

Quantum Care Limited

# Mountbatten Lodge

## 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

About the service:

Mountbatten Lodge is based in the outskirts of Hemel Hempstead close to local amenities and retail parks and is registered to provide accommodation and personal care to 60 older people. It provides a service to people living with dementia, people with physical disabilities and people with sensory impairments.

At the time of our inspection staff were providing accommodation and personal care to 56 people.

People's experience of using this service:

Staff provided people with care and support that was exceptionally person centred and responsive. Staff promoted a wide range of individual hobbies and pastimes which made a significant difference to the quality of people's lives. People were given every opportunity to raise concerns and they were completely involved in the complaints process such as by using Skype or e-mail. The provider used this information to transform people's lives. Systems were in place to meet people's end of life care needs and helped ensure people had a dignified death.

Staff understood the reporting procedures if they felt that people were at risk. Risks to people were identified and managed well. Sufficient staff were employed to make sure that people received their care in a timely manner. One person told us, "I don't have to wait long for [staff] when I need their help." Safe staff recruitment processes meant that only suitable staff were employed. People were involved with the recruitment of staff.

People received their medicines in a safe way and systems were in place for the safe handling, storage and disposal of medicines. Staff adhered to good standards of hygiene practice and promoted infection prevention procedures.

Staff received regular training updates, supervision and opportunities to further their knowledge. They knew people well and had the skills to meet their needs. Staff had a good rapport with people and promoted their independence. People had variety in their diet and they ate and drank enough to maintain good health. Staff enabled people to access healthcare support by working well with others who had input into their care. 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 cared for people with sincerity, kindness and compassion. Staff were compassionate about promoting people's privacy, dignity and independence. People chose how and where their care was provided and involved relatives and advocates when needed. People's food was presented in a way which supported people to eat in a dignified way. One person told us, "I like the way [staff] help me every single day. It means a lot to me to have such wonderful care."

The registered manager promoted and supported an open and honest staff team culture. Staff upheld the

provider's values by enabling people to live fulfilling lives. Governance and oversight of the quality of the service was effective and helped drive improvements. People had a say in how the service was run and developed. People received care that worked well and was coordinated where others were involved including community nursing teams and GPs. One person told us, "I would absolutely have no hesitation in recommending the service to anyone. I am very happy living here."

Why we inspected: This was a planned inspection of Mountbatten Lodge based on the previous rating.

Rating at last inspection: Good (report published December 2016).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Mountbatten Lodge

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was undertaken by three inspectors and an assistant inspector.

#### Service and service type:

Mountbatten Lodge 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 (CQC). 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 was an unannounced inspection and it took place on 16 May 2019.

#### What we did:

Before this inspection we checked the information we held about the service, such as notifications. A notification is information about important events which the provider is required to send us. We used this information to assist with the planning of the inspection. We asked for and received feedback from commissioners of the service and safeguarding teams.

During the inspection we spoke with eight people using the service, four relatives, the registered manager, the deputy manager, a visiting regional manager, one care team leader, five care staff, one activities coordinator and a volunteer worker.

We also looked at various records, including care records for five people, records in relation to two new staff, training records, staff rosters, medicine administration records, audits and various meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience people who could not talk with us. We also observed how people were supported and cared for in general throughout the inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff applied their knowledge of safeguarding practice well. They knew what events needed to be reported to the registered manager or local safeguarding authority.
- The openness of staff's reporting had led to improvements in the service, with advice and support from safeguarding teams being embedded in practice.

Staffing and recruitment

- The provider identified people's needs and staff required to meet these were effectively deployed.
- Staff responded promptly to people's requests for assistance such as responding to people's call bells or providing a drink to help ensure people's safety.
- There were enough suitable staff to keep people safe.
- One person said, "I ask for help and I get it." A relative told us, "There is enough staff. There is always lots going on and staff are always somewhere nearby or helping people with care."
- The provider had maintained safe recruitment practices. People were involved in asking potential new staff questions such as, "How will you meet my [personal] care needs?"

Assessing risk, safety monitoring and management

- Detailed assessments were in place for risks, such as falls, choking, moving and handling and malnutrition.
- Staff supported people to use equipment safely.
- Support was in place for any person at an increased risk such as, from a speech and language therapist (SALT).
- Regular checks were undertaken to ensure that a safe environment was maintained,

Using medicines safely

- Medicines' systems were organised and medicines were stored and disposed of safely. Staff who handled medicines had received training and their competency was assessed on a regular basis.
- People received their medicines as prescribed. This included covert medicines which were given in people's best interests. Staff followed safe protocols for the administration of medicines in a residential care home.

Preventing and controlling infection

- Staff had received training in infection control.
- Staff wore protective clothing to prevent the spread of infection.
- The service smelt and looked clean. One relative told us, "I have absolutely never smelt anything unpleasant. [The home] looks clean and staff tidy up properly before and after meals."

### Learning lessons when things go wrong

- Accidents and incidents were reported and any learning from these were cascaded to the staff team when required.
- The registered manager reminded staff of their responsibilities to uphold people's safety and actions were implemented to prevent recurrences.



# 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.

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

- Staff assessed people's needs and their care was delivered in line with current legislation, standards and evidence based guidance. For example, following a stay in hospital people's needs were reassessed and any necessary changes were made to their care plan.

Staff support: induction, training, skills and experience

- New staff received an induction and they shadowed experienced staff until they were confident and sufficiently skilled.
- Staff received ongoing training to ensure that they had the skills to care for the people accommodated. Training included moving and handling, dementia care, food hygiene, the Mental Capacity Act 2005 (MCA), end of life care, equality and diversity and human rights.
- Staff received regular supervision, mentoring, and coaching. These helped staff develop new skills and kept them up-to-date with new developments in care.
- One person told us, "[Staff] know what to do to help me. I only have to prompt the newer ones a little."

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

- Staff supported people to eat and drink enough to maintain a healthy balanced diet.
- People had a choice of what they ate and drank. Other meal options and snacks were available throughout the 24-hour period.
- One person told us that their favourite cheese sandwich was, "Lovely and creamy". A relative said, "I can't believe how well [family member] now eats. The smaller meals at lunch time mean they are less sleepy in the afternoon."

Staff working with other agencies to provide consistent, effective, timely care

- Staff followed advice from other professionals such as the local safeguarding team and SALT so that people's needs were met.
- The registered manager had liaised with the local authority to swiftly replace a person's damaged sling which meant the person could remain independent with aspects of their care.

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

- On the day of inspection the service's passenger lift was out of order. The registered manager had reported this to us and had repair arrangements in progress. Alternative arrangements were in place to support people to access the ground floor.
- All areas of the service including the gardens were accessible. Many areas were adorned with items of memorabilia for people to interact with. Peoples bedroom doors were individualised to assist them to

recognise their room.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistent, effective and timely care.
- People's health care plans were detailed. People had access to health care services when required. The registered manager told us that where people experienced falls, actions were taken, such as changes to the person's automated room lighting.
- A relative told us that in a few months their family member's life had been "transformed from one of despair to one of hope and a brighter future" by the service.

Ensuring consent to care and treatment in line with law and guidance

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All staff and the registered manager put the principles of the MCA code of practice to good effect and gave people choices in all areas of their care.
- The restrictions on people's liberty had been lawfully authorised. The registered manager confirmed they regularly reviewed restrictions on people's liberty to make sure they were the least restrictive option.
- A relative told us, "[Staff] keep [family member] safe. The front doors are kept locked but other areas are accessible including the gardens or going out with staff support.
- Decisions were made for people who lacked mental capacity in their best interests including for how they were administered medicines. In addition, relatives supported people with day to day decisions such as what to eat, wear and activities that were in people's best interest.
- People or their legal representative confirmed lawful consent was sought to agree people's care.
- One person said, "[Staff] ask me what I want to do. I like reading a paper. It is delivered to my room." Staff supported people without discrimination, staff respected their choices.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans were detailed and provided staff with relevant and informative guidance.
- All staff and the registered manager were able to tell us in detail what people's needs were and the support that they required to promote their independence.
- At meal times staff provided people with tabards and adapted crockery and drinking utensils to promote dignity and independence. People were supported to eat how and where they wanted.
- People were supported by being pampered. One person was having their make-up done. The person found this to be "lovely". Another person was seen having their favourite drink of coffee and other people were seen happily engaged talking with others.
- Relatives had made positive comments about the service with one saying, "Mountbatten Lodge is the product of the staff whose care for all their residents is incomparable. You couldn't find more caring staff." Another relative said, "[Staff] absolutely treat [family member] with fairness. There is zero discrimination."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Staff treated people with respect and they responded to call bells promptly.
- Staff spent time with people who were cared for in bed. People had one to one time with staff where they reminisced with photographs or sang songs or had a pamper and make up session.
- The provider upheld the rights of people including enabling access to information in a format that promoted communication. For instance, care plans and the complaints process were both in written and pictorial format.

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

- Staff supported people to make decisions about their care. Decisions were recorded in care plans and these included decisions about what people liked to do during the day. Other people involved in making decisions about people's care included where applicable, a GP, friend and relatives.
- One relative told us how they had been fully involved in deciding what their family member's care and support would be. This had been lawfully authorised. They said, "[Family member] now asks to go out to the local shops. I can't believe the difference."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff used innovative and exceptionally person-centred ways to involve people to contribute in the planning of their care and support. This included providing alternative formats of care plans and other documents such as, large print or use of a lap top computer to involve relatives who were not able to visit their family members.
- Staff knew people well and arranged activities for them based on their preferences and histories. People were supported to live the lifestyle they chose. One person who had been a keen bird watcher liked to listen to bird sounds. Staff had sourced a bird clock with different birds and bird songs and placed this in the person's room. Photographs that staff had taken of the person showed how proud they were when it had been put in their room. The person said, 'This [bird box] will keep my robins safe'.
- Another person previously enjoyed dancing and staff assisted them to dance to their favourite 1960's dance music. Their smile whilst dancing with staff showed how much this meant to them. A third person had their room adorned with all their favourite items they had cherished memories of.
- Some people enjoyed making fruit drinks. The drinks were named after the people who had made them and these were on the menu for other people to try.
- We received positive feedback about the way that the service had made a difference to people. A relative told us that whenever they visited they had seen "gradual but incredible progress in their family member who had wanted to die at home and who now gets so much out of living". This included them now socialising with many new-found friends and staff.
- Another relative praised staff for developing a special bond with their loved one by, reading newspapers to them. The person had not been out for many years when living at home. The relative said that after 12 weeks the person was now reading their own paper, helping get food for other people and being more independent. The person was now able to venture into town and was doing activities once again they had thought no longer possible. The family had "noticed a massive change" for the person's wellbeing and seen them regain lost skills. This had been due to staff's perseverance and the time they have given to them.
- People told us they had a regular staff who supported them, and as a result people's care was much more person-centred. Staff acted on people's wishes? and had sourced virtual reality equipment for activities including scuba diving and rock climbing. One person from the comfort of their chair found this experience 'amazing' having never been scuba diving.
- There were a wider range of activities for people to take part in. Activities included, baking cakes, pets as therapy visiting, helping with the housecleaning, preparing meals, gardening and even a visit by Santa Claus and his reindeers. One person said, "I have never ever seen a live reindeer. They looked lovely."
- Equality and diversity were at the heart of the service and each person was given as many opportunities as practicable. For example, writing a life history on a tablet computer or contacting relatives by Skype. Staff had tutored the person to be able to do this independently. This demonstrated an excellent example of how

people directed their own support; this was empowering for individuals and gave them choice and control of how they lived their life and the support they received.

- Relatives told us that staff kept them informed, with people's permission, about their family members' progress and if any changes to their care arrangements were needed.

Improving care quality in response to complaints or concerns

- People and those acting on their behalf were provided with information how to raise concerns or make a complaint.
- The provider followed their complaints procedures and prompt and affective action was taken to prevent recurrence. As a result of a complaint, changes had been made to a person's dietary requirements.
- A relative told us, "I have never had any concerns about [family member's] care. If I did, I can just pop to see [registered manager]."
- A commissioner of the service told us the registered manager was, "Very proactive and took on board suggestions". This benefitted people in living a more fulfilling life.
- We saw many people, relatives and visitors had taken the time to compliment staff for the service provided. One comment praised all staff, 'for always being kind and nice' to a person and another, '[Family member] used to always tell us they liked this hotel'.

End of life care and support

- Staff were providing people with palliative care that was in line with any advanced decisions about resuscitation that the person had made.
- Early interventions of health professionals and counsellors assisted people, their families and care staff to access religious support. Bereavement counselling was also available for people.
- People were supported at the end of their life by palliative care nursing teams and GPs. The service worked extremely closely with healthcare professionals to ensure that people were supported to have a dignified and comfortable death.
- The registered manager and staff told us about a person who passed away a short time prior to our inspection visit. As this person's health deteriorated their end of life wishes were discussed with them and their relatives. It was important for the person to remain at home until the end of their life and this was respected, the person passed away surrounded by their family and a staff member they were exceptionally close with.
- Positive feedback had been received from relatives of people who had died. One compliment received was, 'We would like to express our thanks for all the staff who cared for [person]. You gave them such loving care and kindness and showed great patience' ... 'We can't thank the staff enough for their respect and calling in on their way off shift.'

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives had many positive views about the quality of care provision. One person couldn't praise staff enough and told us that staff gave them, "fresh hope and a reason to live".
- One relative told us, "I would definitely recommend the service. [Family member] now lives the life they might not otherwise have had."

- Systems such as staff meetings and supervision sessions were in place to remind staff to uphold the provider's values in enabling people to live a full and happy life. One staff member told us, "The [registered] manager praises you when you do well. You can report an issue and it is acted on. Staff do get held to account. You would not be allowed to keep making mistakes."

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

- The registered manager fully understood their legal responsibilities. They and the provider had notified us about events that they were legally obliged to inform us of. They were all clearly displaying their previous inspection rating which is a legal requirement.
- The registered manager was supported by various staff including a regional manager and care staff. The support they received helped them to consistently and effectively make improvements to the quality of people's care.
- Relatives praised the management of the service. One relative told us the registered manager showed attention to detail and always listened to suggestions such as ways to help a family member engage in activities they had done during their working life. Another relative told us that the registered manager showed attention to detail and always listened to suggestions such as ways to help a family member engage in activities they had done during their working life.
- All staff had a shared and great passion for working at the service and changing people's lives for the better. One staff member told us the registered manager was, "always contactable and listens to you".
- The registered manager acted on issues identified including updating care plans and reminding staff of their responsibilities.
- People and relatives had many positive views about the quality of care provision. One person couldn't praise staff enough and told us that staff gave them, "fresh hope and a reason to live".

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

- People and their relatives or representatives had a say in how the service was run. For example, staff had acted on suggestions from residents' or arranging an individual meeting in the person's room.
- The registered manager and care team leaders completed observations of staff's care practice to help ensure that all staff upheld the provider's values for good quality care.
- A relative told us the registered manager showed attention to detail and always listened to suggestions such as ways to help a family member engage in activities they had done during their working life.

#### Continuous learning and improving care

- A regional manager supported the registered manager with new ideas such as planned improvements in the way the service was managed. This included changes to introduce senior care staff members. This was to ensure a greater level of oversight and taking actions if needed.
- Compliments from people and relatives had helped identify what had worked well. For example, people had enjoyed the family barbecue and the celebrations at Christmas.
- The provider's audits and quality assurance was effective and covered all areas of people's care and support. Good practice was shared with the staff team including changes in how people's health conditions could best be supported. One person, due to support to use a lap top computer, said they felt like their relative was "living in the street next door."

#### Working in partnership with others

- Staff worked closely with other stakeholders to ensure that people received support in a timely manner. This included support nurse practitioners, GPs, and the local falls prevention team.
- An occupational therapist had praised staff for the way they had successfully liaised with a local artist living with dementia. This joint approach to care had improved the persons' wellbeing and calmness.