- A church service was provided to ensure people's spiritual needs were considered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in a format they understood. Information was clearly displayed around the home and up to date.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people we spoke with told us they felt able to raise issues with staff and the registered manager.
- The registered manager kept a record of complaints which showed appropriate actions had been followed following issues being raised. The service had no outstanding complaints at the time of our inspection.

End of life care and support

- Part of the provider's system for care planning, was to ensure people's needs were met during end of life care.
- The service had an end of life lead who completed extra training in this area and cascaded their knowledge to the rest of the staff team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This was the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was keen to ensure people received person-centred care and support. There was a positive culture where staff were dedicated to ensuring people's goals were achieved.
- The management team were committed in providing high quality care and understood their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who was supported by a deputy manager and a team of senior staff.
- All staff we spoke with were clear about their roles and had systems in place to save duplication of tasks. Staff felt supported by the registered manager and felt able to speak openly with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were encouraged to feedback about the home. They were asked to complete a questionnaire on an annual basis the last one was completed in the winter of 2018 and analysed in January 2019. Comments were mainly positive.
- Residents and relatives meetings were held regularly. These meetings gave people the opportunity to contribute to the service.

Continuous learning and improving care

- The registered manager completed a series of audits to ensure the home was maintaining the standards expected from the provider.
- The home had an overarching action plan where any issues raised from the audits were added to ensure they were addressed.

Working in partnership with others

- The provider worked in partnership with others to ensure people received the care and support they required.
- Healthcare professionals were requested as required and staff followed the advice they gave to meet people's needs.

