

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 effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection was unannounced and took place on 19 October 2015.

Mountbatten Nursing Home is registered to provide nursing care and accommodation to up to 30 people. The home specialises in the care of older people with complex medical needs and those requiring care at the end of their lives.

The last inspection of the home was carried out in July 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was well led by the registered manager and the owners of the home. They were visible in the home and people and staff told us they were very approachable and open. One person said "They are always around to talk to. Always have time for you."

Summary of findings

The owners told us they aimed to create a homely environment with high standards of nursing care. Staff echoed this by telling us “It’s very family orientated and people are treated with love and care.” Throughout our visit the owners were available to staff and people. They demonstrated a good knowledge of each person and shared jokes and friendly banter with people.

People felt safe at the home and with the staff who supported them. There were robust recruitment procedures in place which minimised the risks of abuse to people.

People told us staff were kind and caring and they received help when they needed it. Staff told us there were adequate numbers of staff to meet people’s needs, including the needs of people who required one to one care to keep them safe.

Staff were well trained to enable them to monitor people’s healthcare needs and ensure they received effective treatment. Where people had complex medical needs staff received specific training to meet the needs of the individual.

Each person had a care plan which set out the support they required and how they liked to be assisted. Staff knew people well and arranged care to fit in with people’s preferred routines.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were very complimentary about the food served. Comments included; “Food’s very good and you always get a choice” and “Food is good, there’s a nice variety and there’s home-made cakes.”

The staff worked in partnership with other professionals such as the local hospice and hospital to make sure people received good quality care. The owners and registered manager monitored standards and planned on-going improvements to make sure care and facilities were in line with up to date good practice.

People, who were able to, told us they would be comfortable to make a complaint and were confident action would be taken to address any issues raised.

Summary of findings

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.

People were supported by sufficient number of staff to meet their needs and ensure their safety.

People's medicines were safely administered by trained nurses and staff who had been assessed as competent to carry out the task.

Risks of abuse to people were minimised because all new staff were thoroughly checked and knew how to report any concerns.

Good



Is the service effective?

The service was effective.

People received effective care from staff who had the skills and knowledge to meet their needs.

People received food and drink in accordance with their assessed needs.

Trained nurses monitored people's general health and people had access to other healthcare professionals outside the home.

Good



Is the service caring?

The service was caring.

People were cared for by kind and caring staff.

People, or their representatives, were involved in decisions about their care including the care they would like at the end of their lives.

Good



Is the service responsive?

The service was responsive.

People received care that took account of their wishes and preferred routines as far as possible.

People felt comfortable to raise complaints with the registered manager or the home owners.

Good



Is the service well-led?

The service was well led.

The owners and the registered manager were open and approachable and had a commitment to ensuring high standards of care for people.

There were systems in place to monitor practice and plan on-going improvements.

Good



Mountbatten Nursing 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 inspection took place on 19 October 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and action plans, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 11 people who lived at the home, two visitors and nine members of staff. Some people were unable to fully share their views with us due to their frailty. We therefore visited people being nursed in their rooms and spoke with staff supporting them. The registered manager was away from the home at the time of the inspection but the owners were available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “Staff are always decent with you.” Another person told us “They treat me well I’ve no complaints on that front.” A visitor told us they felt confident leaving their relative at the home because “I know they are in safe hands.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said staff were available to assist them whenever they needed help. One person, who was being cared for in their room, said “They come very quickly if you ring your bell and they are always popping in to make sure you are alright and for a chat.” During the inspection visit we did not hear bells ringing for extended periods of time which showed requests for help were responded to promptly.

Some people with complex needs were supported by staff on a one to one basis to make sure they received the supervision they required to keep them safe. Other staff worked in pairs to make sure people could be appropriately assisted with their care and to ensure equipment required to assist them to move was used safely. Staff told us there were always sufficient numbers of staff on duty to meet people’s needs.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. These included the supervision people required to move around safely and the equipment needed to minimise risks. One person’s care plan stated they required a specialist mattress to minimise the risks of damage to their skin. When we visited this person the recommended equipment was in place.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service

(DBS) checks. The DBS checks people’s criminal record history and their suitability to work with vulnerable people. Staff told us they had not been able to start work until checks had been received by the registered manager.

To further protect people from abuse staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said they had been told when they started work “If you have any concerns, don’t keep it to yourself. Tell someone.” Another member of staff said “I wouldn’t hesitate to report anything. It would be sorted out.”

People’s medicines were administered by trained nurses and some senior staff who had received specific training and supervision to carry out the task. All staff who administered medicines had their competency to do so assessed by the registered manager to make sure their practice was safe. One person told us “I know what tablets I have and I always get the right ones.” Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. One person said “They offer you pain killers, they are very good like that.”

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Some medicines required additional security and recording and these measures were in place. The home provided care to some people at the end of their lives and had a licence from the Home Office to carry a stock of controlled drugs. This ensured that when people were prescribed medicines to relieve pain these were readily available to maintain their comfort. These medicines were clearly recorded and there was a weekly check of the stock held.

Is the service effective?

Our findings

People's care and support was monitored by trained nurses who were experienced and qualified to do so. People told us they had confidence in all the staff who supported them and felt able to discuss their health with trained nurses at any time. One person said "The nurses see you every day. You can always discuss things with them." Another person told us "Staff are definitely well trained here." A visitor said "I am confident they get all the care they need."

People were cared for by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One person said "New staff have another carer with them. Someone who knows the ropes." Another person said "The new ones are well supervised."

Once staff had completed their induction period they had opportunities to undertake other training appropriate to the needs of people. One member of staff said "Training here is brilliant. You only have to ask for training and it's arranged immediately."

Some people were being supported with complex medical needs. These included tracheostomies, where a tube is inserted into the windpipe to assist a person to breathe, and nasogastric tubes which are tubes which enable a person to receive nutritional support by means of a narrow tube from their nose to their stomach. The registered manager ensured staff had the skills to meet these needs by providing specific training and assessing staff competency. There were clear records which showed staff competency to deal with each specialist area had been assessed. Only staff who had been deemed competent provided care to people with complex needs. One member of staff said "You are never asked to do anything you aren't confident with. We have training for each person to make sure it's the right care for them."

A number of people were being nursed in bed or in their rooms. These people were vulnerable to pressure damage to their skin and there were care plans in place to make sure they received effective care. People were provided with pressure relieving equipment and were assisted to reposition themselves at regular intervals to minimise risk of

damage. One person said "Every four hours they help me move." No one had sustained a pressure sore whilst at the home which showed preventative measures had been effective. People said care staff who assisted them with personal care were very good at reporting any concerns back to the trained nurses. One person told us "The carers always get the nurse if they are worried."

A number of the trained nurses, including the registered manager, also worked at the local general hospital which helped to keep their clinical skills up to date. One trained nurse told us "I have more time to spend with people here but my hospital work certainly keeps me up to date with everything."

During the inspection visit we attended a handover meeting between the trained nurses. This demonstrated how people's health was monitored and action was taken to address any issues raised. In addition to daily handover nurses monitored the general health of each person on a monthly basis. This included taking people's blood pressure and weight. People told us the trained nurses made sure they were seen by doctors and other healthcare professionals when needed. One person said "There's nothing to worry about. They look after you and get the doctor if you need it."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were very complimentary about the food served. Comments included; "Food's very good and you always get a choice" and "Food is good, there's a nice variety and there's home-made cakes."

People received the support they required to eat their meals. A small number of people ate in the main communal area of the home but most people ate in their rooms. Staff sat with people who required physical assistance to eat and chatted making it a sociable occasion. Where people required their meal to be served at a specified consistency, such as fork mashable or pureed, this was provided. One person's care plan stated they required a pureed diet and thickened fluids to minimise the risk of them choking. At lunchtime this person received food and drink in line with their care plan.

People were asked to choose their meal the day before and meals were served plated in accordance with their choices. Although the cook told us they were aware of people's likes

Is the service effective?

and dislikes people who required their food to be pureed were not offered a choice of food. We discussed this with the cook and the registered provider who said they would consider offering choices to people with this specific need.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans gave information about when a decision had been made in

a person's best interests. One care plan showed the person was at risk of falling out of bed and a best interest decision had been made, in consultation with their relative, to use bedrails to minimise the risk.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made applications for a number of people to be assessed under this legislation and was waiting for these assessments to be carried out.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. A visitor commented "I have found everyone very caring." One person said "Staff are always kind." Another person told us "Staff are very good. They are kind and patient."

We saw staff were gentle when assisting people and did not rush them. When they helped people from a chair to their wheelchair they explained things to the person and offered reassurance. One person became worried at lunch time and staff offered comfort by reassuring words and touch. The person appeared relieved and content.

People looked comfortable with staff and some joked and chatted with them. One person told us "None of the staff here would do anything nasty." A visitor said "They seem to choose staff well. They all seem to have the right attitude."

The home had received numerous thank you cards and letters from people who had stayed at the home and relatives. One card thanked staff for their "Warmth and kindness" another said "Thank you for the dignified way he was treated."

There was a stable staff team at the home which enabled people to build relationships with the staff who supported them. One person said "I know the staff well and they know my ways." A member of staff said "Because we are quite small it's sort of like a family. I'd be very happy for any of my family to be cared for here. Everyone is treated with respect."

People's privacy was respected and they were able to spend time alone if they wished to. One person said "They ask me if I want to go downstairs but they respect my choice to stay in my room." Many people were nursed in bed or in their rooms. Staff were respectful of people and made sure doors were closed when they assisted them with personal care.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

One person who was being cared for on a one to one basis had a camera fitted in their room to enable them to have time when staff were not present in the room with them. The person lacked the capacity to agree to this and a best interest decision had been made involving family members and professionals. This enabled the person to have a feeling of privacy whilst being constantly observed for their safety.

To assist people to stay in touch with friends and family, visitors were able to visit at any time. A visitor said "I've always felt really welcome." One person told us "There's no restriction on visitors which is lovely." Another person said "My family can come anytime. Often we go out together which makes a nice change."

People told us they, or their representatives were involved in decisions about their care. One person said "I make choices about how I'm cared for." A visitor said "Unfortunately they can't really get involved but they keep me well informed about everything and ask me what I think."

The home looked after a number of people who were receiving care at the end of their lives. Care plans recorded how people wished to be cared for and what they would like to happen after their death. The home had been awarded the Gold Standards Framework award which is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home worked in partnership with the local hospice to ensure people received the right care and treatment to maintain their comfort at the end of their life. People who were being nursed in bed looked warm and comfortable. One thank you card thanked the staff for their care and kindness and for "Staying with them on their last night."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People, who were able, could make choices about all aspects of their day to day lives. One person told us they always liked to get up early and staff helped them to do this. Another person told us their preferred routine was to spend the morning in the communal area then go to their room after lunch. After lunch staff offered to assist the person back to their room showing they were aware of their preferred routine.

There were some organised activities for people however some people said they would like more entertainment and things to do. One person said “The physical care is wonderful but there is no mental stimulation.” Another person said “There’s a lack of activities but everything else is absolutely brilliant.” In the morning some people went to the communal area of the home and socialised together. People who were unable to initiate conversation received very limited social interaction except when staff assisted them with a task. In the afternoon there were seven people sat in the lounge but no staff were present to provide mental or social stimulation.

The providers told us due to the frailty of people using the home they found it difficult to provide group activities. They had employed an activity worker for three hours a week to spend time with people on a one to one basis. Care staff said they had time in the afternoons to spend time socialising with people. The activity worker said they spent time taking people out and visiting them in their rooms. There was also an aroma therapist who visited the home regularly and people had access to members of the clergy for communion. At the last survey of people at the home 12.5% of people rated the frequency of activities as ‘Poor.’ Others rated them as ‘Fair’ (12.5%) or ‘Good’ (75%).

Each person had their needs assessed before they moved into the home. This was to make sure the home was

appropriate to meet the person’s needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. One member of staff said “The care plans are really useful and easy to follow. They tell you about the help people need and about them.”

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. A visitor said “They asked all about their likes and dislikes and they seem to know them very well.” One person told us “They know what I need help with and they do things how I like it.”

Care plans and risk assessments were reviewed and up dated to make sure they reflected people’s up to date needs. The staff were made aware of changes to people’s needs at handover meetings and provided care in line with the changes. For example; concerns had been expressed about changes to a person’s ability to eat, and increased risk of choking. The care plan had been up dated and a trained nurse made sure a member of staff supported the person with their lunch.

In addition to managing the home the registered manager provided hands on care which enabled them to seek people’s views on a regular basis. The providers were also very visible in home and familiar to people. People told us they would be comfortable to make a complaint. One person said “If there was any problem I couldn’t solve the owners would solve it for me.” A visitor said “When they first moved in they told us to come to them if there was anything we weren’t happy about. They are all nice to talk to so I feel I could.”

Each person received a copy of the home’s brochure when they moved to the home. The brochure contained information about how to make a verbal or written complaint. Where complaints had been made records were kept of the investigation and the outcome which had been sent to the complainant.

Is the service well-led?

Our findings

The service was well led by the registered manager and the owners of the home. They were visible in the home and people and staff told us they were very approachable and open. One person said “They are always around to talk to. Always have time for you.” A member of staff said “I love working here and I have been made to feel so welcome by everyone including the manager.”

The owners told us they aimed to create a homely environment with high standards of nursing care. Staff echoed this by telling us “It’s very family orientated and people are treated with love and care” and “We try to make it as homely as possible but we are also very professional in our care.” Throughout our visit the owners were available to staff and people. They demonstrated a good knowledge of each person and shared jokes and friendly banter with people.

The standards expected in the home were shared with staff at regular meetings and by using memos regarding specific changes. In order to further improve communication the ‘Mountbatten Mobile’ had been implemented. This enabled the management of the home to send information to staff by text message to keep them up to date with changes and expectations. The owners told us this was proving successful in sharing information.

The registered manager was appropriately qualified and experienced to manage the home. They were a trained nurse and had a degree in nursing studies. In addition to managing the home the registered manager continued to work some shifts at the local general hospital which helped them to keep their clinical skills up to date. They also attended training courses and kept up to date by reading relevant materials. One person said “Matron [registered manager] is spot on.”

There was a staffing structure which provided clear lines of accountability and responsibility. There was always a trained nurse on duty who was supported by senior care staff and an assistant practitioner. (An assistant practitioner

is a person who has completed additional training to enable them to undertake some nursing duties under the supervision of a trained nurse.) This ensured people always had access to senior staff and their healthcare needs were continually monitored and met. A visitor told us “It’s very well organised. Matron [registered manager] is very good and I think everything comes down from there.”

The quality of care and safety of the building were monitored to continually improve and up-date practices and facilities. The owners and registered manager met on a weekly basis to discuss the home and ensure any issues were resolved. There were regular safety checks in place and equipment was serviced by outside contractors to ensure it remained safe for people and staff.

Many of the people who lived at the home required staff to assist them to move using mechanical hoists. In order to improve the experience for people, ceiling tracking and hoists had been fitted to a number of rooms and this work was on-going. Staff told us this made it easier to move people and they never waited for a hoist to be available. One person told us “I thought it would be scary but they are so good it’s really OK.”

A recent pharmacy audit had highlighted some minor issues, such as ensuring all prescribed creams and lotions were marked with opening and expiry dates. This shortfall was communicated with trained staff and on the day of the inspection these dates were marked on prescribed creams seen by us.

The home worked with the local hospital to improve the care people received. One of the owners was a member of the Discharge Action Group which aimed to improve the experience of people being discharged from hospitals. The owners were also active members of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.