

# Park Lane Healthcare (Moorgate) Limited

## Moorgate Hollow

### 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 was unannounced, and took place on 29 March 2017. The home was previously inspected in March 2016. At that inspection we identified concerns in relation to the governance of the home, and in relation to the provider's compliance with the Mental Capacity Act 2005. We gave the home a rating of "requires improvement." Following that inspection the provider submitted an action plan to CQC setting out what steps it would take to address these breaches.

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

Moorgate Hollow is in Rotherham, South Yorkshire. It is in grounds shared with two other homes managed by the same provider, and is within walking distance of the town centre.

At the time of the inspection, the service did not have a registered manager. The previous registered manager had recently left their post. A new manager had been appointed and had submitted an application to become registered. 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.

During the inspection we observed that staff treated people with warmth, dignity and respect, and people using the service and their relatives praised the care at the home. There was a varied range of activities at the home, which people told us they enjoyed.

Medicines were managed well, and staff had received training in areas relating to safety, including moving and handling, medicines management and safeguarding.

People were offered a choice of nutritious meals and their health in relation to nutrition and hydration was well-monitored.

The provider had appropriate arrangements in place for acting in accordance with the Mental Capacity Act 2005, and ensured that the Act was adhered to in relation to people who lacked the capacity to make decisions about their health and welfare.

Where people's needs changed, the provider took action to ensure that their changing needs were assessed and care was adapted accordingly. People's risk assessments were up to date and addressed all the areas where people were vulnerable to risk.

Quality audits and surveys were used to assess the quality of the service provided, and actions were implemented where any shortfalls were identified.

## 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. People's risk assessments were up to date and addressed all the areas where people were vulnerable to risk.

Medicines were managed well, and staff had received training in areas relating to safety, including moving and handling, medicines management and safeguarding.

### Is the service effective?

Good ●

The service was effective. People were offered a choice of nutritious meals and their health in relation to nutrition and hydration was well-monitored.

The provider had appropriate arrangements in place for acting in accordance with the Mental Capacity Act 2005, and ensured that the Act was adhered to in relation to people who lacked the capacity to make decisions about their health and welfare.

### Is the service caring?

Good ●

The service was caring. Staff treated people with warmth, dignity and respect, and people using the service and their relatives praised the care at the home.

### Is the service responsive?

Good ●

The service was responsive. There was a varied range of activities at the home, which people told us they enjoyed.

Where people's needs changed, the provider took action to ensure that their changing needs were assessed and care was adapted accordingly.

### Is the service well-led?

Good ●

The service was well led. Although the home's registered manager had recently left, a new manager had been appointed and they had submitted an application to register with CQC.

Quality audits and surveys were used to assess the quality of the service provided, and actions were implemented where any

shortfalls were identified.

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# Moorgate Hollow

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on 29 March 2017. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with staff and members of the home's management team. We spoke with five people who were using the service at the time of the inspection, and a visiting relative. We checked people's personal records and records relating to the management of the home. We looked at team meeting minutes, training records, medication records and records relating to the way the quality of the service was monitored.

We observed care taking place in the home, and observed staff undertaking various activities, including 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.

Before the inspection, the 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. This was returned prior to the inspection. We also reviewed records we hold about the provider and the location, including information provided to us by relatives of people using the service and notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

# Is the service safe?

## Our findings

We asked people using the service whether they felt safe at Moorgate Hollow. One person said to us: "We're all safe here, it's not something we worry about." A visiting relative told us they had no concerns in relation to their relative's safety at the home.

We found that staff received training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

We observed that there were staff on duty in sufficient numbers in order to keep people safe. We noted that whenever people asked for assistance, staff attended quickly. There were always staff available in the communal areas of the home, and staff were effectively deployed so that people were kept safe.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. We saw that risk assessments were detailed and were reviewed every month to ensure they still met people's needs. This meant staff had access to guidance about how to care for people safely.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were appropriate. Medication was securely stored, and temperatures of both the storage areas and the medicines fridge were checked on a daily basis. We checked records of medication administration and saw that these were appropriately kept.

There was additional storage for controlled drugs, (CDs) which the law states must be subject to a higher level of security and scrutiny. We checked the stock of all CDs at the home and found it tallied with the home's records. Some people had been prescribed medication to be taken on an "as required" (PRN) basis. The provider had devised protocols for these, to advise staff what symptoms people might show which would indicate this medication was required, and what the expected outcome was.

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. The staff member we spoke with about medication had a good understanding of the system, and described that their competency in relation to medicines had been assessed by the pharmacist. The provider carried out an audit of medicines every month, and additionally the pharmacist audited medicines.

## Is the service effective?

### Our findings

We asked three people using the service about the food available. They were all positive about their experience of food and mealtimes. One person said: "There's plenty of it and it's very good. I always like what I have"

We observed a mealtime taking place in the home, and saw that it was a relaxed and pleasant experience. Tables were well laid out, and people were supported by staff to exercise choice about where they wished to eat. There was a marked colour contrast between the tablecloths and crockery, which can assist people living with dementia to recognise meals and therefore eat more easily. Menus were available prior to the meal being served, although we noted there was no use of pictorial menus which can aid decision making for people living with dementia. Staff offered people a choice of meal verbally, and their choices were upheld.

Where people required assistance with their meal this was provided in a discreet and respectful manner. We noted that specialist equipment to assist with eating was made available to people who required it.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The 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 (DoLS)

When we inspected the home in March 2016, we found that the home was not complying with the MCA. At this inspection of March 2017, we identified that the provider had taken appropriate actions to address this area. In some of the files we looked at we saw that the person concerned had been assessed as lacking capacity. The provider had therefore considered the person's best interests when making decisions about their care, consulting others where appropriate as set out in the MCA Code of Practice. The provider's training records showed that staff had received training in the MCA.

# Is the service caring?

## Our findings

People we spoke with gave us a very positive picture of the care at Moorgate Hollow. One person described the staff as "very good, angels in fact." Another told us: "I've nothing to complain about here, everything is very good and they [the staff] look after us so well." Prior to the inspection relatives of people using the service shared information about the home with CQC. One said: "The care at Moorgate Hollow is second to none." Another relative told us: "Staff are unfailingly kind, caring and mindful of the dignity of the residents." We spoke with a visiting relative during the inspection who told us that the care delivered was of a high standard at the home.

Some relatives had reviewed the home on a national care homes website, resulting in the home being one of the top rated homes in the area. A visiting activities co-ordinator told us that of the homes they visited, Moorgate Hollow was "the most caring" they had experience of.

We carried out observations of staff interactions with people using the service over the course of the inspection. Staff showed a kindness and warmth throughout all their interactions with people, respecting their dignity and privacy when providing support or assistance. Staff took steps to ensure the atmosphere in the home was friendly and welcoming, and it was clear that they knew people well, anticipating their preferences while at the same time offering choice. During the inspection we noted one person to appear distressed or anxious. Staff took the time to sit with this person, offering quiet words of reassurance to assist the person in managing their distress.

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. By using SOFI we saw that the experience of people living at Moorgate Hollow was that of care which was person-centred and delivered with warmth and respect.

There were dementia- friendly installations throughout the home, which provided stimulation to people living with dementia, and there were plans underway to enhance the courtyard garden to improve the experience for people.

One staff member held the role of dignity champion. This role involved them promoting dignity awareness amongst the staff team by leading meetings looking at dignity issues and developing dignity challenges. These are events where staff experience being fed or receiving care tasks to enable them to better understand the experiences of people using the service and identify ways to uphold people's dignity. Notes from these events showed that staff had analysed their experiences and our observations of care being delivered indicated that staff were considering people's experience of receiving care when they were providing support.

We checked five people's care plans, and saw that risk assessments and care plans described how people should be supported in a way that meant their privacy and dignity was upheld. Team meeting minutes showed that dignity and privacy was a regular topic of discussion, and there was information on display in



the home which reminded staff about the importance of dignity.

## Is the service responsive?

### Our findings

The home didn't have an activities coordinator, and instead staff led on some activities with external people and organisations coming into the home to lead others. During the inspection a well-attended game of carpet bowls was taking place and later staff organised a sing-along. Records we looked at showed that the activities programme in the home was varied and imaginative. The Workers Educational Association ran three sessions per week at the home, including painting and crafts. Staff we spoke with told us these were very popular and said people responded well to them. An external healthcare professional who visits the home frequently told us: "There are lots of activities on offer, including singing and dancing."

We checked care records belonging to five people who were using the service at the time of the inspection. The care plans we looked at set out in detail how staff should deliver care and support to ensure people's needs were met. This was recorded in sufficient detail so that staff were well-guided, and each care plan had been reviewed on a monthly basis to ensure that it continued to meet the person's needs and described the most appropriate way to deliver care.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. These were completed at the required frequency, meaning that the provider could identify and act on any changes in people's health. Where the screening tools had identified changes, this had resulted in changes to people's care plans so that their needs continued to be met.

Some of the care plans we checked showed that people had required the input of external healthcare professionals. Where this was needed the provider made prompt referrals, and where guidance had been provided by external healthcare professionals this was being adhered to, with professional guidance being incorporated into people's care plans.

There was information about how to make complaints available in the provider's Statement of Purpose. We checked records of complaints that the provider had received, and saw that they had been responded to in a timely manner. One visiting relative told us that they had recently had to raise a concern with the management team but they told us they felt confident that the provider would take the appropriate steps to address the issue.

## Is the service well-led?

### Our findings

The home's registered manager had recently left their post, and a new manager had been appointed who had applied to register with CQC. They were knowledgeable about the service and had implemented improvements around the auditing of the service and records management. They told us that a further area for improvement was the frequency of formal staff supervisions, which they were working to address.

We saw that the manager had held meetings with staff, people using the service and their relatives to introduce themselves and gain insight about people's views and any concerns or issues.

We observed during the inspection that the management team operated an "open door" approach, with staff often calling into the manager's office to share information. The provider had carried out a survey of staff prior to the inspection and all the responses about the management of the home were positive. Staff who responded stated that management were approachable and were confident that any issues or concerns would be dealt with.

We checked records and saw that team meetings took place regularly, and were used by the manager to inform staff about care standards, any developments or changes in the home, as well as any required targets for improvement. Staff told us they felt communication in the home was good. One said: "I always know what's going on, communication is no problem." A visiting relative told us: "Staff are very good at letting us know what's going on."

There was a system in place to audit the quality of the service. This covered a number of aspects of the service including catering, health and safety, records and the environment. We saw that where audits had identified any shortfalls or areas for improvement an action plan had been devised with records showing when any required work had been completed. The home's manager was also using the CQC inspection report from the previous year as a working document to identify any required areas for improvement. The manager described an approach of continuous improvement, where they wanted to constantly develop the service.

The provider carried out an annual survey of people using the service, their relatives and visiting professionals, and devised an overall analysis from the responses. We looked at the latest analysis and found that although the vast majority of the responses had been positive, there had been some negative comments in relation to the laundry. The analysis document recorded that action was to be taken in relation to improving the laundry service.