Anchor Trust

Mayflower Court

Inspection report

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Date of inspection visit:
22 February 2017
27 February 2017

Date of publication:
28 March 2017

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

This inspection took place on 2017 and was unannounced. The home provides accommodation for up to 72 older people with personal care needs. Since registration in September 2015 there has been a managed admissions process and there were 26 people living at Mayflower Court when we visited. Accommodation and communal rooms were provided over four floors, all of which were accessible via passenger lifts. At the time of the inspection people were accommodated on the lower two floors. All bedrooms were for single occupancy and had en-suite facilities. There was an accessible garden with access from the ground floor and enclosed balcony areas on the upper floors providing opportunities for people to access fresh air and the outdoors.

There was a registered manager at the home. 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.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. Staff offered people choices and respected their decisions. People were supported and encouraged to be as independent as possible and their dignity was promoted.

People, visitors and external health care professionals were positive about the service people received. People were positive about meals and the support they received to ensure they had a nutritious diet.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs and preferences. Reviews of care involving people were conducted regularly. People had access to healthcare services and were referred to doctors and specialists when needed.

Medicines were managed safely and people received these as prescribed. At the end of their life people received appropriate care to have a comfortable, dignified and pain free death.

There were enough staff to meet people's needs. The recruitment process helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work. Staff worked well together, which created a relaxed and happy atmosphere that was reflected in people's care.

Mayflower Court had been decorated and accessorised to provide a positive and suitable environment for the people living there. They were able to access a range of communal facilities and had access to gardens or enclosed balconies providing fresh air. People were offered an extensive range of activities suited to their individual needs and interests providing both mental and physical stimulation.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered

manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

The registered manager and provider were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and through regular contact by the provider and registered manager with people, relatives and staff.

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 was safe.

People were protected from the risk of abuse and staff knew how to identify, prevent and report abuse.

Medicines and risks to people were managed effectively. Staff understood how to keep people safe in an emergency.

Recruitment practices ensured that all pre-employment checks were completed before new staff commenced working in the home and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms. People received the personal care they required and were supported to access healthcare services when needed.

People received a varied and nutritious diet and they were supported appropriately to eat. Staff knew how to meet people's needs; they were suitably trained and supported in their work.

The home had been decorated and accessorised to provide a positive and suitable environment for people. People were able to access external spaces and fresh air if they wanted to do so.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well, interacted positively and supported them to build friendships.

People and their relatives were positive about the way staff treated them. People were treated with respect. Dignity and independence were promoted and people were involved with planning how their care needs would be met.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

When incidents or accidents occurred, procedures were in place to ensure people received all the care they required.

People were offered an extensive range of activities suited to their individual needs and interests. The environment was adapted to meet the specific needs of people living at Mayflower Court.

The provider sought and acted on feedback from people. There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People and their relatives felt the home was well organised. Staff understood their roles, were motivated, worked well as a team and felt valued by the registered manager.

The service had an open and transparent culture. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of significant events.

A suitable quality assurance process was in place, including formal audits and informal monitoring of the service.

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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 22 and 27 February 2017 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has experience of caring for an older person.

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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people living at the home, six relatives and two health care professionals. We spoke with the provider's area manager, the provider's specialist advisor for dementia, the registered manager, seven care staff and two activities staff. We also spoke with ancillary staff including the housekeeper, administration staff, maintenance staff and the chef.

We looked at care plans and associated records for seven people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection for Mayflower Court following it's registration in September 2015.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe and I can lock the door (to their bedroom)". Another person told us, "I'm not a good sleeper – but the night staff check on you at night, makes you feel safe". Whilst a third person said, "Yes I do feel safe". A visitor told us that when they were unable to visit they did not worry because they were confident their relative was safe and they would be contacted if there were any concerns. Without exception all the people and visitors we spoke with were sure they or their relative was safe at Mayflower Court.

The provider had appropriate policies in place to protect people from abuse. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "If I had concerns I would speak to the manager or one of the seniors. If it was about my manager I would go to the area manager or social services." Another staff member said, "We did safeguarding training, I'd first make sure the person was safe and then speak to the senior or the manager". All staff were confident the registered manager would take the necessary action if they raised any concerns and knew how to contact the local safeguarding team if required. The registered manager was aware of the action they should take if they had any concerns or concerns were passed to them. They followed local safeguarding processes and had responded appropriately to allegations or concerns of abuse.

People were supported to receive their medicines safely. One visitor told us, "They [care staff] apply pain relief cream to his knees here, he's so much more mobile here than when he was at home". A person said, "I'm on medication. Staff come in here three times a day with my medicines". Another person told us "I can ask for pain killers if I need them". They added "If I go out for the day [with a family member] I have my morning tablets before I go out. I can take some tablets with me, just in case I get an angina attack". All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) documented that people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans so staff could identify when they required (PRN) medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Safe systems were in place for people who had been prescribed creams. Creams were labelled with opening and expiry dates. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. Some medicines required cold storage and a refrigerator was available to ensure appropriate storage of these medicines. Records showed medicine refrigerator temperatures were monitored. This meant that any fault with the refrigerator would be noticed in a timely manner and the safe storage of items stored could be assured. Medicines audits were completed by the deputy manager and these showed action was taken where required.

There were sufficient staff to meet people's care needs. One person told us, "You can wait a while for

someone to answer your call bell in the evening, it can't be helped; no place is perfect". Another person said, "Sometimes it takes ten minutes for someone to come, but not every time". We observed that call bells were ringing for only a short time before being responded to. A visitor told us, "[Name of relative] dementia is advancing so they need constant monitoring which they get from the staff here". During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. One staff member said, "I feel there are enough staff on duty." Another staff member told us, "The deputy or manager will help us out if needed".

Staffing levels took into account the number of people living at the home and the level of support they needed. The registered manager completed a monthly dependency assessment tool which identified the number of care staff hours required to ensure people's needs could be met. However, they told us that because of the design of the home they had identified that the provider's staffing dependency assessment tool was not suitable. They had informed senior managers of the need to increase staffing to ensure people received the care and support they required and this had been approved. Consequently staffing levels had been increased with an extra care staff member in the morning and additional activities staff. The registered manager was clear that new people would only be admitted to Mayflower Court if there were sufficient staff to meet their needs. The registered manager told us that all staff, regardless of their role, undertook the same basic training and could therefore respond to people's needs. This was confirmed by ancillary staff.

Absence and sickness were covered by permanent staff working additional hours or by agency staff. During the inspection we saw that a staff member scheduled to work the afternoon shift had come in early to enable a staff member who was unwell to go home. We also saw the registered manager booking an agency staff member to cover the staff members shifts for the following few days. The registered manager stated they always used the same agency and wherever possible the same agency staff. A visitor told us, "Yes, it's usually the same staff, sometimes a new one, but not lots of different ones".

The provider had safe recruitment procedures in place, which included seeking references, obtaining a full employment history and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found these checks had been completed before new staff started working with people. New staff confirmed that the recruitment procedures and pre-employment checks had been completed before they commenced working at Mayflower Court.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw people were supported in accordance with their risk management plans. Where necessary risk assessments were in place for moving and handling, mobility, fluid and nutrition, skin integrity and falls. Moving and handling assessments clearly set out the way staff should support each person to move and correlated to other information in the person's care plan. Staff had been trained to support people to move safely and we observed support being provided in accordance with best practice guidance. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin and were assisted to change position to reduce the risk of pressure injury. Where people were at risk of choking on their food, they had been referred to specialists for advice and were provided with suitable diets to reduce the risk.

Where there were specific individual risks action was taken to support the person. Where people were at risk of social isolation and spent most of their time in their room, staff were guided to encourage them to come to communal areas. We saw activities staff recorded that they provided one to one time with a person in

their room to reduce the risk of isolation. Where people had fallen, their risk assessments were reviewed and staff considered additional measures they could take to protect the person. This included special equipment to monitor people's movements and referring them to health professionals. For example, one person was at high risk of falling but liked to walk around the home. We saw staff were available to walk with the person whenever they wanted to walk and ensured they used their walking aid correctly. People's individual health and wellbeing risks were assessed, monitored and reviewed regularly.

Environmental risks were assessed and managed appropriately. Records showed essential checks had been completed on the environment such as fire detection, gas, electricity and equipment such as hoists were regularly serviced and safe for use. Emergency procedures were in place. Staff knew what action to take if the fire alarm sounded, had completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Staff told us they received fire training which was confirmed by records. One staff member told us, "I have fire training, that was during induction". They then described the procedures they would follow if the fire alarms sounded. People had individualised evacuation plans which identified the support and equipment they needed to leave the building in an emergency situation. An emergency 'grab' bag was in place. We identified however, that the list of people at the home had not been updated meaning emergency teams could waste time looking for a person who was no longer at the home. The registered manager arranged to update this during the inspection. Staff were aware of how to respond to other emergencies and had access to relevant information and procedures for managing a variety of potential emergency situations such as severe weather, loss of power to the home or a missing person.

Good

Is the service effective?

Our findings

People received the personal care they required. A visitor told us they were happy with the way their relative's personal care needs were met. They said, "He has been poorly and they [care staff] looked after him very well, now he is a bit better". The relative also confirmed that health professionals were contacted when required. Another visitor told us how their relative had improved since moving into Mayflower Court. Whilst a third said, "He's so much better here, walking is a lot improved". Staff recorded the personal care they provided to people including if people had declined offered care, such as a shower or bath. These records showed people were supported to meet their personal and other care needs. The registered manager stated they and their deputy manager reviewed records of care to monitor that people were receiving the care they required.

People's general health was monitored and they were referred to doctors and other healthcare professionals when required. One relative told us, "The staff would arrange for a doctor and if they needed to do that, they would let me know straight away". A person told us, "They [care staff] would call the doctor if I was ill". Care staff described how they supported people which reflected the information in people's care plans and risk assessments. People were seen regularly by doctors, opticians and chiropodists as required. Mayflower Court had equipment suited to the needs of people living there. We spoke with two visiting healthcare professionals who were complimentary about the home. They said they were consulted appropriately and in a timely way and felt people's health care needs were met.

People were supported to have a meal of their choice. One person told us, "It's pretty good. You choose from the menu". Another person said, "They've got a system where you can ask for something else, of your choice". A visitor said, "Before [my relative] came here they weren't eating but they do eat now and they do eat quite well. He always gets plenty of refreshments". Records showed people were provided with food when they wanted it; for example, one person told us, "The night staff ask you if you'd like a hot drink or something to eat", they continued "I've got choice but I feel guilty having extra, it's a marvellous system".

The chef told us they always prepared enough food of the various daily options so people could make a choice at the time of the meal being served. We saw staff offering people choices once they were sat at the dining table. The chef told us alternatives were also available and wherever possible any meal request would be met. One person told us they particularly liked fruit and they were regularly provided with stewed pears which they enjoyed. Staff told us they could provide people with food at any time this was requested or required. We saw in people's daily records of care that sandwiches and snacks were provided to people during the evening and overnight when these were requested.

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. Plenty of fruit and snacks were available throughout the day including chocolate bars, biscuits, crisps and savoury snacks which we saw around the home on 'hydration points'. These enabled people to help themselves as they wished or to enable staff to have easy access to a range of drinks and snacks which

they could provide to people.

People received the appropriate amount of support and encouragement to eat and drink. Where people required full support to eat or drink this was provided in a kind, unhurried way. Staff members providing the support were talking with the person, encouraging them and asking them if they were ready for more. Staff were attentive to people and noted when people required support. We heard staff members asking people if they would like any assistance with their meals and one to one support was offered where required. Each wing of the home had its own lounge/dining room. People were encouraged and supported to sit at the dining tables but where they choose not to this was respected. The dining rooms had a homely and tables were attractively set to make the mealtime experience pleasant and enjoyable. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant. This was documented with clear guidelines to make sure this was achieved safely, was in the person's best interest and had followed consultation with family members and the GP. Where relatives had the legal rights (Lasting powers of Attorney) to make decisions on behalf of people such as for finances or health matters copies of the documents confirming this had been sought and this information recorded in care plans. This would ensure decisions made by others on behalf of the person would be legal.

People told us they received the personal care they required in a way that met their preferences. Care staff told us how they offered choices and sought consent before providing care and were clear about the need to seek verbal consent before providing care or support. We heard care and other staff seeking verbal consent from people throughout our inspection. One care staff member said, "We ask them. If they said no, we don't do it but try later. We would document and review or try a different staff member." Care records showed that staff had recorded when people had refused all or part of the care they were offered and that subsequently care had been reoffered and usually accepted.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. We found the provider was following the necessary requirements and DoLS applications had been made with the relevant local authority where necessary. There was a system in place to ensure that these were reapplied for when necessary and that any individual conditions relating to the DoLS were known and met. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights.

People were cared for by staff who had received appropriate training. A care staff member told us, "Training is good; when I started, when the home first opened we had five weeks of induction and training." They added that they had also received follow-up training. Staff confirmed they were provided with a range of relevant training. All staff, including those not working directly in care, undertook training to help them understand the needs of people living at the home such as dementia awareness. Staff told us this helped them understand the needs of people. New care staff completed an induction which covered a range of

training including the Care Certificate for staff who had not previously worked in care. This is awarded to care staff who complete a learning programme designed to enable them to provide safe and compassionate care for people. Most care staff were either registered and doing or had obtained a care qualification. There were systems in place for the registered manager to monitor staff training. This identified when staff were due for refresher training which was then booked. When staff failed to complete identified training we saw they were sent reminder letters. The registered manager stated that if staff failed to complete identified training they would be suspended from duty until this was completed. Senior care staff were encouraged to undertake further training up to a level five qualification in care management to further their careers.

Staff were supported in their work through the use of one to one supervision and received an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I feel supported in my supervisions. I always feel I can go to them [registered manager/senior care staff/supervisor] and tell them if I have any problems." Each care staff member was supervised by a senior care staff member [head of care]. However, the heads of care had not ensured the supervision matrix which recorded completed supervisions was kept up to date. Records of supervisions were held by the respective heads of care and not within care staff files. This meant the registered manager was not able to immediately confirm that these had been completed or that they were completed to the standard they expected. Following the inspection the registered manager sent us a copy of the supervisions tracker which showed that most staff were receiving regular supervision.

The environment was appropriate for the care of people living at Mayflower Court. The home had been decorated and accessorised to provide a positive and suitable environment for people living there. Good lighting levels, hand rails, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for older people including those living with dementia. The home was also suitable to meet the physical care needs of people with corridors, doorways and bedrooms large enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. The home had multiple communal rooms located close to and convenient for people's bedrooms and provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences.

People were able to access external spaces and fresh air if they wanted to do so. The garden had level access from the ground floor including from some bedrooms. The garden was designed to facilitate people's access with hand rails and a variety of seating areas. On the upper floors people could access balconies which were fitted with full height transparent barriers meaning people would be able to see the gardens even when sat down.

Good

Is the service caring?

Our findings

People were consistently positive about the way staff treated them saying that all the staff were kind, caring and affectionate. One person said, "The staff are very thoughtful". Another person told us, "Yes, they are nice here". A third person said, "It's a happy home". Relatives also felt staff were caring and described how people received individualised care. One visitor said, "He's able to have the things he enjoys like a can of beer or a nip of whisky".

We observed staff over the course of our inspection and found staff were caring and kind. Staff spoke to people in a respectful but friendly manner and people responded in a similar way. Staff had a good awareness of people's needs and there was a great deal of warmth evident between staff and people. For example, staff did not rush people when providing support. Staff interacted in a friendly way and people seemed happy and were laughing with staff. People were supported in an unhurried way and staff kept them informed of what they were doing.

Staff had built up positive relationships with people. Staff were positive about working at Mayflower Court and spoke about people warmly. They demonstrated a good level of knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I love working here. I love the environment, they are able to sit where they want and there's lots to do here". Other comments from a staff member included, "I enjoy working here. The atmosphere is nice and really caring and customers always seem happy."

People were relaxed and comfortable in the company of staff. All the interactions we observed between people and staff were positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. Staff gave people time to process information and choices were offered. One person was coughing and a staff member stopped what they were doing to get the person a drink which eased their cough making them more comfortable. A person was distressed which was quickly noted by staff who spoke kindly with the person to establish what was the problem and then remained with the person until they were settled and calm.

People's dignity was protected during the provision of care. A relative said of care staff, "If I arrive and they are providing some care, they always have the door shut and ask me to wait a minute while they finish". From conversations with staff and observations of the interactions between them and people it was clear that staff understood the importance of promoting people's dignity. Staff addressed most people by their first names with one person being addressed by their professional title as was their wish. Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. One staff member told us, "I shut the curtains and make sure the doors are shut. I tell them what I am doing and make sure they are happy with it." Another staff member said, "I always knock on doors every time I go into someone's room." People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. One care staff member said, "We make sure people are covered and promote

independence for them to do as much as they can".

People were supported without restricting their independence. One person was supported to continue to manage some of their own medicines. They had been provided with a secure place to store their medicines and staff had completed a formal assessment of their ability to manage their medicines independently. We saw another person who liked to walk around the home but was not safe to do so on their own being accompanied by staff whenever they wanted to go for a walk.

Care was individual and centred on each person. People received care and support from staff who knew and understood their history, likes, preferences and needs. When people moved to Mayflower Court, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. One visitor said, "They asked me about him before he moved in, what he likes etc". Outside people's rooms there was a memory box of the person with pictures or details of a person's hobby, pastime or a relevant object. This could act as a prompt to staff for conversation and engagement as it provided a quick conversation starter as well as helping people identify their own rooms.

Staff knew about people and what was important to them and were supported to maintain friendships and important relationships. Care records included details of people who were important to the person. Mayflower Court also welcomed pets as long as these were suitable for communal living. We saw one person had brought their dog with them. Systems were in place to ensure the dog's needs were also met with an external dog walker employed by the person and staff taking the dog out at other times. A member of staff told us that, "[name of the dog] was finding it too hot in here, it was panting and had a dry nose. So with the owner's permission the dog had its coat clipped short, except for its tail which the owner wanted to be kept fluffy". People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships. One staff member said, "We know everyone well, their life history. Their care plans have information which tells us about their jobs, preferences, family etc." There were no restrictions on visiting and visitors and relatives were made welcome. Families were invited to celebrate Christmas or special events such as birthdays with people.

Where people had religious or cultural preferences these were known and met. One person said, "I'm a roman catholic and go to the St Edmunds Church in the Avenue". They continued, "I can't walk far so I order a taxi and go to mass with a member of staff or a friend". Care plans contained information about people's religious needs and how these should be met. Each month a Christian minister visited the home and the registered manager was aware of how to contact other religious leaders if required. They also told us any necessary arrangements to ensure peoples' religious needs were met would be made.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death. Some care staff had attended training to enable them to better manage symptoms people may have at the end of their life and the registered manager was aware of who they could contact for additional support if required. A staff member told us they had been registered to attend an in-depth end of life care course provided by the nearby hospice. They said they had an interest in providing good end of life care and were looking forward to learning more about this. A relative told us their loved one had been receiving end of life care although they had now been taken off this as they had improved. Their care records indicated that they had received appropriate care. Information about people's preferences for their end of life care were included within care files.

Good

Is the service responsive?

Our findings

People experienced care that was personalised and care plans contained detailed information specific to each person. One person told us, "They ask me about my care and I'm happy with it". A visitor told us, "Before [name of relative] moved in the manager came to see us at home and talked about what help he needed". They added that they had seen the care plan and had been involved with reviews. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans provided information about how people wished to receive care and support including physical health needs and people's mental health needs relating to living with dementia.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Staff told us they reviewed care plans monthly and evidence of this was seen within care files. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People were involved in their care planning and reviews of their care plans.

Audits of care plans had been completed by the deputy manager. This was a formalised process with the outcome of the audit and any areas for improvement documented. Where action was required staff were seen to have ticked to confirm these and described how once all actions were completed audit forms were then moved to the back of the care file. The provider's dementia specialist also undertook audits of some specific care files. This audit had been completed shortly before the inspection and we saw they had identified areas for improvement in one person's file. The registered manager had received a copy of this audit and showed us a record of the action they were taking to ensure the care file and care the person was receiving was appropriate.

Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. We saw that relevant individual information was provided to staff at the start of their shift. Staff responded appropriately when people's health needs changed. This information was included in the pre shift information handed over from one shift to the next.

When incidents or accidents occurred, procedures were in place to ensure people received all the necessary care. Incidents and accidents were recorded. Forms viewed showed that, where necessary, external medical advice was sought and action was taken to monitor the person for any signs of deterioration. Action was taken to reduce the risk of repeat incidents through the use of movement alert equipment for a person who was at risk of falling. Should people require to be transferred to other care settings, such as hospital, the registered manager stated that a member of staff would always accompany the person if a relative was not available. Transfer to hospital forms containing essential information were seen in care plans. These forms contained individual information about the person which aided health staff to have a better understanding

of the person's abilities, likes and dislikes. This supported individualised care to be provided.

People were offered a range of activities suited to their individual needs and interests. One person said of the activities staff, "They're the people [staff members] who make it tick here". People and visitors were positive about the in house activities. One visitor said, "I have been amazed at how they have got him to join in". The interests, hobbies and backgrounds of people were recorded in their care plans and known to staff. Two activities coordinators were employed. We saw they arranged group and individual activities to suit the needs and wishes of people living at Mayflower Court. They told us they were flexible in the activities they provided depending on people's abilities and interests. We saw people were reminded about planned group activities which were undertaken in a range of different lounge areas. Equipment to support activities was available including a range of craft items and reminiscence objects for people living with dementia. We saw people really enjoyed the activities and interactions from the activities staff member which were interactive and relevant for the people providing mental and physical stimulation.

People's views about the service they received at Mayflower Court were sought though formal meetings and surveys and informally by the registered manager. Three people told us they had attended a recent resident's meeting. We viewed the minutes of the monthly resident meetings. Topics such as the menu and activities were discussed and people were informed about changes to the home and staffing. People were included in decisions about the home. For example, in the reception area there was a display board with sections for 'you said and we did…'. This included 'You said you wanted more pasta at meal times. We talked to the catering manager and asked for more pasta'. We saw copies of a housekeeping survey in the lounge areas of the home for people or relatives to complete if they wished to do so. In September 2016 the provider had contracted with an external survey company to undertake a survey of people's views about the home and care they received. The registered manager had only received the response from this survey in February 2017 meaning they would not have been promptly aware if people had raised any areas of concern. A senior member of the provider's management team told us this had been identified by the provider and was being addressed with the survey organisation.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service they received. People and visitors said they would make any complaints to the registered manager or senior staff. A person told us about a problem they had had during the summer of 2016 which had been dealt with quickly and smoothly. Another person had entered their bedroom whilst they were out and their room was in a state of disarray. Staff quickly sorted this out and arranged for the person to have a key so they could lock their bedroom door. The person said, "I'm quite content and have no complaints about the staff or the building". Another person told us they had complained the previous year about some staffing issues. They told us they had met with the registered manager who had resolved the issue to their satisfaction and they had not had cause to complain since. There were systems in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. The complaints file showed that where complaints had been received these had been investigated and findings fed back to the person concerned.

Good

Is the service well-led?

Our findings

People, relatives and staff all felt Mayflower Court was well-led. One person said, "I would recommend Mayflower, there is no one tapping on your shoulder saying you can't do this or that". Another person told us "It's the best it can be other than living at home". A visitor told us "We looked at quite a few [care homes] before this one, we looked at everything, he's better off here than when he was at home". Every person and visitor we spoke with stated they would recommend the home to others.

People told us they saw the registered manager around the home and some knew her name. We saw administration staff and the registered manager attending a weekly coffee and cake meeting with people. This provided an informal opportunity for people to talk with senior staff as well as each other. Staff said of the registered manager, "She is good, you can go to her and she will sort things out." Another staff member said the registered manager would, "Help [care staff] if needed." A third staff member talked about the registered manager and said, "The manager is very supportive to us". One visiting health care professional describe how the registered manager had met with them to discuss some issues and the situation was now much improved.

People were cared for by staff who were well motivated and led by an identified management team. The registered manager and deputy manager told us they undertook some care shifts, including night duties, which they felt helped them understand the pressures felt by staff and enabled them to directly monitor the quality of care provided. Staff understood their roles and worked well as a team. They described the management as, "approachable" and said they were encouraged to raise any issues or concerns.

Staff told us there were regular staff meetings. Meeting times varied to enable all staff to attend and we saw minutes of these were available for staff who were unable to attend. There were also specific meetings for some staff groups such as catering and heads of departments. The registered manager had introduced short daily meetings with key staff on duty and said these helped, "To ensure everyone's views are known and issues addressed promptly".

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of significant events. Relatives told us the registered manager and other staff were, "approachable" and "caring". Relatives felt able to raise issues and were confident these would be sorted out. The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. For example, care staff told us they could approach the local authority or CQC if they felt it was necessary. Staff felt able to make suggestions to the management team for the benefit of people. There was a newsletter for staff monthly providing information about the service.

Where accidents or incidents had occurred the registered manager told us they had spoken with relatives. However, they had not followed the full duty of candour and provided a written explanation of the event to the person or their relatives. The provider's policy for the duty of candour stated that a written response would be provided by customer relations staff. The registered manager was unable to confirm that written

responses were provided by these staff who were not based at Mayflower Court. The registered manager clarified the procedures and stated that in future they would ensure they directly wrote to people or relatives when required.

The registered manager described the home's values as being; "Person centred, respecting and valuing each person as an individual". One care staff member described the home's values and purpose as being to, "Make the best possible quality of life [for people], to provide comfortable, person centred care". Another staff member said the home's values were, "To treat people as human beings, how I would want to be treated". All staff members said they would be happy for a member of their own family to receive care at Mayflower Court.

Mayflower Court aimed to involve itself in the local community as far as possible. Since the home opened in September 2015 links had been made with the local church and schools. For example, children from a nearby nursery had visited the home at Christmas and there were plans for some joint craft activities between the children and people living at the home. Outings were organised within the local community such as for shopping or to attend local theatre shows. Older people living nearby were invited to join events in the home such as when musical entertainers were performing or for a meal once a month.

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. For example, the formalised monthly medicines audits showed that there had been improvements over the preceding six months with fewer errors now occurring. The formalised quality assurance system also included systems to monitor other indicators, such as accidents or incidents. We saw there were few accidents or incidents, however when these occurred consideration was taken as to what action could be taken to reduce the risk of recurrence.

The registered manager told us they ensured the quality of the service provided by talking to people, relatives and staff. The provider had an area manager and other senior managers responsible for aspects of the service, such as the health and safety team and a dementia specialist who visited the home to undertake monitoring visits. The registered manager was provided with a report following these monitoring visits which detailed any actions required. The registered manager was required to respond to the report stating what action they had undertaken to address any areas for improvement that had been identified. These would be reviewed at the subsequent monitoring visit. The registered manager also conducted unannounced spot checks to monitor whether staff were delivering care to an appropriate standard.

The registered manager told us they kept up to date with current best practice and was keen to develop the service for the benefit of people. They told us that to support the development of the service and to benefit people they were introducing dignity and end of life champions. These staff would receive additional training and be involved in ensuring people received appropriate care. When we identified minor areas which could be improved the registered manager was receptive to these and where necessary took immediate action. This showed they were willing to listen to others opinions and views about the service. The previous registered manager completed the Provider Information Return (PIR) to a good standard when this was requested. The registered manager demonstrated an understanding of legislation related to the running of the service. The provider had an extensive range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff and were told policies were reviewed yearly or when changes were required. For example, following the inspection we were told the duty of candour policy was being reviewed. This ensured that staff had access to appropriate and up to date information about how the service should be run.