

Care UK Community Partnerships Ltd

Mountbatten Grange

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

About the service

Mountbatten Grange is a residential care home that provides accommodation and nursing care for up to 72 older people some of whom may be living with dementia. At the time of the inspection 38 people were using the service in one adapted building across three floors including a specialist dementia floor.

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

People and relatives told us they felt the service was safe. Systems were in place to protect people from the risk of abuse and staff understood safeguarding and whistleblowing procedures. Medicines records indicated people received their medicines as prescribed and the medicines storage room was well organised. There were enough skilled staff to meet people's needs and keep them safe. However, we received some feedback from people there was a delay in staff responding to call bells. The registered manager took action to address this and had systems in place to monitor for improvement. The service used regular agency staff but people told us and records showed that agency use was less over time.

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 co-ordinated effectively with health care practitioners to meet people's needs and systems were in place to monitor people's health. People told us they were happy with the variety and quality of meals offered, which they said had improved over time. The environment was well appointed, homely and adapted to meet people's needs. The dementia suite had clear signage to help orientate people and points of interest to encourage interaction and engagement.

We asked people and relatives if they were well-treated by staff and received comments such as, "The carers are absolutely first class here", "The care is alright but sometimes it lacks TLC- some of them are better than others" and "[Family member] is looked after extremely well, very nice people, very happy." We observed staff offered warm interactions and respected people's privacy bar one exception, which we fed-back to the registered manager who took immediate action to address this.

People's end of life wishes were explored and documented. The service offered a variety of activities and social opportunities which people told us they enjoyed. The service had not received any complaints; the registered manager documented people's less serious concerns and there was a clear audit trail of swift responses and outcomes.

We received positive feedback about the registered manager's leadership from people, staff members and social care professionals. The service sought people's and their relatives' feedback which was used to drive continuous improvement. There were systems in place to monitor the quality and safety of the service and progress had been made to address issues highlighted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 ●

Mountbatten Grange

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

The inspection was carried out by one inspector and one 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 Grange 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 12 people who used the service and four visiting relatives about their experience of the care

provided. We spoke with ten members of staff including a domestic worker, a care worker, physiotherapist, a lifestyle lead, a nurse, the deputy manager, the registered manager, the regional director, the operations project director and the customer service manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data and staff recruitment and induction records. We spoke with three professionals who were involved with the service.

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 protect people from the risk of abuse. Staff received safeguarding training and knew how to report concerns.
- The provider made safeguarding referrals and worked with the local authority safeguarding team when it was appropriate. The registered manager kept a safeguarding tracker to monitor trends and outcomes.
- People and relatives told us they felt the service was safe; "[Family member] is perfectly safe here- happy and very, very comfortable", "I am totally confident with all [family member's care here, I know there are risks but know that all the proper considerations are made for her- she is 100% safe."

Assessing risk, safety monitoring and management

- The service risk assessed people's needs and the environment to protect people from avoidable harm.
- Generally risk assessments contained detailed information about identified hazards and safe measures to reduce risks. Where one person's risk assessment did not include all of the safety measures staff described that they used in practice, the registered manager took immediate action to review this.
- Personal emergency evacuation plans (PEEPs) were in place for each person detailing the level of staff support required to evacuate safely.
- There was a comprehensive maintenance programme to check the premises and equipment were fit for purpose. Records showed the maintenance officer responded quickly to repairs.

Staffing and recruitment

- People were supported by staff who received robust recruitment checks to make sure they were suitable. Recruitment documentation included all relevant checks such as full employment history and criminal records checks.
- We received some mixed feedback from people about staffing levels; "They are definitely not short staffed", "If I need something generally they arrive after five or ten minutes but sometimes it is longer, up to forty minutes", "On a Saturday and a Sunday there are too few staff and sometimes I have to wait for ages for someone to stop and be kind enough come over and see what I need" and "Staff respond quickly to call bell, five star!"
- Staff rotas showed that enough skilled staff were planned to meet people's needs. People's dependency needs were regularly reviewed and the level of staff adapted accordingly. During our visit we saw staff were attentive to people and answered call bells promptly.
- The service had a system to monitor call bell responses which had identified some areas for improvement. The registered manager put a number of actions in place to make sure responses were consistently prompt. For example, management were present at the weekends, supervisions and team meetings were themed around response times and there were increased spot checks of the call bells to monitor standards.

Using medicines safely

- Staff followed systems in place to manage medicines safely.
- Medicine administration records we looked at indicated people received their medicine as prescribed and medicines were stored safely at the required temperature.
- One person was prescribed medicine to be administered covertly. Records showed this had been assessed and decided to be in the person's best interest by their GP.
- Staff received training in medicines administration and assessments to check their competency before they were authorised to administer medicine.

Preventing and controlling infection

- Procedures were followed to protect people from the risk of infection. The home was clean and free from unpleasant odours.
- People said, "The laundry [service] is excellent", "I must say this place is clean and it is very well looked after" and "The cleaning is very good here- all is spotless."
- Care workers had completed training in infection control practice. We observed domiciliary staff with well-appointed trolleys cleaning and hoovering throughout our visit.
- Personal protective equipment (PPE) items such as disposable gloves and aprons were available and used by staff.

Learning lessons when things go wrong

- Lessons learnt were implemented where required following accidents or incidents.
- Where there had been an isolated medicines error records showed a daily stock check was in place to ensure there were enough medicines in stock to prevent reoccurrence.
- Accidents and incidents were recorded and analysed monthly by the registered manager to monitor trends.

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

- Assessments completed by the service reflected the needs and choices of people and provided guidance for staff about how to ensure people's needs and choices were met.
- One person had new equipment and moving and handling support techniques in place to meet their changing needs. We observed a care worker ask the deputy manager if they could supervise before they attempted this which had been agreed previously to provide staff with confidence and to make sure the person was comfortable with the new moving and positioning technique.
- Oral health care-plans were completed in line with published guidance about best practice and people were assisted to access dental services.

Staff support: induction, training, skills and experience

- People were supported by trained, skilled staff. A member of staff said, "Training is really good. [Managers] always follow-up. My manager will observe particular tasks to make sure I understand."
- Staff received mandatory and specific training identified by the provider to meet people's needs such as wound care, moving and handling, oral hygiene, mental capacity and safeguarding. Training attendance was monitored by the provider and progress has been made over a short period of time to achieve 95% attendance by September 2019.
- We spoke with a new member of staff who said they felt supported by management and other colleagues and received a thorough induction. Records showed that staff new to care complete their 'skills for care' certificate. This is a set of standards that staff require to meet people's needs which is assessed by competent managers and senior staff.
- Regular agency members of staff received supervision to provide support make sure they understood and followed procedures and care plans. The provider had a system to check agency staff background checks and training with the agency provider. As a result of these checks one agency was no longer used as they could not provide evidence of standards the provider required.
- A health care professional provided feedback that during training and their interactions with staff, the support, upskilling and personal development of staff was apparent.

Supporting people to eat and drink enough to maintain a balanced diet

- The service promoted nutritious meals and provided people with enough to drink.
- Hydration and snack stations were provided throughout the service. In people's bedrooms we observed drinks were replenished and within people's reach.
- People were complimentary about the meals provided. After a person had finished their lunch they summarised; "Yes, that was enjoyable, on the whole the food is very good here." Another person said, "It is

lovely food here, a million times better than in Hospital." People were positive about the new chef, who they said spent time chatting with them.

- The chef was knowledgeable about people's dietary needs and preferences and took pride in preparing meals for people to enjoy, they said "We always find a way to give people what they would like."
- Records were kept of people's food intake and monthly checks of people's weights were recorded and acted upon where there was a concern. The chef was kept up-to-date with people's nutritional intake and weight and provided fortified foods and drinks in line with best practice guidance.

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

- The service worked together and with other healthcare professionals effectively to achieve positive outcomes for people.
- Managers of every department met daily to provide an update of their area of work and people's changes in need and agreed actions. We observed staff discuss a new admission and how they were settling in and the registered manager checked whether the person's care plans and risk assessments were completed.
- Records showed appropriate referrals were made to specialists such as the tissue viability nurse and speech and language therapist.
- The provider employed a physiotherapist who ran group exercise sessions twice a week. The registered manager told us this was one of the home's strategies for the prevention of falls, to help people maintain mobility and stability.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The service worked within the principles of the MCA.
- Records showed that people's mental capacity was assessed and decisions were made in people's best interests. This included detailed information about how people, their representatives and other relevant professionals were involved in decisions.
- Staff received mental capacity training online and face to face and demonstrated they understood this. We observed staff ask people's permission before providing day-to-day support. One person told us, "Staff check with me before doing anything."
- Applications to deprive people of their liberty were made by Local Authorities (LA) and authorised by the Court of Protection. During our visit the registered manager was liaising with a person's relatives to explain the DoLS process and contacted the DoLS assessor to share information and arrange an assessment.

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

- In general people were positive about the care they received with comments such as, "The carers in my experience are all reliable and know what they are doing", "The carers are absolutely first class here" and "The care is alright but sometimes it lacks TLC- some of them are better than others."
- A visiting relative who had a family member living on the Dementia Suite remarked, "There is a carer on that floor, a young lad [staff name] and he is brilliant in everything he does."
- Staff we observed and spoke with demonstrated a caring respectful approach to supporting people. For example, one member of staff gently chatted to a person who was new to home, talking to them about their interests and trying to make them feel welcome.
- One member of staff told us more experienced staff had shared their advice and ideas about how to build rapport with people; "They told me to be myself, appreciate others' values, be friendly and make sure everyone feels welcome. It's such a nice place to work."

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

- The service supported people to be involved in their care and express their wishes.
- Staff showed understanding of how to help people be involved in as many decisions as possible. One care worker told us, "If someone refuses my support I respect that and I will seek support from my team leader, try another way, chat, help them to relax, offer again later and say things like "Let's do this together."
- No one received support from an advocate, however literature about advocacy service was displayed in communal areas. The registered manager said they would highlight this and make referrals if people did not have representatives involved in their care.
- People's care records showed they and relatives were involved in decisions. Where relatives had legal powers in relation to decisions about people's health and welfare or finances, the service verified this and kept a record.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's privacy and dignity through staff training and we saw this was put into practice.
- People we asked said that staff were mindful and protected their privacy and dignity by making sure doors were shut during personal care for example. One person told us, "[Another home] was demeaning, but that doesn't happen here. We are asked how we would like to be addressed and staff respect me."
- A domestic member of staff said that when they cleaned-up spillages they were mindful that people may feel embarrassed and took steps to put people at ease to protect their dignity and privacy; "I try and talk about something unrelated and maintain eye contact and give reassurance. I always introduce myself and

ask for permission to go into people's private spaces or to clean their belongings."

- People's care plans contained their abilities to encourage as much independence as possible. One person who liked to go out independently was supported to do so through positive risk assessment which balanced their wishes and what was important to them with safety.

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

- The service had systems in place to plan personalised care to meet people's needs and wishes.
- People's needs were assessed prior to commencing care and care plans included specific information about people's physiological and emotional needs.
- People's diverse needs were generally recorded such as religious needs and what support was required. We discussed with management how they could capture people's sexual orientation where people decided to disclose this. The regional manager said they would feed this back to the provider to review the care plan template to make this clearer.
- Relatives fed-back; "The Nurses and carers here try to and do, understand her far better than me" and "The GP comes around every Tuesday too and sees all the patients here...Everything here is perfect."

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 registered manager was not familiar with the term AIS and took immediate action to familiarise themselves with the provider's policy and procedure.
- In practice we found systems were in place to facilitate communication and share information in a way that people could understand such as easy read formats and large print.
- People's hospital packs contained information about their communication needs.
- Staff were familiar with people's communication needs. One member of staff described a person's communication support needs which was consistent with their care plan.

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

- The service was conscious of the risks of social isolation and took steps to engage people in social opportunities and interactions.
- Two 'lifestyle' leads were employed to offer a variety of activities and regular trips to the community. One lifestyle lead said, "Residents drive the programme here". They explained that people often make proposals for events via the resident champion or residents' meetings and vote whether they want entertainers to return.
- We observed activities were well attended and people appeared to be enjoying themselves with lots of chatter and smiles. For example, we saw an Elvis tribute visited for one person's birthday and on the second

day of our visit small animals were very much enjoyed by people. These were also taken to people's bedrooms where they wished to be visited.

- We saw people were involved with putting-up Halloween decorations and there were beautiful flower arrangements in communal areas and bedrooms which were created by people using the service.
- The service encouraged people to 'make a wish' which they would support to come true. For example, one person loved penguins and so the service arranged penguins to visit the home; the photos showed delight on people's faces.
- We received feedback from a social care professional who regularly visited the home; "I always observe positive interactions from staff and there is always an activity going on."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was explained to people and relatives and literature about how to make a complaint was accessible in communal areas.
- The registered manager kept a complaints log. There had not been any complaints since their appointment, however we could see previous complaints were responded to in line with the complaints policy and procedure.
- People concerns were recorded and acted upon by the registered manager to find a resolution.
- Compliments were documented. For example, one relative said, "The anxiety we experienced in making the decision has been significantly reduced through the professional and attentive care we have witnessed from certain members of your staff."

End of life care and support

- The service discussed with people and recorded their end of life wishes.
- A relative told us that staff and the registered manager were very professional in their support to the family; "All has been dealt with so professionally, all A1- the things and support that [registered manager] has offered have been so helpful and over the top."
- The palliative care team were involved in one person's end of life and arranged anticipatory medicines which was reflected in their care plan.

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.

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

- The service promoted an open culture and values were centred around people's needs.
- Two people using the service were appointed as 'residents champions' to help people feel empowered and have their say in how the service was run. The improvement of meals and activities had been a theme from people's feedback; this was listened to and acted upon by the registered manager. These areas were now strengths of the service to meet people's needs.
- The registered manager and deputy manager were open and responsive during our inspection; they demonstrated passion and hard work in their aim to give people safe, quality care. A social care professional said, "The atmosphere has improved with the new manager and the home is settled. [The registered manager] is open and honest and tackles issues very quickly."
- People and staff consistently told us the registered manager was visible and approachable. One person said, "[The registered manager] is the really good one here, she really is of some use, she really does get on with things in a positive way and that is a great help to me".
- A person told us; "The nurse manager is first class and does her best to keep fully staffed. The best nurse is [name of staff], they are superb in everything they do. They always make sure my medicine is on time."

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

- The registered manager understood regulatory requirements and areas for improvement were internally identified and actioned in relation to risk priority.
- Management notified CQC of significant events as they are legally required to do. This area was identified by the provider under the previous manager as requiring improvement; actions were implemented to make sure their responsibilities were fulfilled.
- The provider completed comprehensive audits of the safety and quality of care which were effective in driving improvements. Records showed actions were completed by the registered manager and monitored by the regional manager. As a team they were effective in co-ordinating and working with other departments to achieve positive outcomes. For example, an experienced maintenance officer and head chef were appointed to the service from sister homes to ensure standards were met.
- We found that occasionally staff did not complete or fully complete people's monitoring records; this had been identified internally and additional checks and guidance for staff were put in place and we saw this had improved over time.

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 registered manager understood their duty of candour and acted upon this when things went wrong. For example, they offered an apology and an explanation of what actions were being taken to investigate in writing to people involved.

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

- The provider was successful in engaging and involving people, staff and the public in the service.
- The service appointed staff representatives to be the 'staff voice'. One of these staff told us, "[Regional director] is a good listener. They rarely say no to things and they deal with problems."
- People's feed-back about the service was collected through surveys and residents' meetings, which was central to the registered manager's priorities. A recent survey about meals showed improvement in this area in a short space of time.
- Staff received equality and diversity training and the provider supported and participated in external LGBT events. The regional manager explained this was to help engagement and raise general awareness amongst people using the service and staff, to promote people's rights.

Working in partnership with others

- The service had strong links with the wider community and external organisations which benefitted people and their relatives.
- A stroke charity held an event at the service to raise awareness and share information which was attended by relatives. Scam awareness events were also held at the service, ran by external professionals including the Police and community warden.
- A healthcare professional shared with us the service was proactive in working collaboratively and in partnership with the CCG in providing a training room for various 'patient' focused and improvement needs.