

# PLH Moorgate Holdco Limited

# Moorgate Hollow

## Inspection report

Nightingale Close  
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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 Hollow is a residential care home providing care and support for people living with dementia. The service can accommodate up to 24 people. At the time of our inspection there were 23 people using the service.

### 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 that they had been safely recruited and pre-employment checks and references had been carried out. 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 management team and felt they were 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.

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.

Staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. Care plans showed that people's preferences and choices had been considered when planning their care. Staff enjoyed their role and were happy to know they had made a difference and supported people well.

We observed staff interacting with people in a positive way. People were happy with the care and support they received and were content in the company of staff. Relatives were complimentary about the care provided to their loved ones.

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 and were involved as partners in their care. 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 was thoughtful and compassionate about how they supported people receiving end of life care

and worked in partnership with other professionals to ensure comfortable and considerate care was provided.

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. Staff were complimentary about the support they received from the registered manager and commented on how approachable they were.

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 27 October 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 Hollow

## 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

This inspection was carried out by one inspector.

#### Service and service type

Moorgate Hollow 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. 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 four people who used the service and three of their relatives. We spent time observing staff interacting with people. We spoke with five staff including, the deputy manager, care workers, and the registered manager. 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 looked at documentation relating to three people who used the service and information relating to the management of the service.

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.

After the inspection

We asked the registered manager and provider to send us the training records and action plan for the home.

# 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 systems in place to ensure people were protected from the risk of abuse.
- Staff we spoke with confirmed they had received training in safeguarding people from abuse. Staff could explain what they would do if they suspected abuse.
- The registered manager kept a record of any safeguarding incidents and we saw that appropriate actions had been taken as required.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and actions taken to minimise risks occurring.
- We looked at people's care records and found they contained risk assessments which detailed how staff should support people to remain safe.

Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous health and social care employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained the required checks.
- We observed staff interacting with people who used the service. On the day of our inspection there were enough staff available to meet the needs of people.

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed and in a safe way.
- Staff responsible for administering medicines had been appropriately trained and their competencies were checked regularly.
- People who used the service had a Medication Administration Record [MAR] which recorded when people received their medicines. These were completed accurately.
- People who required medicines on an 'as and when' required basis [PRN], had a PRN protocol in place to assist staff to know when the medicine was required.

Preventing and controlling infection

- We conducted a tour of the service with the registered manager and saw the service was clean and well

maintained.

- The provider had an infection control policy in place which requires staff to observe high standards of hygiene to protect themselves and people who used the service, from unnecessary spread of infections.

Learning lessons when things go wrong

- The registered manager ensured that accident and incidents were monitored.
- We saw records were completed to ensure trends and patterns had been identified and appropriate action taken to minimise future incidents.



# 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's needs were assessed, and care and support were delivered in line with people's preferences and choices.
- Pre-admission assessments were completed which included information about people's health and welfare.
- Care plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.

Staff support: induction, training, skills and experience

- Staff we spoke with confirmed they had received appropriate training to ensure they could carry out their role effectively.
- The provider had a training record which showed appropriate subjects were covered as part of their training requirements.

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

- The provider worked closely with other agencies and healthcare professionals to ensure care and support people received effectively met their needs.
- For example, we looked at care plan records and found one person had been referred to the speech and language therapist (SALT) when they were having difficulty eating their meals. They advised the person should receive a pureed diet. We saw staff had followed this advice.

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

- The service was purpose built and designed to meet people's needs
- People had access to outside space at the front and centre of the home. Both areas were easy to access and safe. The gardens were well maintained and had outdoor furniture and plants which created a pleasant environment for people to enjoy.

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.

- We looked at people's care records and found where people lacked capacity, best interest decisions had been made to ensure people received appropriate care.
- Best interest decisions were carefully considered and upheld the rights and choices of people.

# 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

- During our inspection we spent time observing staff interacting with people who used the service.
- We saw staff were friendly with people and visitors to the home. Staff exchanged appropriate banter with people.
- People were comfortable in the presence of staff and exchanged smiles and laughter. One person said, "They [staff] are lovely." One relative said, "I always feel welcome and part of [relative's] care." Another relative said, "The home is great. Staff are very friendly and approachable."

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

- Staff knew people well and ensured people were involved in decisions about their care.
- We saw staff explaining the task they wanted to carry out and they only proceeded when they had consent from the person to do so.
- People's likes, and dislikes were recorded in care plan documentation and we saw staff had a good understanding of people's preferences.
- Care plan documentation contained a 'this is me' booklet, to assist staff and other professionals in supporting people in an unfamiliar setting.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind, caring and considerate and we committed to treating people in a dignified and respectful way.
- Staff we spoke with told us they would close doors and curtains and involve people in each task. One staff member said, "I build up a relationship with people before delivering care. I treat people how I would like my family cared for."
- 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.
- We spoke with people who used the service and their relatives, and they were complimentary about the staff and the care they received. One relative said, "I am happy with the service and delighted my [relative] is happy living at the home."
- The provider was in the process of introducing an electronic care planning system. We looked at care records and saw they were informative and reflective of the care and support being delivered.

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.

- The provider ensured that information was displayed in a way in which people understood.
- Care plans we saw documented how to support people living with dementia. We observed one staff member interacting with someone who became distressed. The staff member reassured them by sitting with the person and telling them everything would be alright. This reduced anxiety levels.

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

- Meeting people's social needs was part of everyday practice. During our inspection staff engaged with people in a meaningful way, including people in everyday life and spending one to one time with them.
- Staff also provided a musical session and later in the day helped everyone celebrate a person's birthday.
- We saw evidence that people had the opportunity to visit the local community and entertainers and other activities such as pet therapy, had been arranged to visit the home.
- People's religious and cultural needs were also considered. One person enjoyed the catholic priest visiting regularly.
- Relatives we spoke with felt social activities were readily available for people. One person said, "There is always something going on and staff interact well with all the people who live here."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available for people to raise concerns about the service.

- Relatives we spoke with told us they were happy with the service but felt they could speak with staff if they had a problem. One relative said, "I could speak with any staff member if I had a concern."

#### End of life care and support

- The provider was thoughtful and compassionate about how they supported people receiving end of life care and worked in partnership with other professionals to ensure comfortable and considerate care was provided.

# 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.

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

- The management team consisted of a registered manager, deputy manager and a team of senior staff. All staff understood their roles and level of accountability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a culture where everyone felt valued. Staff knew people very well.
- The registered manager and staff team were committed to providing a person-centred approach which ensured people were included and where independence was promoted.
- During our inspection the registered manager spent a lot of time with people and it was clear this was a regular occurrence as the manager clearly knew all the people well.

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 and registered manager understood their responsibilities and acted on the duty of candour.

Continuous learning and improving care

- The provider had a range of audits in place to ensure standards were maintained in line with the providers expectations.
- Actions identified through the audit system were placed on an overarching action plan and addressed appropriately and in a timely way.

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

- The provider involved people who used the service and their relatives. Meetings were regularly held, and people and their relatives were involved in decisions about the home.
- The provider sent out annual surveys to relatives to request feedback about the service. We looked at the last survey results and saw they were mainly positive.

Working in partnership with others

- The service worked in partnership with relevant external stakeholders and agencies to support care

provision consistent care for people.

- The registered manager and staff team had good relationships with GP's and other external professionals. This meant people receive appropriate support when they needed it.