

Mountbatton Care Ltd

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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:

Mountbatton Care Ltd is a family-owned and run domiciliary care agency based in Bootle and Southport, providing care to people in their own homes. At the time of inspection, the service was providing home visits to 99 people with different health and care needs, as well as seven people in supported living settings. This included people with a learning disability or autism.

People's experience of using this service:

People's experience of Mountbatton Care was good overall. Out of the 14 people we spoke with, two spoke very highly of the service. One person said, "I do not know what I would do without [staff member]." Another person stated, "They are like extended family". Three people told us about improvement needs to the service, while nine felt that their care was fine.

On balance, the service continued to meet the characteristics of Good. We found that aspects of how the service was led, connected with the community through charitable work and supported people's diverse needs, could meet the characteristics of Outstanding. It was clear that the service was led by a passionate team looking to make continuous improvements and managers were very responsive to our feedback. However, we identified improvement needs and some regulatory legal requirements had not been met prior to inspection, which limited our ratings, particularly of 'Well-Led'.

We found that information available to staff before providing care to people varied between different parts of the service and on the electronic care plans that had been introduced. The management team addressed this issue immediately, but it continued to be an area for development.

There were enough staff to meet people's needs and provide personalised care. People told us they felt safe overall with the staff support and that calls were on time and never missed.. Staff felt there were enough of them and that generally they had a consistent and reliable team. Staff felt well supported through regular supervision, training and meetings. The service actively involved people and staff in the development of the service through surveys and seeking regular feedback.

The outcomes for people using the service reflected the principles and values of Registering the Right Support, by promoting choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The service was working with a variety of stakeholders to achieve positive outcomes for people and we saw many very positive compliments about the caring support staff provided.

Rating at last inspection:

At the last inspection the service was rated Good (2 December 2016).

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating.

Follow up:

We will follow up on this inspection through ongoing monitoring of the service, through conversations and notifications.

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Mountbatton Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service provides care and support to 99 people in their own houses or flats and seven people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Mountbatton Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with CQC. A registered manager 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:

We spoke to people using the service on the telephone on 29 May 2019. We also visited the provider's offices on 30 May and 3 June 2019. We gave the provider two days' notice of the inspection, to make sure staff and managers would be available for us to speak with.

What we did:

Before the inspection

We reviewed notifications received from the service in line with their legal obligations. This information helps support our inspections. We also asked the local authority for feedback on the service and they told us they had no concerns. Due to technical problems on CQC's side, the provider did not receive and was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 14 people who use the service. We looked at eight people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information.

We spoke with 14 staff members. These included care staff, administrators, care coordinators and managers, as well the operations manager and registered manager.

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

- People felt safe with the support they received from staff. One person said, "They are good at looking after me."
- Staff were aware of safeguarding procedures and had confidence in managers to address any concerns. Staff told us they would feel confident to whistle-blow to other organisations, such as the local authority or CQC, if they needed to.
- Important information about Safeguarding procedures and contacts was displayed prominently in the office's waiting room for visitors and staff.

Assessing risk, safety monitoring and management

- People had personalised assessments of risks to their health and wellbeing and these were reviewed regularly.
- We discussed with managers that some information about risk could be more detailed, such as about allergies. We also discussed with managers that where physical intervention may be used as part of people's support, these needed to be reflected in personalised risk assessments.
- Information on how to keep people safe was not always clear on the new electronic system. However, the more detailed assessments in paper care plans had been reintroduced by the second day of our visit, alongside other care plan information.

Staffing and recruitment

- People told us staff were generally on time and did not miss calls. We found that on the single, very rare occasion that one call out of many thousands had been missed over several months, the service had taken robust steps to prevent this from happening again.
- People also told us that overall, they had consistent support from the same care staff.
- Staff felt that overall they had a good and reliable team, but that at times staff absence at short notice impacted on their workload.
- Staff continued to be recruited using appropriate checks.

Using medicines safely

- People told us staff supported them well with their medicines when they needed it
- Medication Administration Records had been developed to be completed more effectively and were reviewed monthly to identify any errors and take action. Managers assessed staff competency regularly.

Preventing and controlling infection

- Staff received training in how to maintain good hygiene and infection control standards. Personal protective equipment, such as gloves and aprons, was available.

Learning lessons when things go wrong

- We saw an example of learning lessons from a missed call to prevent reoccurrence.
- The operations manager completed a reflection on incidents with staff following events, to learn from what had happened.
- We discussed further development opportunities of incident reports and debriefs with managers going forward, as the service developed in line with guidance and best practice models.

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 support: induction, training, skills and experience

- The service worked with a variety of stakeholders to achieve positive outcomes for people and we heard very good examples of this. One person told us about the particularly impressive support staff had provided and said, "They have helped me to walk again."
- The service had started to support people with more complex needs. We saw that managers had worked with a variety of professionals to achieve successful transitions for people.
- The service was introducing the more consistent use of Positive Behaviour Support (PBS) and developing their practice in line with this. PBS a recognised best-practice model that focusses on proactive working to promote people's quality of life.
- Managers had focussed on developing assessments for people. We discussed that at times more detailed assessments needed to be completed sooner, to ensure consistent support around complex needs.
- Staff felt well supported and received induction, training and regular supervision. The service had focussed on improving supervisions to be more supportive for staff, as well as reviewed training on offer and worked in partnership with nurses to provide more specialist, clinical training. Staff's completion of training as well as national vocational qualifications was particularly good.

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

- People were often independent in their meal preparation or had help from their family. However, people who needed support told us staff were good at preparing meals for them.
- Staff supported people with specialist dietary needs, with input from health professionals.

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

- Managers worked with a variety of health professionals to ensure care for people with more complex needs was planned effectively to promote their health and wellbeing. Staff ensured that people saw a doctor or other health professional when they needed to.
- Staff communicated effectively with each other and where appropriate professionals and families, to keep everyone informed of people's changing health needs.

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

- We heard examples of the service adapting information, so it was accessible and easy to understand for people.
- People in supported living settings received care in individualised services, to develop their independence, involvement in the community and activities, in line with Registering The Right Support.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that they were.

- We saw the service had worked with other professionals to ensure appropriate authorisations to restrict people's liberties had been obtained from the Court of Protection.
- The service worked with multi-disciplinary teams in people's best interest, to review whether care and support for people were provided in the least restrictive way.

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.

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

- The feedback we received from people using the service was overall balanced and good.
- Three of the 14 people we spoke with people told us about things the service needed to improve to provide a consistently caring, high-quality service and we discussed these with managers. This included people not always feeling listened to or feeling changes were needed, as well as people wishing that at times staff were better informed about their needs before visiting them. Managers were receptive to this feedback and told us what actions they would take.
- Two of the 14 people spoke very highly of the service and its staff. One of these people told us, "I don't know what I would do without [staff member]. I do not want to be without them, because I just feel comfortable with them, just so happy. It is not me they are like that with."
- Another person said, "The carers are wonderful they do everything for me, they are like extended family - I love them all. Even if you meet a new person, they are so nice to me."
- The other nine people we spoke with told us that the care was good or fine and they had no issues.
- Staff spoke warmly about people and it was clear that they knew them well. One staff member said, "I enjoy working with [person's name], they have dementia. I have connected with them over memories, they really connect with me, we are school buddies now."
- We heard particularly positive examples of how staff went the extra mile for people using the service. This included staff at Christmas times making people home made roast dinners, because they lived alone or deciding to run errands for people in their own time.
- Managers and coordinators were involved in 'hands-on' care provided for people and led the caring culture of the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Due to introduction of the General Data Protection Regulation 2016 (GDPR), the service had introduced electronic, protected care plans in 2018 and removed paper care plans previously in people's own homes.
- Managers were honest about the fact that they had not consulted people on whether they were happy with the change and the decision to remove the care plans. However, on the day after our first visit, managers and coordinators reprinted and reintroduced care plans. They consulted with people using the service about whether they would like these in their homes.
- We saw other evidence in care plans that people had been involved in decisions over and planning of their care. This included people signing or verbally giving, where appropriate, their consent to care plans.
- People's care plans described what they could do for themselves to promote their independence.
- We discussed one person's comments regarding their concerns about confidentiality with managers, however this was an isolated remark and most people had no concerns about this.

- Managers gave us examples of how they developed independence and inclusion for people in supported living services.
- We heard a particularly good example of the service supporting the diverse faith and language needs of a person and their family with a dedicated staff team.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Care was overall personalised and met people's needs. Most of the people we spoke with told us that staff met their needs and did everything they needed them to.
- When we spoke with people and staff, we heard a couple of comments that information available for staff ahead of visits did not always prepare them for what the person needed. One person said, "I can explain what they need to do, but I feel they should know this before they come to see me."
- There was varying level of detail in people's care plans and assessments. We found this when we looked at different parts of the service and when comparing what was available to staff to read in electronic care plans to paper care plans. Since the more detailed paper care plans had been removed from people's homes in March 2018, what was included in electronic care plans was the information available for staff. The information in the electronic care plans was limited and did for example not include information about people's risk or risk management. However, coordinators and managers were very knowledgeable about people's needs and always at hand for staff to call for advice.
- Following our feedback regarding the information in electronic care plans on the first day of our visit, care coordinators and managers immediately reviewed care plans and reprinted them. We saw this meant there was now more detailed information available to all readers to guide them. We discussed with managers some care plans and assessments that needed further development and detail, to guide all readers effectively.
- The service was also working with the company supporting the electronic care plans, to allow more information to be included.
- People told us that where possible, staff helped and encouraged them to be more active.
- Supported living staff and managers described to us how they helped people to take part in activities that were meaningful to them. We saw activity photos and a recent quality check by the local authority of one person's supported living service to confirm this.
- We heard different positive examples of how the service made information accessible and easy for people to understand, including using staff that spoke different languages.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and who to speak to if they had one.
- Most of the people we spoke with said they had never had a reason to complain.
- The service kept a detailed log of complaints that included actions of how they complaints had been resolved. We discussed concerns one person raised with managers.

End of life care and support

- Staff provided care to people at the end of their life that was dignified, caring and respected people's wishes.

- We saw this evident in the many thank you cards the service had received from the families of people who had passed away. There were many grateful comments, one of which included, "Thank you for the care you gave, enabling us to keep [family member] at home with us, we could not have done so without you."

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

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

- Some regulatory requirements had not been met prior to our inspection. We were satisfied that the provider took action to remedy this but will continue to monitor the service's compliance in this respect.
- Managers had sent some notifications they needed to send to the Care Quality Commission (CQC), but not others about specific events. We clarified the statutory need to send notifications with managers and they submitted them following our inspection.
- The provider had displayed the ratings from our last inspection in their offices, but not on their website, as is a legal requirement. The provider contacted the company looking after their website on the first day of our inspection and rectified this.
- We also discussed with the provider registration of their Southport branch as a separate location. The provider informed us on the first day of our visit they had resubmitted an earlier application to add this location.
- We considered the above as limiters of the rating for 'Well-Led', in line with our published methodology. We considered the very positive examples of at times exceptional leadership and culture below to award a balance of Good for this question.
- The service had a long-standing registered manager. The operations manager had started their application to also register with CQC.

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

- The service had developed many community connections and was supporting a variety of charitable causes. This included a number of fundraising activities, for example to buy equipment for disabled or disadvantaged children.
- Staff we spoke with praised the provider for their community engagement, including charity projects, coffee mornings and other events. All of the staff we spoke with spoke highly of the management team, their support and dedication. All of the staff we spoke with enjoyed working at Mountbatton Care. One said, "I love working here, I love everything about it."
- People were involved in the development of the service through regular phone surveys and managers seeking feedback.
- The provider had developed how they looked after the wellbeing of their staff. This included the new provision of a fitness room, as well as the offer of counselling services. Bereavement support was available for staff, as well as people using the service.

- Staff were actively involved in the development of the service through team meetings, as well as 'policies of the month' and staff surveys. The provider had developed staff support tools to mirror CQC key questions and ratings, to help staff become familiar with them.
- We saw with that the large majority of staff responses, with a couple of exceptions, in surveys were positive or very positive.
- The service had a 'recommend a friend scheme'. This rewarded staff for recommending people they knew, who wanted a change in carer, as potential recruits.

Continuous learning and improving care

- A variety of quality audits and processes were in place to improve the service. This included spot checks and observations of staff while they provided care, to ensure a high standard. We discussed some areas for consideration regarding the information contained in care plans.
- The provider had been awarded certification of an internationally recognised standard of quality management systems, as well as the award for 'Investors in People'.
- The service managers provided us with many examples of how they had developed the service continuously since the last inspection. Service managers demonstrated a clear passion for the people using the service and ensuring their care continuously improved.
- Managers supported our inspection with honesty, engaged with our feedback and worked hard to act on it quickly. This meant that one the second day of our visits, improvements had already been made.

Working in partnership with others

- The service worked effectively in partnership with other stakeholders, including a variety of commissioners and health professionals.
- We read compliments from other agencies the service worked with, about their passion and dedication.
- A thank you card from a family member read, "I just wanted you to know how amazing this group of people you have working for you are."