

PLH Moorgate Holdco Limited

# Moorgate Lodge

## Inspection report

Nightingale Close  
Rotherham  
S60 2AB

Tel: 01709789790

Date of inspection visit:  
27 January 2020

Date of publication:  
24 February 2020

### 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 Lodge is a residential care home providing personal and nursing care to 45 people at the time of the inspection. The service can support up to 54 people.

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

Risks associated with people's care and support had been identified and actions taken to minimise risks. Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Staff confirmed they had been safely recruited.

Accidents and incidents were analysed, and trends and patterns were identified. Medicines were managed in a safe way to ensure people received their medicines as prescribed.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to carry out their role. Staff were complimentary about the provider and felt they were very supported in their role.

People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People were involved in the planning of their care and were able to make decisions about the support they received. Staff enjoyed their role and were happy to know they had made a difference and supported people to meet their outcomes.

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 in a positive way. People told us they enjoyed living at the service. We received positive feedback from people who used the service and their relatives. Staff understood the importance of ensuring people's dignity was upheld.

Care plans were organised and easy to follow detailing people's needs and how these were to be met. People were supported in line with their needs and preferences. People enjoyed a range of social activities which were meaningful. People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy.

The provider ensured people were supported and their preferences maintained at the end stages of their

life.

Care was planned in a way that promoted people's independence. Staff were committed in providing a high level of care to people who used the service. People who used the service had the opportunity to express their views. The provider had a range of audits in place to monitor the service delivery, most issues we identified on inspection had previously been identified. Staff felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 18 October 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. There was also an inspection on 16 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Moorgate Lodge

## 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Moorgate Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, nurses, senior care

workers, care workers, activity co-ordinators and the chef. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, multiple medication records and a variety of management records.

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 is 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 a system in place to ensure people were safeguarded from the risk of abuse.
- Staff we spoke with told us they had received training in safeguarding and knew what actions to take if they suspected abuse. Staff had confidence the registered manager would take appropriate actions to ensure people were safe.
- People we spoke with told us they felt safe living at the home. One person said, "I feel safe and well looked after. It is a safe environment here."

Assessing risk, safety monitoring and management

- The service identified and managed risks associated with people's care in a safe way.
- Care records we looked at contained risk assessments which highlighted how best to support people to minimise risks occurring.
- We saw people had personal emergency evacuation plans (PEEP's) in place, which explained the support people required to safely evacuate the premises.

Staffing and recruitment

- The provider had a system in place to ensure appropriate numbers of staff were available to meet people's needs.
- We spent time observing staff interacting with people and found there were sufficient staff to respond to people.
- Staff we spoke with told us they were recruited safely and felt the induction helped them settle in to their new role.

Using medicines safely

- The provider had a safe system in place for managing people's medicines. Medicines were stored, administered and recorded appropriately.
- Where people were prescribed medicines on an 'as and when' required basis, known as PRN, these were administered safely. Protocols were in place to ensure these medicines were administered as prescribed.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify and act on trends and patterns.
- Action was taken to minimise the risk of further accidents and incidents occurring.

Preventing and controlling infection

- We visited all three units in the home and found they were clean and well maintained.
- We saw staff had access to personal protective equipment such as gloves and aprons. These were worn as and when appropriate.



# 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 is 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 and their relatives told us they were supported by staff who recognised and understood how to meet their needs. They also commented on how staff enabled them to maintain their independence. One person said, "The staff understand my needs, no doubt about it." A relative said, "The staff know what they are doing and understand [relatives] needs."
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to carry out their role. Staff were knowledgeable about people and how to support them in line with their needs and preferences.
- Staff we spoke with told us they received supervision and felt supported by the management team.
- New staff completed an induction process. This included shadowing an experienced member of staff. One staff member said, "I have seen some staff leave but come back so it must be a good place to work. New starters always have an induction and do shadow shifts."

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

- Care records demonstrated that people had access to healthcare professionals.
- Where healthcare professionals had been involved, their advice was followed.
- People we spoke told us they had access to healthcare professionals. One person said, "They [staff] would get a doctor for me, but there is one who comes in every Tuesday."

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

- The premises were suited to people's needs and people were observed moving around freely.
- People had access to outside space and garden areas which were well maintained.

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

- We observed lunch being served throughout the home and found this was a pleasant experience for people. People told us they had enjoyed their meals.
- We also saw people receiving snacks and drinks in-between meals.
- Staff ensured people were sat or positioned correctly and were comfortable to eat their meal.

- Staff made choices available to people and ensured they had a choice of drinks.

#### 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).

- Records we looked at confirmed the provider was working in line with the principles of the MCA. Where people lacked capacity to consent to care, decisions were made in their best interests.

# 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 is 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

- People who used the service and their relatives told us staff were always kind, very caring and respectful. People's comments included, "I feel they [staff] are my family here. The staff are caring and kind," and "All nurses are lovely and care for you." One relative said, "They [staff] are very caring and I have no worries about the staff."

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

- We looked at people's care plans and saw they included people's choices and preferences.
- We saw staff assisting people to make their own choices and staff respected people's decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people who used the service and found they were considerate and caring.
- Staff were seen knocking on doors, and ensuring doors were closed and personal care delivered in private.
- Staff we spoke with were committed to providing a good service which considered people's dignity. One staff member said, "When delivering personal care, I explain each task as I am doing it, this puts people at ease."
- 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 of 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 is 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 personalised care which met their needs and took in to consideration their preferences. People and their relatives felt care provided was centred around them and their individual needs.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- We observed staff interacting with people during our inspection. Staff were attentive and responded to people's requests for support and recognised the importance of giving people time and attention.

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 displayed throughout the home was presented in a format which people could relate to and understand.

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 two activities co-ordinators who were responsible for providing a range of social activities.
- We spoke with one activity co-ordinator who told us they provided various activities such as bingo, games, quizzes, baking, and pamper sessions. Trips out to various place of interest had also taken place.
- The activity co-ordinator saw the importance of spending one to one time with people. This included doing crosswords, reading or watching television with people to provide some company.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the home.
- The registered manager kept a record of concerns and used them to develop the service.

End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care.
- The home had an end of life champion who was trained in end of life care and supported staff through this process and shared their learning.

- The home were in the process of completing end of life training provided by the local hospice. The training covered symptom management, understanding dementia and end of life care, communication skills, managing dying, and end of life care core skills.
- Preferred priorities of care were used to ensure people received appropriate support at the end stage of their life. This gave people an opportunity to discuss priorities at the end of their life. This included power of attorney, preferences for future care and where they would like to receive future care.

# 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 is 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

- The management team and the staff we spoke with were committed to providing person-centred care and support.
- We spoke with people and their relatives and they told us they felt the home was well managed. One person said, "It is well run and organised." Another person said, "I have good contact with my family and the manager is approachable." One relative said, "We are blessed by this place."

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

- At the time of our inspection there was a registered manager in post. A registered manager is a registered person. 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.
- The registered manager was supported by a deputy manager and a team of senior staff and nurses.
- Staff we spoke with were clear about their roles and responsibilities.
- People we spoke with had confidence in the registered manager and found all staff to be approachable.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raise and had informed CQC of events as required.

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

- The provider had several opportunities where people could be involved in the service. We saw relatives and residents' meetings took place and minutes were available.
- The provider also sent out an annual quality assurance questionnaire to people and their relatives. This was to request feedback about the service. We saw action had been taken when people made suggestions.

Continuous learning and improving care

- The provider had a system in place to ensure the service was operating to their standards.
- The registered manager and the staff team completed a range of audits to ensure care was provided in a safe and person-centred way.

- The service had an action plan which contained actions which required attention. Audits included, medication, infection control, care plans, bed rails and meals and nutrition.

#### Working in partnership with others

- The service worked in partnership with other professionals.
- We saw the service had built up relationships and worked in partnership with professionals providing support to people when required.
- The registered manager took on board issues raised by other services such as local authority contracts and commissioning and clinical commissioning group.