

Shadrick Care Homes Limited

# Moorgate Residential Home

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This comprehensive inspection of Moorgate Residential Home took place on 22 and 24 January 2019. The inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

Moorgate Residential Home is registered to provide nursing and personal care for up to 37 people. Since our last inspection the provider had increased the service from providing care from 21 to 37 people. There were 32 people living at the home on the first day of our inspection.

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

The home is a large detached house on the edge of the village of Yelverton on the Dartmoor park. The home is set over two floors with two passenger lifts providing level access to each floor. There were several communal lounges and two dining rooms where people could spend their time as they chose. People had access to a safe and secure garden area where they could sit if they chose.

At our last inspection in June 2016 we rated the service Good overall with the responsive domain awarded outstanding. At this inspection we found the service remained Good overall and Outstanding in the responsive domain. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

There was an excellent understanding of the importance of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. They continued to recognise the importance of social activities and understood meaningful activities formed an important part of people's lives. Staff were extremely passionate about the activities at the home being meaningful and appropriate. They had established people's hobbies and interests and supported them to revisit them. There were numerous examples of people doing meaningful activities.

People's care was centred around them as individuals and was responsive to their needs because staff had a good knowledge of them. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered.

People received very good care and support from staff who valued them as individuals. Staff were highly motivated to ensure people received care which was compassionate, friendly and kind. They treated people with respect and dignity. There was a friendly atmosphere at the home and a strong ethos from all staff

regarding it being a family and people's home. The registered managers and staff daily went above and beyond what was required to support people. We were told numerous incidences where this had been the case. Everyone we spoke with described a marvellous, caring, kind, friendly and respectful staff team. One person said, "It's a brilliant, wonderful, lovely place."

There were good staffing levels to meet people's needs. Staff knew people very well and understood their needs and cared for them as individuals. People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes. People where possible and appropriate family members were involved in developing and reviewing their care plans every month.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The service was well led by the registered manager. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were effective systems in place to monitor the quality of care provided. The registered manager made continuous changes and improvements in response to their findings.

The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People remained safe at the service. People said they felt safe and cared for in the home. People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met. Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

Staff received a comprehensive induction and were knowledgeable. They had received training and developed skills and knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink enough and maintain a balanced diet. People were positive about the food at the service. People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team. There had been no complaints received at the service since our last inspection. Where there were niggles, or concerns the registered manager took action promptly to resolve them.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service. People were protected from unsafe and unsuitable premises. Risks for people were reduced by an effective system to assess and monitor the health and safety risks at the home. The home had a pleasant homely atmosphere with no unpleasant odours and was very clean throughout. The furnishings

were of a good quality and in good condition.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Moorgate Residential Home

## **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 was planned to check 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.

This comprehensive inspection was carried out on 22 and 24 January 2019. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the 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.

We met people who lived at the home throughout our visits and spoke with eight people to gain their views about the service. We also spoke with five relatives to ask for their views.

We met the majority of people who lived at the home and spoke with eight to gain their views about the service. We also spoke with five relatives to ask for their views. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We met with the registered manager, the team leader, senior care staff, care staff, activity co-ordinators, housekeeping staff, the cook, the maintenance person and both providers/owners.

We looked at three people's care records and four people's medicine records on the provider's electronic

care recording system. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits. We also looked at three staff records, which included training, supervision and appraisals and staff rotas. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from two of them.

# Is the service safe?

## Our findings

The service continued to provide safe care and support.

Everybody we spoke with said they and their family were very safe in this home and that the staff guided and handled residents very well. One person said they felt safe and "This is the fifth home I've been in and it's marvellous ...it's the best...the staff are wonderful".

People were protected from abuse because staff had good awareness of how to keep people safe and protect them from avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. All staff said they could report any concerns and were confident they would be dealt with. The registered manager was aware of their responsibilities in the event of a safeguarding concern.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented on the provider's computerised system. This system had a fail-safe that would not allow staff to administer medicines until the designated time. A review in November 2018 by the pharmacy providing medicines at the home did not raise any significant concerns.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person. These contained measures taken to reduce risk factors as much as possible. These included assessments associated with people's nutritional needs, scalds and burns risks, moving and handling, pressure damage, medication and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores.

Each person had a personal emergency evacuation plan which was reviewed monthly. These showed what support they needed to evacuate the building in the event of an emergency. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting was undertaken.

There continued to be sufficient staff on duty to ensure people were safe and their needs were met in a timely way. Staffing levels were monitored using a dependency tool that looked at people's individual needs and preferences and generated a total of care hours required per day and indicated specific times of day where additional support as needed. The registered manager said they had increased staff levels because of the increased provision and had staggered admissions to ensure staff levels were in place to meet future people's needs. The registered manager said staff were very good at stepping in to undertake additional duties to cover for staff holidays and unexpected absences. When required they used the services of a local care agency.

A robust recruitment process was in place to ensure fit and proper staff were employed. For all new staff appropriate recruitment checks were completed, such as police and disclosure and barring checks (DBS),



and checks of qualifications. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment and these were dealt with promptly.

People were cared for in a very clean, hygienic environment. The home had a pleasant homely atmosphere with no unpleasant odours and was very clean throughout. The furnishings were of a good quality and in good condition. Housekeeping staff were observed using safe practice by placing advisory signage where there were wet floors to keep people safe.

A relative said, "I've been here on a Saturday and those girls are cleaning everything...after meals, vacuum cleaners come out... it's faultless...the cleaning routine". Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Regular checks on cleanliness of all areas of the home were carried out.

The laundry was well managed and had adequate chemicals. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

## Is the service effective?

### Our findings

People continued to receive effective care and support.

People received effective care and treatment to meet their health needs. Staff had the skills, knowledge and understanding they needed to care for people. People said they were confident staff were trained and competent, and knew what to do.

People had a comprehensive assessment of their health needs prior to coming into the home and when they arrived. Staff recognised changes in people's health and sought professional advice appropriately and followed that advice. Records showed staff contacted local GPs and health care professionals promptly and followed their advice. People said staff arranged for GP visits and escorted them on appointments when needed. People benefited from regular dental checks and chiropody care. A relative explained their relative did not like to have their ears syringed. They had spoken to the registered manager, who had spoken with the GP to arrange special drops to dissolve the wax. They said, "It's all being written down now on the chart so all the staff know". Another person said, "They get one (GP) straight away. They would send for a doctor even to talk to you...even if nothing particular wrong."

Staff received training and support to ensure they had the skills and knowledge to carry out their role and understand their responsibilities. Staff had attended the required training to meet people's needs. The registered manager supported staff to undertake higher qualifications relative to their roles.

Staff completed the provider's induction when they started working at the home, and were supported to refresh their training. New staff received a full induction and completed the national Care Certificate programme, to ensure had the knowledge and skills needed to care for people. They worked alongside experienced staff to get to know people's individual needs. One staff member said, "I did three weeks supernumerary...I followed and watched everything, then I was supervised for a week...If I had any questions they were always there, all very easy to approach...Training here is really good."

People continued to be supported to maintain a balanced diet which met their needs and preferences. The kitchen staff knew about people's dietary requirements, likes and dislikes. People could choose one of two dining rooms, the lounges or their rooms to enjoy their meals. We observed a lunchtime meal. Where people required additional support with their meal, staff were very attentive and supportive.

People had their weight monitored regularly and staff took action in response to weight loss by increasing calorie intake and made referrals to a GP. People were very happy with the food at the service. Comments included, "The food is really good here."

The Mental Capacity Act (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where

people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

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 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 were being met. We found the home was meeting these requirements.

The registered manager understood their responsibilities in relation to DoLS and had made applications to restrict some people's liberties in line with the MCA. Staff demonstrated an understanding of people's right to make their own decisions and requested consent before undertaking tasks.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. The corridors were light and full of pictures or wooden friezes of trees. All the bedroom doors had personalised name plates with pictures and information important or relevant to the person. The premises had undergone a large extension and the owner ensured the home was well maintained and the facilities kept in good decoration. The new platform lift had large buttons enabling people to use it independently. One person happily said when going to use the lift, "Ah...here we go...sophisticated toy time".

## Is the service caring?

### Our findings

The service continued to be caring.

The service provided people with very good care and support from staff who valued them as individuals. Staff were highly motivated to ensure people received care which was compassionate, friendly and kind. People were seen positively interacting with staff, chatting, laughing and joking. Staff provided person centred, kind and compassionate care. Everyone we spoke with described a marvellous, caring, kind, friendly and respectful staff team. They told us they were always treated well. Comments included, "If it (home) was mediocre it would be easy to say or give examples of special treatment but it's all 'so good' then it's hard to pick something", "We're looked after beautifully" and "It's a brilliant, wonderful, lovely place." One person said how the housekeeping staff were also very attentive and helpful and asked if they needed anything.

Staff knew people well and had developed caring relationships with them. There was a relaxed atmosphere at the service and people were happy in the company of staff. Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. For example, one married couple had been having disturbed nights due to one's health. Staff had discussed it with them and arranged that they both had their own rooms, so they could have a good night's sleep. A relative said how their relative had not been mobile when they arrived at Moorgate. They said, "But now (person)'s walking...they (staff) have really encouraged her...was up 'dancing' the other day."

Staff all said there was a family atmosphere at the service in relation to people, their families and the staff team and they would happily allow a relative of theirs to stay at the service. Two staff members comments reflected them all saying, "Definitely, the first place I would bring them, nowhere else, staff I have worked with are really good, caring. They don't just do caring as a job but deep down in their hearts. The independence people have here, they are given choices and respect as I would want myself" and "The girls here are something else, have so much love for the residents... not here because it is a job, they care and build relationships with the residents and what they need. If they want a cuddle they can, the staff adapt depending on the resident."

People said staff treated them with dignity and respect when helping them with daily living tasks and promoted their independence. The registered manager said, "Promoting people's independence was their aim and that good risk assessments supports people's independence". We observed two people using the homes new platform lift. A staff member was there guiding them and assuring them. "There you go, that's it, no problem. Now there'll be a very slight bump"

Staff ensured they maintained people's privacy and dignity. Staff worked within the provider's objective which was recorded on their website. "At Moorgate our aim is to provide high standards of care in a secure and warm environment, whilst respecting residents privacy and dignity and maintaining resident's independence as far as possible." The registered manager recorded in the Provider Information Return (PIR), "Staff follow a culture of door and curtain closing. We follow a 'knock and listen' culture as part of privacy

and dignity challenge; this is now a good cultural habit when staff are about to enter someone's private room." We observed staff knocking on people's door and waiting for a response before entering.

There were numerous messages of thanks which had been sent to the management team and staff from relatives. These included, "...for your attention to (person). The fact that he was discharged on end of life... and recovered due to your care to have until recently a good quality of life was fantastic" and "For helping (person) on his journey enabling him to come back home to me. The kindness, love and fun from you all has helped us both."

People were offered day to day choices, such as what time to get up, what to wear, meal choices and about how they spent their day. Staff respected people's wishes regarding night checks.

People's cultural and religious needs were understood and met. People were supported to attend the local church if they chose and the rector regularly visited the home.

The registered manager and staff daily went above and beyond to support people. We were told numerous incidences where this had been the case. Examples included, one person told us they had recently lost a sibling. They said staff had been really supportive and the registered manager had been really good "on the phone with my daughter since (sibling passed away) knowing what I need...talking all the time with her". Another person liked knitting, staff had brought in wool and held a sale. Staff gave up their time to support people on outings. We were given an example of staff taking people to the Hoe in Plymouth for lunch. Another staff member regularly brought in bananas for a person because they were very fond of them.

Staff recognised how important personal events were and always celebrated people's birthdays with a birthday cake. Relatives were very positive about these events which made them feel part of their family member's lives.

Staff recognised the importance of people's families and relationships. People's relatives and friends were able to visit without being unnecessarily restricted. People and relatives said they were made to feel welcome when they visited the home. One person had told staff how they would like to see their grandson from Australia. Staff had spoken with the person's family and a surprise visit had been made. The provider was keen for the home and people living there to be an integral part of the local community. Several of the people at the home were from the local area and had family and friends who visited regularly.

Staff showed a real empathy for the people they cared for and treated people like family members and were very attentive to people's needs. We observed a staff member spend time gently supporting a person who was sleepy in the lead up to lunch time. They asked if they would like lunch, telling them what was on the menu. They waited for them to respond and supported them to the dining area. Another person was helped back to their chair following taking part in an activity. The staff member helped the person aim for the armchair by encouraging them whilst walking backwards so they could follow in their steps. When the person got to the chair they were obviously relieved and pleased with themselves that they had done it.

## Is the service responsive?

### Our findings

The service continued to be exceeding responsive. Staff promoted inclusion and empowered people to do activities, hobbies and interests which gave them a feeling of value and well-being. People and relatives talked with enthusiasm about the activities at the home.

The service employed three activity staff who prioritised that people had stimulation to suit them. They assessed people's skill levels and regularly reviewed them as people progressed. A monthly activity plan was produced and given to people which contained a variety of music, creative and physical activities. The activity lead said it was just an outline and was very adaptable depending on people's wishes.

There was a designated activities room with people's artwork tastefully displayed and a large lounge where people could choose to undertake activities. There was also a large lounge with a large cinema style drop-down screen where movies could be screened. People were very fond of the two pet guinea pigs which were housed in the activity room. Staff had designated roles to ensure the guinea pigs were well cared for. We were also told there were chickens and plans to have a hatchery, so people could enjoy watching chicks hatch. Where people were unable or chose not to join in activities in the communal space they were visited in their rooms. Staff spent time with them supporting them with activities of their choosing. For example, reading poetry, stories or bringing something from the garden to discuss.

Interests and hobbies were catered for. For example, one person had knitting patterns, wool and books. Another made a paper snowflake which were later hung in the window of the main lounge. Their relative said they were delighted to see and felt it was a sign of the person's improvement and care. People were engaged in numerous individual activities throughout our visits. These included, painting pots, making saffron buns and making flowers with cut-out felt. Two other people played a bowling game, staff were very discreet supporting them. They indicated the line to aim at for one who had limited eyesight. We observed people engaged in games which the activity person had set at an appropriate level and gradually made more challenging. It started with bingo with large coloured counters, then matching playing cards using a very large set. The activity person called out the specific card e.g. 'Queen of spades' and people had to see if they had one that matched. Then the next step was having people pick a card from a smaller pack and calling out themselves for the others, with help from staff.

The staff arranged numerous events at the home. These included a tea dance, external entertainers, themed events like celebrating France and Italy and a fortnightly book club. The day after our visit was Burns night and there were plans for tasting haggis, burns night crumble, whisky, poetry and a quiz. Staff explained that they held the tea dance because a person had loved ballroom dancing. They had supported the person to have her wish come true of dressing up in a ballgown again. A male staff member dressed up in a tuxedo and had asked her to dance, they said "she lit up". One person originated from overseas, in order to remind them of home staff had made a specific meal with their guidance and included others in the process.

External outings to places of interest were also organised using the local community transport. People were also supported to attend the local dementia café. People from the local community were welcomed to the

home. These included pupils from the local school and college, Salvation army choir and local knit and sew group.

People were provided with personalised care which was centred around them as individuals. People received care and support that was responsive to their needs because staff had a good knowledge of them. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered.

People had a care plan in place on the provider's electronic care system. There were relevant assessments completed, from initial planning through to on-going reviews of care. Staff ensured they met their assessed needs and preferences. Information included people's history, their likes and dislikes and how they liked to spend their time. Staff knew about people's lives, their families and what they enjoyed doing. Information was easily accessible to staff who had their individual passwords to access the electronic care system which ensured people received the care required. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Staff ensured people were involved in their monthly reviews to ensure they were happy with the care they received. One relative said how they always felt fully informed and went to meetings with the registered manager. Another said, "We're so thankful that mum came here as 'respite' ... she's staying here now... We cannot fault it

There was a staff handover meeting at each shift change. This helped ensure staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day. Activity staff also fed back information to staff about how people were feeling so staff were informed about people's well-being.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. The registered manager said during the pre-admission process they identified people's communication needs and ensured these were reflected in their care plans. They confirmed where needed information was read to people with a sight impairment. Magnifying glasses and headphones were provided where needed to help people read and hear conversations. One person with a hearing impairment had picture cards to enable them to make a choice about what they wanted to eat. Information was provided to people in accessible formats where needed, to help people understand the care and support available to them.

Moorgate Residential Home looked after people who were at the end of their lives. The registered manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way. There was no one receiving 'end of life' care at the time of our visit. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. The team leader said where people were thought nearing the end of their life, staff consulted with people's families and their GP to ensure they were kept informed. If needed medicines were prescribed should people require them for pain management. The registered manager said two staff were enrolled on the six steps to end of life care. The six steps programme is a national end of life qualification that aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

Arrangements were in place to ensure people's concerns and complaints were investigated, responded to and used to improve the quality of the service. There had been no formal complaints raised with the service since the last inspection. People and their relatives said they would speak with the registered manager or staff if they had any concerns.

The registered manager recorded in the provider information return (PIR), "There is a transparent culture of reporting in the home and staff are trained to value the importance of complaints and support people who want to raise an issue." This was echoed by the registered manager at the inspection who said, "I have an open-door policy and would rather people told me about little issues because if left they became a bigger problem."



## Is the service well-led?

### Our findings

The service continued to be well-led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was supported by the two directors/owners who were at the home several times a week. They were visible and were liked and respected by staff, people and visitors alike. One of the owners told us their philosophy was "Somewhere [Moorgate] we would want to be ourselves." They went on to tell us that there were a lot of local people living at the home and that family and friends could visit whenever they chose to.

People received good quality care because the registered manager set high expectations about standards of care and led by example. People and staff said the registered manager was approachable and listened. One commented, "Good as gold, if I ever need anything I could go and ask." Staff were actively involved in developing the service. Staff meetings took place regularly and staff felt able to discuss any issues with the registered manager and provider's. Records of meetings showed staff were able to express their views, ideas and concerns. One staff member said, "Go to all meetings...able to contribute, (registered manager) will do her points about changes and asks does anyone have any ideas ...After the staff meeting if we want to discuss anything in private we can go and speak to her." The registered manager was supported by a team leader and senior care staff. They worked well together and had a clear understanding of their roles and responsibilities.

People were encouraged to give feedback regularly through quarterly residents and relatives meetings. The registered manager and providers were very active at the home and spoke with people and staff most days. A national care homes review website had received five reviews, from people using the service and relatives. They scored 9.3 out of a possible ten, with everyone saying excellent and that they would be extremely likely to recommend Moorgate Residential Home.

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as GPs, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were appropriately and that staff were keen to learn and followed their suggestions.

Arrangements were in place to monitor the quality and safety of the service. The registered manager or team leader completed regular audits, for example health and safety; medicines, bed audits and infection control checks. Where improvement had been identified, these had been addressed. For example, and infection control audit had identified the need for sealed toilet roll holders which had been put in place.

Accidents and incidents were reported and lessons learnt when things went wrong. The registered manager reviewed all accidents and incidents to ensure all appropriate steps were taken to minimise risks. The registered manager said they also undertook unannounced spot checks to "ensure standards remain high."

In March 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The provider is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection was on display at the home and highlighted on the provider's website.