

R Brice

Mountbatten Nursing Home

Inspection report

82-84 Trull Road
Taunton
Somerset
TA1 4QW

Tel: 01823333019

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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

Mountbatten Nursing Home is registered to provide nursing care and accommodation to up to 30 people. The home specialises in the care of people of all ages with complex medical needs. At the time of inspection there were 29 people living at the home.

At the last inspection in October 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good

People felt safe at the home and with the staff who supported them. One person told us, "I feel very safe because I know the girls [staff] all know what they're doing."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs and maintain their safety.

People received effective care because their needs were fully assessed and staff had the support and training required to meet their needs. Each person had a care plan which gave staff clear instructions about people's needs and wishes. One person told us, "The manager came to assess me and gave me such confidence. I haven't looked back since moving here."

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.

People were supported by staff who were kind and caring. People had formed good relationships with other people who lived at the home and with staff. This led to a happy relaxed atmosphere for people to live in. One person said, "I like to have a laugh and there are plenty of those here."

The service was responsive to people's needs and they were able to make choices about their day to day routines. One person said, "You can really do what you like here."

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other professionals to make sure people received the support and treatment they wished for at the end of their lives.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	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 checked 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 30 November 2017 and was unannounced. It was carried out by an adult social care inspector and an inspection manager.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in October 2015 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 13 people who lived at the home, two visitors, nine members of staff and one visiting healthcare professional. Before the inspection we received written feedback about the care provided at the home from two health and social care professionals.

The registered manager and providers were available throughout the day of the inspection.

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 three care and support plans, medication administration records and records relating to health and safety checks.

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. One person told us, "I feel very safe because I know the girls [staff] all know what they're doing." Another person said, "I feel safe and well cared for here."

There were adequate numbers of skilled and experienced staff to keep people safe and to meet their needs. Staff numbers and skills had been increased in response to the needs of people. The registered manager and staff confirmed that before people were admitted with specific and complex needs the staffing levels and training were reviewed.

People told us help was always available when they required it. A number of people were being cared for in their rooms and had call bells to enable them to summon assistance when they required it. One person told us, "I've got the bell. If I ring it they come quickly." During the inspection we saw that staff responded very promptly to call bells. This helped to make sure people received the support they needed in a timely manner.

The provider had systems and processes which helped to minimise risks to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. Staff spoken with were confident any issues raised would be taken seriously and investigated to make sure people were kept safe. Where concerns had been brought to the registered manager's and provider's attention they had co-operated fully with relevant authorities to ensure people were protected.

People were further protected from harm because there were systems in place to make sure people received their medicines safely. People's medicines were administered by registered nurses and staff who had received specific training to carry out the task. Clear records were kept of medicines administered or refused which enabled staff to monitor the effectiveness of medicines and ensure people's comfort and well-being. Where people required their medicines to be administered at a specific time this was done. One person told us, "They bring the tablets when I need them." Another person said staff ensured they had pain relief when they required it.

All areas of the home were kept clean to minimise the risks of the spread of infection. There were ample hand washing facilities throughout the building and staff had access to personal protective equipment such as disposable aprons and gloves.

The provider assessed the risks to people and made sure action was taken to minimise identified risks. Where accidents or incidents had occurred, either at the home or in other establishments, the provider learned from these and shared learning with the staff team. Risks assessments carried out included risks associated with the environment and equipment and individual risks to people. One person told us they had chosen not to receive checks during the night. They said they had discussed this with the registered

manager and agreed it was ultimately their decision. One care plan we read showed the person required bedrails to minimise the risks of them falling from bed. To reduce the risks of the person possibly catching their leg in the bedrails they used protective covers to minimise the risk.

Is the service effective?

Our findings

People continued to receive effective care.

The home was arranged over four floors which was a challenging physical environment to provide nursing care in. However these challenges had been overcome by the effective deployment of staff and the upgrading of equipment.

Since the last inspection changes had been made to how staff were deployed within the home to make sure everyone was closely monitored by senior staff. There was always a registered nurse on duty and they were supported by another nurse or a senior practitioner. This meant that each senior member of staff was able to oversee two floors of the home. Senior staff organised their staff teams according to floors which meant staffing was appropriately spread throughout the building.

Since the last inspection there had also been upgrading of equipment and ceiling track hoists had been fitted in most bedrooms. The registered manager told us there were only four bedrooms left which did not have ceiling track hoists in and these would be fitted shortly. The addition of ceiling track hoists to rooms enabled people to be safely moved around their room without the need for portable hoists to be moved from room to room. One person told us, "They hoist me very well. I feel comfortable with them."

People were able to personalise their rooms which created a homely and comfortable environment. One person told us they had asked for their room to be decorated as it was not to their taste and this had been done. They said, "I didn't want to spend the rest of my life looking at flowery wallpaper."

People received effective care and support because the staff carried out full assessments of people's needs in partnership with them and other professionals involved in their care. One person told us, "The manager came to assess me and gave me such confidence. I haven't looked back since moving here." Care plans we saw were detailed and personalised to the individual. They included information not just about the person's physical needs but also their preferences about how they liked to be cared for. This meant staff had the information they needed to provide people with effective care in a way that respected their preferences.

People were supported by staff who had the skills and knowledge to meet their needs. A number of people who lived at the home had complex medical conditions that required staff to be specifically trained for their individual care and support. Core teams of staff were identified to work with specific individuals and training was arranged to make sure they had the skills needed. Care plans gave clear guidance for staff to follow. We spoke to staff who were supporting some people on a one to one basis and they were able to tell us in detail about the care they provided. One person who was being supported on a one to one basis because of their complex needs and specialist equipment told us, "I have every confidence in the staff and I feel safe."

Staff at the home worked with other organisations and professionals to make sure people received the care and support they required. All the professionals who supplied feedback to us said the staff worked in partnership with them to make sure care and treatment provided good outcomes for people. One

professional described the home as "Brilliant" to work with. Another said, "They are a pleasure to work alongside."

People had access to other healthcare professionals to meet their individual needs. For example one person had specific mental healthcare needs and the staff had worked with mental health professionals to make sure they received the care and medication that met their changing needs which ensured they were able to remain at the home., A visitor praised the support given to their relative and said "They could not have done more. They have been amazing." Professionals who gave feedback said the staff always acted on advice given and took a "Pro-active attitude" to make sure people's healthcare needs were identified and met.

People received food and fluids in accordance with their needs and preferences. Where people required physical assistance to eat and drink this was provided in a dignified manner and people were not rushed with their meals. The staff had sought advice from professionals such as GP's and speech and language therapists to make sure people's meals met their needs and minimised risks to them. Where people required their meals to be served at specific consistencies to minimise the risk of choking we saw the correct meals were served. People told us; they liked the food, there were always choices and they had plenty to eat. One person said, "Food is very good. They ask you the day before so you can choose what you want."

People only received care and support with their consent, or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions. One person told us, "I make the decisions."

People's legal rights were respected because staff had received training about the Mental Capacity Act 2005 (MCA) and worked in accordance with its principles. 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. Staff told us that most people were able to make choices about their day to day care but they discussed issues with family members and professionals when needed. When people required equipment, such as bedrails, to promote their safety but were unable to consent we saw that discussions had been held and a decision made in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected.

Is the service caring?

Our findings

People continued to receive a caring service.

People received care that was compassionate and respected them as individuals. Everyone we asked told us staff were always kind and considerate. One person told us, "Staff are very kind and gentle when they help you." We asked one person if staff were kind and they said, "Of course they are kind. They wouldn't get away with it if they weren't. Matron [registered manager] wouldn't tolerate it."

The registered manager and provider led by example to make sure people were treated in a manner that was respectful and dignified. People and staff told us the management of the home had high standards and were very supportive and visible. One person said, "They are always asking how you are and making sure you're happy with everything." A member of staff said "We have appraisals and they make sure you know what's expected."

The home cared for people with a variety of needs between the ages of 28 and 100 years old. We observed that staff adjusted their approach according to people's different ages, abilities and values. One member of staff said "We have staff to suit all ages. It makes for a really nice atmosphere." People said they had some choices about the staff who supported them with their care. One person who received one to one care said they sometimes made requests for certain staff depending on what they wanted to do but told us, "It doesn't matter. They are all good." Another person told us they liked to have female staff to help them with intimate personal care and this was always accommodated.

There was a happy and relaxed atmosphere and people had formed friendships with other people who lived at the home. Two people were sat together and told us how much they enjoyed spending time together. One said, "We get on very well. If you wait a bit [person's name] will be down to join us and that's when the fun will really start." One person was enjoying some good humoured banter with a member of staff and said, "I like to have a laugh and there are plenty of those here."

Some people had moved to the home together and the registered manager had gone to great lengths to make sure these people stayed together regardless of their differing needs. In one instance this had involved liaising closely with other professionals to support the home to meet one person's needs.

People were supported to retain their independence in accordance with their abilities and wishes. One person told us how much the home had supported them to regain some independence. They told us that since moving to the home they had been encouraged to relearn how to feed themselves and they had achieved this. Another person said, "I may not be able to do much for myself but I feel I have a bit of independence again. The staff make me cups of coffee from my machine whenever I want it and they do bits of shopping for me."

The home had sourced electronic equipment to support people to be independent and keep in touch with friends and family. One person had an electronic tablet operated by eye movements which enabled them to

stay connected through social media. Another person said they had been supplied with equipment that enabled them to turn their TV and radio on and off without needing to ask for staff support. One person told us they had a tablet computer which staff helped them to use. They said, "I love to read and I order books on the internet. The staff will help me."

People told us they were fully involved in all decisions about their care and support. Discussions with staff demonstrated that they always consulted with people about any care needs or changes to their routine. One person said, "I've been fully involved since day one." We heard the registered manager explaining to a person about some medication changes and keeping them up dated on what was happening. A visitor told us the staff communicated well with them and always discussed things with them and their relative who lived at the home.

Is the service responsive?

Our findings

People continued to receive responsive care.

People received personalised care because staff respected their individuality and supported people in accordance with their wishes. Staff we spoke with, and observed, had a good knowledge of each person which enabled them to provide care and support in a way that took account of their wishes and needs. One professional who provided feedback about the home told us they thought the home was very person centred and encouraged people to make choices.

People said they remained in control of their day to day lives and staff respected their individual routines and lifestyle choices. One person said, "You can really do what you like here." Another person said they were able to give staff instructions on how they liked things done. One person had a number of house plants in their room. They told us staff looked after them under their supervision. They commented "I am director of operations."

Each person had a care plan which was detailed and included information about their preferences and wishes as well as their physical needs. For example one care plan set out how the person liked to have their pillows arranged on their bed. Another said the person liked to watch films. One care plan we read gave very clear details of how their mental and emotional well-being was affected by their situation. This level of detail helped to make sure staff knew how to support people in accordance with their preferences and abilities.

Care plans also contained information about the person's life history to enable staff to understand them as a person and support them in their chosen life style. The newly appointed activity worker had met with each person and recorded the types of leisure activities they would like to take part in. This all helped to make sure people received a personalised service at the home.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. The staff worked closely with local hospice services and were able to provide care to people who required palliative care. People told us they had discussed their wishes with staff about the care they would, and would not, like to receive at the end of their lives. Care plans we saw set out people's wishes about their end of live care including under what circumstances they wished to be admitted to hospital and whether they wanted to be resuscitated. The registered manager ensured that appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Mountbatten Nursing Home was a 'Platinum home' which means they had been re accredited after a three year period which demonstrated sustainability of standards and high quality care for people.

People were supported to take part in a range of individual and group activities to ensure they received

social stimulation and were able to maintain interests and hobbies. A number of people were cared for in their rooms because of their frailty or disabilities and so the activity worker spent each morning supporting people with one to one activities. One person told us, "I don't join in with organised things but [activity worker's name] is brilliant and I enjoy my time with her." Another person said the activity worker had visited them to discuss what sort of activities they would like to be involved in. We saw photographs of parties and events which had been held at the home including a firework display.

The provider had purchased a car which was able to safely transport people in their wheelchairs and this helped people to use community facilities. We heard how recently people had been supported to take part in hydrotherapy, swimming and bingo. One person had been away on a cruise with staff and was planning to go away with staff the weekend following the inspection. They told us, "My quality of life is as good as I can possibly have."

People told us they would be comfortable to make a complaint and all said they thought any complaints would be taken seriously. One person told us, "You very seldom need to say anything but it would be dealt with if you did." Another person said, "There's nothing to complain about." A visitor told us, "I could definitely complain. You can always talk with someone."

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post who had managed the home for a number of years. 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 registered manager and owners of the home were very visible in the home and people told us they were very open and approachable. Throughout the inspection we saw people chatting with them and staff frequently went in and out of the office. Everyone appeared very comfortable and relaxed with the registered manager and the owners. This helped to make sure care provided was responsive and tailored to people's individual needs.

People lived in a home where the providers and registered manager kept up to date with current trends and changed the service they provided to accommodate need. Since the last inspection the home had become more specialised in providing care to people with complex medical conditions. This had resulted in changes in the staffing structure and a strengthening of the management team, including the appointment of a deputy manager.

There was a clear staffing structure which gave clear lines of responsibility and accountability. There was always a registered nurse on duty and senior care staff who had received additional training to carry out this role. This meant people's care and support was always overseen by competent staff who were able to effectively manage their care and quickly respond to changes in need or people's wishes.

The management of the home worked in partnership with other professionals to make sure people's complex needs were met. In some instances this had involved ensuring staff had received specific training from other professionals to enable people to receive a consistent level of care when they moved into the home.

People could be confident that practices were safe and in accordance with up to date guidelines and regulations. The registered manager and providers attended conferences to make sure they were aware of up to date research and shared this information with staff through team meetings and one to one supervisions. The registered manager also spoke at some conferences to share their knowledge outside the home.

There were systems in place to continually audit care and maintain the safety of the building. Regular health and safety checks were carried out to make sure the environment and equipment were safe. Changes were made in accordance with changes in need such as the addition of ceiling tracking in bedrooms and the changes in staffing levels and deployment to reflect people's more complex needs.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.