

# Park Lane Healthcare (Moorgate) Limited

## Moorgate Lodge

### Inspection report

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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

The inspection took place on 21 September 2017 and was unannounced. The last comprehensive inspection took place in July 2015, when the provider was meeting the regulations and was rated good. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Moorgate Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Moorgate Lodge is a care home which provides care for up to 56 older people. The home also provides nursing care. The service is located on the outskirts of Rotherham. The home is divided into three units on three different floors. There is plenty of parking and people have access to secure gardens. At the time of our inspection there were 54 people using the service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with people who used the service and they told us they felt safe living at the service. Staff we spoke with knew what action to take if the suspected abuse and knew how to protect people. Staff felt the registered manager would act on any concerns they brought to their attention.

We spoke with people and their relatives and observed staff interacting with people throughout the inspection. We found there were enough staff available to respond to people when they required support.

The provider had a system in place to ensure people received their medicines in a safe way and as prescribed.

Staff had been recruited to work at the home using a safe recruitment system. This ensured that pre-employment checks were carried out prior to staff commencing employment. Staff who had not worked in care prior to their appointment at the service completed the 'Care Certificate.' This was based on fundamental skills and knowledge required for working in a care setting. All staff employed completed an induction to the service which included general information about the home and any training required prior to them commencing their role.

People we spoke with told us they enjoyed the meals provided at the home. We observed meals to be nutritious, appetising and people's preferences were considered. Staff provided appropriate support to people who required assistance with eating and a relaxed atmosphere was evident.

The provider was meeting the requirements of the Mental Capacity Act 2005. Care records clearly evidenced the support people needed to make decisions about their care. People were involved in their care and staff sought consent prior to completing a task.

Staff were trained and supported to do their job well. Staff knew people well and supported and understood their needs well. People had access to health care professionals when required.

We observed staff interacting with people who used the service and found they were kind and caring. Staff involved people in their care and maintained their privacy and dignity.

People received care which was in line with their current needs. Social stimulation was provided by two activity co-ordinators who arranged a variety of different events. People knew how to raise concerns and were confident that any problems would be rectified.

The service was led by a management team who were supportive to staff and people who used the service and their relatives. People were asked their views and opinions about the home and were involved in meetings to discuss them. The service conducted audits to ensure the home was providing a good service. Any issues identified were addressed

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service was effective.

At our last inspection in July 2015, this domain was rated as requires improvement. At this inspection we found the service was good.

Staff were trained to carry out their role and felt they had the appropriate skills to do their job.

The service was meeting the requirements of the Mental Capacity Act 2005.

People received food and nutrition which was appetising and met their dietary requirements.

People had access to health care professionals when they required their support and intervention.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Moorgate Lodge

## **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 took place on 21 September 2017 and was unannounced. This meant the provider and staff did not know we would be inspecting the service on this day.

The inspection was completed by an adult social care 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. An inspection manager was also present at the inspection. Their role was to observe how the inspector conducted the inspection. This is part of the way CQC monitors inspector's performance.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with the local authority and with Healthwatch to gain further information and views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider completed 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.

During our inspection we spoke with eight staff including the registered provider, managing director, catering staff, a nurse and care workers. We spoke with eight people who used the service and five of their relatives.

We looked at documentation relating to the management of the service and looked at five staff files. We also looked at four support plans belonging to people who used the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Moorgate Lodge. One person said, "I feel very safe here; there are some lovely girls here who look after you." Another person said, "I do feel safe here, yes. They [the staff] just come to the door and check on me, not for any reason, just to see I'm alright, they do that all the time, even through the night."

We spoke with relatives of people who used the service who also felt their relatives were safe living at the home. One relative said, "This is the best place on the map, I could go to the end of the earth and leave [my relative] knowing they would be safe here." Another relative said, "There's always people around if [my relative] needs some help. [My relative] is a lot safer here than at home. In my mind, they put people first here in this home."

The provider had a system in place to safeguard people from abuse. The registered manager told us that they contacted the safeguarding team for advice sometimes. The staff told us they received training in safeguarding people from abuse and knew what action to take if they suspected abuse. Staff had confidence that the registered manager would take appropriate actions to keep people safe.

People told us they felt that generally, there were usually enough staff to respond to calls for assistance. One person said, "I just have to press my buzzer and someone comes within five minutes."

We looked at care records belonging to people who used the service and found they contained information about risks associated with their care. Risk assessments also informed staff of measures to take in order to reduce the risk from occurring. For example, one person's risk assessment identified a risk of falling. Factors which had been identified to reduce the occurrence of falls were to ensure the person's environment was free from clutter, and that they were wearing suitable footwear. We also saw that a falls diary was kept to ensure the staff had captured details about the fall and the frequency of them. This meant the staff had appropriate information to assist in a referral to the falls team if required.

We looked at the procedure in place for ensuring people received their medicines as prescribed. We saw that medicines were stored appropriately, in locked rooms which were situated on each floor. The provider had fridges for storing medicine which required cool storage and appropriate cabinets for the storage of controlled drugs. Temperatures were taken of the rooms and fridges on a daily basis. However, the medicine storage room on the middle floor was quite hot and above the recommended temperature for storing medicines. We spoke with the managing director who resolved this immediately.

We saw medicines were administered in a safe manner and documents kept to reflect the medicine people had taken. Each person had a Medication Administration Record (MAR), which kept this information. We saw the MAR sheets were completed fully.

The service had appropriate arrangements in place for storing controlled drugs (CD's). Controlled drugs are medicines which the law says should be stored with additional security. A controlled drugs book was in

place which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to four people and found the amounts in the CD book and the actual amounts were correct.

Through our observations and by talking with people we found there were enough staff available to meet people's needs. Staff were available to support people as needed and without delay. Staff also had time to engage with people and their relatives in a positive and informal way.

We saw the provider had a dependency tool which was used to calculate the number of staff required to meet the specific needs of individual people living at the service. Staff felt there were enough staff working with them and felt they supported each other and worked well as a team.

The provider had a safe recruitment system in place to ensure appropriate staff were selected to work in the home. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. We looked at five staff files and found they contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

An induction took place following the satisfactory recruitment process. Staff we spoke with told us this process included some training, looking at policies and procedures and shadowing experienced care workers.

We spoke with the registered manager about the induction process and we were told that new starters, who had not completed NVQ award previously were registered to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

## Is the service effective?

### Our findings

At our last inspection in July 2015, this domain was rated as requires improvement. This was because we received comments from people regarding the food they received and the meal service. At our inspection of 21 September, we found this had improved and rated this domain to good.

We spoke with people who used the service and they felt Moorgate Lodge provided an effective service. People told us that meals were of a good quality and that their preferences were considered. One person said, "I enjoy the food, but it's a bit repetitive, but I suppose it's got to be." Another person said, "I always have a drop of sherry at lunch time and a beer whenever I want one." Another person said, "The meals are very good, and always served nice."

We observed breakfast and lunch and found that people were offered a selection of food which they could choose from. On the day of the visit the lunch choices on offer were sausages, mashed potatoes and vegetables or spaghetti Bolognese. There was a choice of fruit and a range of yoghurts for dessert.

During the meal we found people required varying levels of support which staff provided in a caring and interactive way. Staff spoke with people as they assisted them and sat at the side of people they were assisting. This provided a very relaxed environment for people to enjoy their meals.

One person brought their i-pad into the dining room and selected a range of music that was played during the meal. This appeared to be a regular occurrence judging by the comments made by residents and staff alike. People were engaging with the music and appeared to enjoy it.

We saw tables were set nice and the colour theme changed each meal time. For example, at breakfast we saw the tables had yellow flowers and table runners and at lunch this changed to orange. This showed that extra thought had gone in to making the meal time experience a pleasant experience.

We observed drinks and snacks being provided throughout the day at regular intervals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the home was meeting their requirements in line with the Mental Capacity Act 2005. The registered manager knew their responsibilities in line with the act and ensured these were followed and adhered to.

People's care plans contained information about capacity and gave instructions on the assistance they required to carry out tasks.

Staff received regular training and support to enable them to carry out their role in line with their job description. Training completed was recorded on a training matrix. This showed staff were trained to care and support people who used the service in a safe way and to a good standard. Staff we spoke with told us they regularly attended training and found that it gave them the skills to carry out their role.

We spoke with staff who told us they received supervision sessions. Supervision sessions were one to one meetings with their line manager to discuss their performance and any development they required. However, some staff told us these had been completed as a group supervision session and would welcome the opportunity to have more individual sessions. We raised this with the registered manager who informed us that these had been planned. The registered manager acknowledged that annual appraisals were also due and showed us a schedule she had put in place to address these issues.

People we spoke with were confident that staff would refer them on to healthcare professionals when required. We looked at care records and found that when people had required further support this had been sought. For example, we saw people had been referred to the falls team.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us the staff were very caring and understanding. One person said, "The staff here are kind and caring." Another person said, "You can have a laugh and a joke with staff. It makes it feel like home."

We spoke with relatives of people who used the service and they were complimentary about the staff. One relative said, "I view the care here as excellent. When [my relative] was discharge from hospital they were brilliant, if it wasn't for them [the staff], [my relative] wouldn't be here. They exceeded expectations." Another relative said, "The staff are brilliant here. They are very attentive to [my relative]. They [the staff] always introduce themselves to [my relative] when they enter their room, so they can get used to their voices."

We observed staff interacting with people who used the service and we found they were patient, kind and compassionate. They knew how to respond to people and what made people happy. For example, one person enjoyed appropriate friendly banter with staff and they responded back in a jovial manner. This made the person happy. The atmosphere in the home was very warm, friendly and welcoming due to the way the staff interacted with people and their relatives.

Staff knew how to respect people's privacy and dignity and helped people to maintain their independence. During our inspection we observed staff closing doors, and knocking on doors before they entered rooms to maintain dignity.

We spoke with one relative who told us, "The only time they [the staff] ask you to leave [my relatives] room, is if they are going to do some personal care, and they'll just say something like, could you just give us a minute. We generally leave before they ask anyway so she can keep her dignity."

Positive caring relationships were developed with people who used the service. For example, care records included a document which explained all about people, their life history and preferences. This was to enable staff to get to know people better and meet their needs in a person centred way.

## Is the service responsive?

### Our findings

People we spoke with told us they were involved in their care and support and knew they had care plans to identify the support they required. People we spoke with were unable to give us details of care plan reviews that they had been a part of or views they had shared that had been acted upon in that formal way. However, one person said, "You just have to talk to them [staff] about something that needs changing and they do their best to accommodate you."

One person told us about their experience in choosing a care home and informed us that they came and looked around the home and thought, "This is for me." They went on to tell us that the registered manager had visited them in hospital to complete an initial assessment document. This helped the home decide if they could meet the people's needs appropriately, prior to them moving in to the home.

We looked at care records belonging to people and saw they reflected people's current needs. For example, one care plan informed staff how to support someone with nutrition. The plan indicated that the person required support with eating and drinking. During our inspection we saw staff assisting this person in line with their care plan. However, some care plans required more detail to ensure the care provided was safe and in line with people's needs. For example, one care plan for moving and handling did not give any instructions on where the hoist sling loops should be positioned. We observed staff assisting people and found that they moved people in a safe way and knew how to support people, but the record required updating.

The service ensured that people's views and levels of independence were considered. For example, one person said, "I just thought I'd have to get assistance with a shower, but they [the staff] wanted me to try. Now I can have a bath or a shower on my own. They [the staff] check on me and make sure that I'm safe." This person explained that this had enabled them to manage aspects of their personal care in a supportive and caring way.

We saw that the service provided a range of social activities for people to engage in. The registered provider employed two activity co-ordinators, who organised and provided activities. These included quizzes, table top games, and baking. The activity co-ordinator told us they also provided one to one social support for people who like to stay in their rooms or who were cared for from bed.

The service had a complaints procedure which was displayed in the main entrance area of the home. People we spoke with told us they could talk with staff if they ever needed to raise a concern. People who used the service and their relatives were also confident that staff would resolve their issues without delay. One person said, "I would speak to one of the support staff I have confidence in if I had a concern."

We saw the registered manager kept a record of concerns raised and the action that was taken. The registered manager told us that complaints were used to better the service and to learn from. For example, we saw from the record that complaints were actioned appropriately and in a timely manner. The log also recorded the outcome and whether the complainant was happy with the outcome.

## Is the service well-led?

### Our findings

The home was led by a management team which included the registered manager, a deputy manager, nurses and a team of senior care workers. People who used the service and their relatives were complimentary about the management team and told us they had confidence in them. One person said, "I can talk to her [The registered manager], she sorts everything out." Another person said, "[The deputy manager] is very good I can go to her at any time." One relative said, "I've told [managing director] we've hit the jackpot this time, a manager that knows how to do her job." Another relative said, "They [the management team] always let you know what's going on, they don't hold anything back. They tell you the truth."

The home also had regular visits from the managing director of the service, who supported the management team. During our inspection we saw that people and their relatives knew the managing director and other members of the management team well and knew their names.

We saw evidence that the service was led in a way that inspired staff to providing a good service. Staff were led in a way that encouraged their involvement. The management team also knew where their responsibilities ended and when they needed to involve senior management in the decision making process.

We saw that a range of audits took place to identify any areas of improvement. Audits were completed for areas such as infection control, care planning, medication, housekeeping and dignity and respect. Where actions had been identified, a corrective action plan was completed. This stated the concern and how it needed to be addressed. Once completed they were revisited to ensure all the actions had been completed. For example, one audit on a care file showed that a corrective action plan had increased the score of the audit from 76 percent to 97 percent. This showed that the actions taken were effective. The management team had an overarching action plan that included actions required from all audits. This enabled the team to have an oversight on the current actions and how they were to be addressed.

People who used the service and their relatives were given opportunities to voice their opinions about the home. For example, people were involved in regular meetings and given the chance to contribute to the service. The registered provider also completed an annual survey and sent questionnaires out to people and their relatives. The last survey was completed in April 2017 and a feedback analysis had been completed. This provided information on where improvements were required and what actions the registered provider was going to take. Overall the comments from the survey were positive.