

R Brice

# Mountbatten Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mountbatten Nursing Home is a care home providing personal and nursing care. The home is registered to provide care and accommodation to up to 30 people. The home specialises in the care of people who have general nursing needs. At the time of the inspection there were 28 people living at the home.

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

People felt safe and well cared for at Mountbatten Nursing Home.

There were adequate numbers of experienced and well-trained staff to keep people safe and to meet their needs. People told us staff responded promptly to any requests for assistance.

People received their medicines safely from trained nurses and senior staff who had received specific training. People told us they got the right medicines at the right time.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risk assessments were carried out to make sure people received their care and support with minimum risks to themselves and others. The staff respected people's rights to live as they chose if they had the mental capacity to understand possible risks.

The provider managed the day to day running of the home and there was a clinical lead who monitored and addressed people's healthcare needs.

There were effective systems to identify shortfalls in the service and to plan improvements.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability. We found that staff were working within the spirit of this guidance.

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 the service was good. (Published 30 November 2017.)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mountbatten Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Mountbatten Nursing Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

Mountbatten Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mountbatten Nursing Home is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is not required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The provider was responsible for the day to day running of the home. A clinical lead oversaw the nursing care element of the care provided to people.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 2 visiting relatives. We also spoke with 5 members of staff and the provider. We carried out general observations in communal areas.

We looked at a variety of records which related to the running of the home and people's personal care. These included health and safety records, a sample of medicine administration records, in house audits and 3 care and support plans.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe at the home and with the staff who supported them. One person said, "100% safe. They all seem to know exactly what to do. They all know how to use hoists. They all listen." Another person commented, "I feel very safe, all of them are kind and caring."
- People who were unable to express themselves verbally, looked comfortable and relaxed with staff. There were kind and friendly interactions between people and staff. People smiled when staff approached them, and gentle touch was used to reassure people.
- Risks of abuse to people were minimised because staff knew how to recognise and report any concerns about abuse. Staff were confident that action would be taken to protect people if they reported any concerns.
- The provider used audits and information received to ensure lessons were learnt and changes were made when things went wrong. For example, the complaints log showed that action was taken following complaints and staff were made aware of changes which needed to be made.

Assessing risk, safety monitoring and management

- Risks to people were minimised because staff carried out assessments and took action to minimise identified risks. For example, when people were assessed as high risk of pressure damage appropriate equipment and practice was identified. Records in people's rooms showed risk assessments were being followed, such as helping people to re position themselves at specified intervals.
- In one instance, we found that although risks had been assessed and action taken to minimise these, there was no record of this in the person's care plan. We discussed this with the provider who agreed to look into this.
- People's independence was promoted in the safest way. Staff acknowledged people were able to take risks if they had capacity to make a choice. One person who liked to go out alone told us, "I go out, I let them know where I'm going and what time I will be back out of courtesy."
- People lived in an environment where safety was monitored. There were regular health and safety checks. Equipment such as fire detecting and lifting equipment was regularly serviced by outside contractors.

Staffing and recruitment

- There were adequate numbers of staff to keep people safe and meet their needs. During the inspection we saw staff were able to spend time supporting people without rushing them.
- People who liked to remain in their bedrooms all had access to call bells to enable them to ask for assistance when they needed it. We asked people if staff always responded quickly to them using their call bell. One person responded, "Quite quick." Another person commented, "Usually within a few minutes."

Night: Exactly the same."

- People praised the staff. One person told us, "Staff are very good. I have built up relationships with them. I see the same staff; they know how I like things. We hardly ever have agency so that helps."
- People were cared for by staff who had been safely recruited. The provider carried out checks and references before new staff started work at the home. This helped to ensure all new staff had the character and experience needed to work with people living at the home.

Using medicines safely

- People received their medicines safely from trained nurses and senior staff who had received specific training.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security, and cold storage.
- Medication administration records were well completed but the quantity of medication on the premises was not always clear as this was not recorded on the records. We discussed this with the provider and assurances were given that this would be highlighted to staff and monitored.
- Where medicines were required to be given in a healthcare emergency there were instructions for staff about when this should be given.
- People told us they received their medicines at the correct time. One person told us, "Absolutely fine. Tablets first thing in the morning, one at teatime and two before I go to sleep. I never have to ask for them. No issues at all."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed all Government guidance throughout the Covid-19 pandemic to support people to stay connected to friends and family.
- People told us visitors were always made welcome. One person said, "They can come anytime, that's what is lovely. I'm sure if someone came at seven in the morning, they would be let in." Another person told us, "Visitors any time."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The provider had made applications for people to be deprived of their liberty where they needed that level of protection to keep them safe and promote their rights.

# 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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider led by example to make sure people received care which met their individual needs and wishes. This included ensuring people were able to follow their preferred routines. One person told us, "You can do what you like within reason." They told us about their preferred daily routine and said staff supported this.
- People were very happy with the care and support they received. One person told us, "It's just very good care and a very good friendly atmosphere." A relative commented, "It's the best I've experienced since [person's name] has been receiving support."
- People felt comfortable and at home. One person said, "Anyone who comes, is always made welcome. It's like living in your own house, they make you welcome." One person commented, "It feels like a family."
- Staff knew people well which enabled them to provide person centred care. Staff were able to tell us about how individual people liked to be supported and we saw this support was provided.

Working in partnership with others; 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

- People lived in a home where staff worked with other professionals to support a good quality of life and promote their wellbeing. We heard how one member of staff was working with other professionals to make sure a person had the correct wheelchair and communication equipment.
- Staff had good relationships with local healthcare professionals and sought advice when necessary. A GP visited the home on a monthly basis and responded to more urgent requests when needed.
- The provider was open and approachable. One person said, "Very well managed. [Provider's names] are usually here. You can talk with them."
- Staff told us they would feel confident to raise any issues without fear of recrimination. People said they would be comfortable to raise a complaint. One person said, "I can talk to anyone. I have no complaints, hopefully it stays that way."

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

- There was a staffing structure at the home which identified clear roles and responsibilities. There was always a trained nurse on duty who constantly monitored, and responded to, people's healthcare needs.
- The provider oversaw day to day running of the home and there was a clinical lead who led on clinical issues.

- Staff received training appropriate to their roles. There were competency checks carried out to make sure staff had understood the training undertaken and could provide safe care to people.
- People were cared for by staff who were well motivated and happy in their jobs. This created a pleasant environment for people to live in. One person said, "I just think the whole atmosphere is lovely. I just don't worry about it."
- The provider used audits to monitor the quality of care and support provided and to drive improvements. These included regular infection prevention and control audits and a falls audit.
- The provider looked for ways to constantly improve people's experience and care. Since the last inspection further ceiling tracking had been fitted to bedrooms. This ensured everyone had access to ceiling tracked hoists to aid staff in supporting people in their bedrooms. At the time of the inspection the provider was planning to put an electronic care plan system in place which they felt would improve record keeping and management oversight.

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

- People and their relatives felt involved in decisions about their care. People said they were able to make choices about their day to day lives.
- Staff views were sought by the provider. We saw evidence that staff had been asked to make suggestions about the running of the home. Staff told us they felt listened to.
- Visitors were made welcome and free to spend as much time with their family members as they wished. One person bought their dog and we saw that the dog was well known by other people who lived at the home, and by staff.
- Staff supported people to communicate their wishes and preferences in their chosen way. For example, they supported one person using eye movements and a picture board. This enabled the person to be involved in choices.
- The provider held meetings for people and their relatives. However, these were poorly attended, and the provider was looking at alternative ways for people to be involved and able to make suggestions.
- People and relatives said the staff kept them up to date with things going on and changes at the home. One person said, "They come and tell you what's going on." A relative told us, "They ring us straight away."