

Mayflower Care Homes Limited

Mayflower Court Residential Home

Inspection report

8 Waterford Road
Oxton
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Tel: 01516528810

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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

This inspection took place on 12 and 24 May 2016 and was unannounced. Mayflower Court Residential Home is a period style detached building in well-kept grounds on a residential street in Oxtan, Wirral. The home had bedrooms over three floors. The home is registered to provide personal care for up to 20 people. At the time of our inspection 19 people were living in the home.

There was a registered manager working 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.

The manager had a warm and kind approach to people. Staff and visitors we spoke with told us they found her approachable. She consulted with people and was open to new ideas. Staff members told us they felt well supported by her. The manager was visible and there was a culture of continuous improvement at the home. She completed regular audits of the home and its processes. People's relatives that we spoke with told us that communication from the manager and staff at the home was good and timely.

Many people we spoke with commented positively on the atmosphere and feel of the home. We observed staff to be warm and kind towards people, using people's names, treating people with dignity and respecting their private space. During less busy times of the day staff told us they liked to sit and chat with people and their visitors. Visitors came and went from the home throughout the day, those we spoke with told us they were made to feel welcome at the home. The home had recently recruited a new activities co-ordinator and there was a range of activities available to people.

There was an adequate number of staff to meet people's needs. People living at the home and their relatives told us they felt the home was a safe place. The environment people lived in and the care people received was safe. The home was clean, well maintained and clutter free. The manager had arranged for a series of health and safety checks and services to be completed on the home's safety systems, equipment used by people and the maintenance of the home's environment. Accidents and incidents were recorded and learnt from. People's medication was stored and administered safely.

Staff received training on safeguarding vulnerable adults and understood how to keep people safe from harm. New staff went through a number of checks to ensure they were recruited safely. New staff also received initial induction training and at first shadowed an experienced member of staff.

People were treated as individuals and were supported to make decisions regarding their care. People's care records we looked at were recent, person centred and they had regular dated reviews. They contained brief information about the person, their care plan and risk assessments. Daily care notes were updated on a computer system that was password protected. Information relating to people's health had been used effectively when supporting people to access healthcare services. Health and social care professionals who

visited told us that they had confidence in the care at the home and the staff, "advocated for people".

Staff received training and periodic refreshers that were appropriate to their role. In addition to this they received regular supervision meetings and annual appraisals with the manager. Staff were also invited to staff meetings and could place items for discussion on the agenda. Staff we spoke with told us they felt comfortable approaching the manager when necessary. Staff told us they felt well supported in their role.

People told us they enjoyed the food provided. It was cooked fresh and there was a variety of options available to people. The cook catered for people's different tastes and dietary requirements. The kitchen had been awarded the highest rating of five stars by environmental health.

The support and care offered to people was done so in a respectful way. People were supported to make decisions as much as possible for themselves. People living at the home were consulted with on matters relating to their care and the home environment. The care at the home was in line with the principles of the Mental Health Act (2005). Some people had a Deprivation of Liberty Safeguard (DoLS) in place, for some other people the manager had submitted an application to the local authority.

The home and its grounds were well maintained. People showed us their rooms and told us they had been supported to personalise them, there had been recent improvements to the décor of some people's rooms.

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 living at the home and their relatives told us people felt safe at the home. There were sufficient staff to meet people's needs.

The environment was clean and safe. Regular health and safety related checks were completed.

Medication was stored and administered in a safe manner.

Staff had a good understanding of safeguarding vulnerable adults. New staff members had been recruited safely with robust checks in place.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their role. Longer standing staff received refresher training.

The manager arranged regular supervision meetings with staff. There were also staff meetings where staff members contributed to the agenda.

The support at the home operated within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People told us they felt well cared for. We saw that the interactions from staff at the home were kind and caring towards people.

We observed and people told us there was a nice atmosphere at the home.

People living in the home were communicated with, consulted

and supported to make decisions.

Is the service responsive?

Good ●

The service was responsive.

People had detailed, person centred and up to date care plans. These plans were reviewed regularly.

The care people received responded to their changing needs. Information gathered during people's care was shared appropriately with health professionals.

There was a range of activities happening for people at the home. People were supported to make their own choices with regard to what activities they wanted to do.

The manager documented and responded to complaints.

Is the service well-led?

Good ●

The service was well led.

The manager of the home was well respected. People told us she was approachable, included people and was helpful in her manner.

The manager sought continuous improvement and development of the care provided to people. She consulted with the staff and people living at the home.

Mayflower Court Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 24 May 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

We spoke 12 people who lived at the home. We also spoke with six relatives of people who lived at the home. We spoke with two health and social care professionals who visited the home.

We spoke with six members of staff; four carers, the cook, the registered manager and one of the owners of the home.

We observed the care and support of people, medication administration, food being taken at lunchtime and people's general care and support throughout our visit.

We looked at the care files for six people and the recruitment records for two members of staff and the training and supervision records for three staff members of staff. We looked at the medication administration records for three people and a sample of the medication stock held. We looked at the administration records for the home including records of audits and those records relating to health and safety and a selection of the home's policies and procedures.

We checked the records held by the CQC prior to our inspection.

Is the service safe?

Our findings

People living at the home and visiting relatives told us the home felt safe. One relative told us, "It's safe, I like it. I think my family member is safe". Another relative told us they were reassured that there was not a "big turnover of staff". A third commented, "I like the fact that staff see you to the door". A fourth relative told us, "[Name] being safe is our main concern. We have so much peace of mind now knowing they are safe".

One staff member told us they thought people were safe. They told us "We have enough staff on duty, we work well together. If we need help we ask and the manager helps out". Another staff member said, "Yes I think it's safe here, we know people well and there is always enough staff on duty".

On the day of our visit we observed there were adequate numbers of staff available to meet people's needs. The staffing rota this was consistent. We didn't observe anybody waiting for assistance. People who were in their bedrooms during the day had a call bell in place so they could alert staff if they needed anything. One person said, "They are very good to me, they constantly remind me of my call bell, if there is anything I want or need to let them know". Another person said, "Once a week they test my call bell".

The home environment we observed was safe, it was clean with no unpleasant smells. One family member told us, "We are absolutely delighted, couldn't be happier. You walk in here and it smells clean".

The manager ensured regular checks, services, audits and risk assessments took place on safety aspects of the home. These related to fire safety and prevention, emergency lighting, first aid, hazardous substances (COSHH), environmental health, legionella, infection control, workplace welfare, the lift and other equipment used at the home. When people had an infectious illness appropriate actions had been taken to prevent this from spreading. The kitchen had been awarded the highest hygiene rating of five stars. Staff members we spoke with told us that any maintenance issues were dealt with quickly.

We tested the fire door on the top floor and we observed that the staff responded quickly to the alarm. We recommended the manager arranged for the structure of the fire escape to be inspected by a relevant professional as there was evidence of corrosion. We saw that the home had an emergency plan which had been recently produced in partnership with staff after consulting with staff at a staff meeting. The home had been designated a no smoking building, there was a smoking area in the yard at the rear of the building.

Medication was administered safely at the home. Staff administering medication had recently received medication refresher training from the pharmacy that supplied the medication. We looked at the medication file and medication administration records (MAR) and found these to be detailed and correctly completed. Medication was stored in a locked cabinet and the keys were passed between staff members as part of the daily handovers. The temperature of the cabinet was checked and recorded. We checked the stocks of controlled drugs and a sample of three other people's medication including as and when required medication (PRN). These were all correct and had been correctly recorded. New medication was checked and booked in safely using stock control documents.

We looked at the home's records of accidents and incidents, these had been reviewed by the manager and any necessary referrals, such as those to the falls team had been made. Accident and incidents were also reviewed at managers meetings looking for trends, improvements and learning.

New staff had been safely recruited. We looked at staff files and saw records of application forms, interview records and that a criminal records check (DBS) was completed before new staff started. The home obtained two references and checked candidate's identification. New staff members were provided with a job description and terms and conditions.

Staff we spoke with understood the principles of how to safeguard vulnerable adults and the different forms abuse can take. One staff member gave us an example of an alert she went to the manager with. They described to us how this led to the manager involving the person's GP and making a referral to social services. The staff member told us, "It's all about protecting vulnerable people, making sure their needs are met and they are looked after". Another staff member gave the example of unexplained bruising and what they would do if they became aware a person had an unexplained bruise.

Staff we spoke with also knew when it would be appropriate to raise a safeguarding issue outside of the organisation and how to do this. When asked staff could show us where the safeguarding policy was kept.

We observed staff offered support in a safe and unhurried way. For example we observed staff using safe techniques in supporting people to move around, people were communicated with throughout this process. Staff working during the night staff carried walkie talkie radios so they could contact other staff members at night and more than one staff member could respond if a person needed additional support.

Is the service effective?

Our findings

One person living at the home told us, "The staff are very willing, they are lovely". Another person told us, "The staff are brilliant". We spoke to people's relatives who visited the home, one relative told us; "We are very pleased with the home, people receive individualised attention". They went on to describe how their family member had been supported to gain weight after coming into the home significantly underweight. Another relative we spoke with said, "The staff all seem great, they are very welcoming and always answer your questions". A third told us, "Without exception the staff are wonderful".

Staff told us they received training appropriate to their role. We also saw the training plan and certificates for relevant training on the staff files we looked at. Longer standing staff told us and we saw documented that they received periodic refresher training. Staff were also supported to complete level 2 or 3 in health and social care. New staff shadowed more experienced staff as part of their initial training. One staff member commented, "It's a good way to learn, by watching people. I learnt this way".

Staff also received support through supervision meetings with the manager. We looked at the notes from some of these and found them to be personalised. We observed that staff had suggestions, received advice and support and learned from any incidents that may have occurred. One staff member told us, "The manager is open and approachable in supervision; you can come and say what you need to".

The manager arranged for a staff meeting every six weeks for staff to stay up to date and learn together. Staff told us they put items on the meeting agenda. We looked at and staff told us they had access to the minutes from these meetings. During staff meetings the care of people living at the home was discussed. Recent agenda items included input from staff on the home's emergency contingency plan and learning for staff on how to record people's wellbeing in documents.

People's rooms we looked at were fresh and bright, people had personal items, keepsakes and pictures around the room making it more homely and personalised. There had been some recent improvements to some of the rooms. One person told us "My new floor is much better". Another person wanted to take us to see their room. They told us, "It's lovely, I love my room". People's room doors were numbered and had a picture of the person on them. One person told us, "I got help to put all my things in my room. They let me do anything I want to my room. I was told it's my room and it's up to me."

In the grounds of the building there were sitting areas that people could use. There was a designated smoking area in the rear yard. We noticed that this didn't offer any shelter. The manager told us they were exploring a better solution as they had only recently had people who smoked at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of

this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The manager and staff we spoke with had an understanding of the Mental Capacity Act and how this affected their work. People at the home were supported to make as many decisions as possible for themselves. Some people living at the home had an authorised DoLS in place. The manager had applied for a DoLS authorisation with the local authority for other people.

One person told us, "The meals are lovely, nicely cooked and prepared, with a nice variety". One person's relative told us they thought the home had a "Nice dining room. It's a good place to eat. It encourages people to eat. [Name] sees people eating, stays a bit longer and eats a bit more". Some people chose to have their meals in their bedroom. One person told us, "The staff bring me up a pot of tea. I get regular drinks brought up, but only have to buzz to ask for one".

We observed lunch time in the dining room. During lunch background music was playing. The tables were well laid out with place mats, cutlery, napkins and china cups. There were condiments on each table. People who needed help to eat their food were offered support in an unhurried manner. During lunch we observed that a member of staff spotted one person not eating their lunch and offered them a few alternatives. One person said after lunch, "I really enjoyed that". There were snacks served throughout the day, finger sandwiches mid-morning and cakes with tea mid-afternoon.

We spoke with the cook. We found that food was stored safely; we observed that temperatures of the food were checked after cooking and appropriate records were kept. Food was cooked fresh using fresh ingredients. The cook told us the menu was drawn up with the manager after getting suggestions from people who lived at the home. Some people had recently asked for bacon sandwiches and the home had started doing them. The chef kept a list of preferences to try and make sure there was always an option everybody liked each day. People with special diets were catered for and the food was presented to try and match the food other people were receiving. One person who told us they went off their food said the staff arranged for them to have alternatives they chose that they thought they may be able to stomach. They told us this helped. People who had lost or were at risk of losing weight took fortified drinks in between meal times.

On the notice board in the corridor we saw a copy of the 'resident's charter' providing information to people living at the home. There was also information on dignity and safeguarding for everybody to access.

Relatives we spoke with all told us the communication with the home is good. One relative told us, "Communication is good with the home; they always let me know how he is". Another said, "They tell us about all their appointments".

People we spoke with told us they had been supported as necessary with their health needs. One person told us the staff had arranged for the GP to visit them when they had lost their appetite. One person's relative told us when their family member had some health concerns, "The staff and the manager always kept me up to date, they kept in touch".

Is the service caring?

Our findings

One person told us, "The staff can be quite fun". They added, "I get help quickly when I need it. They pop in if they haven't heard from me for a while, to make sure I'm OK". One person's relative told us their family member was always saying they liked it here. Another relative commented that their family member "Looks so well since moving into the home". A third told us, "The care is great, [name] can do whatever she wants, she has her dog come and visit her in her room".

We heard throughout our visit that staff had a good rapport with people living at the home. One staff member we spoke with told us, "I like helping people, I like chatting with people, people are so interesting I love hearing their life stories". We observed that staff were polite with people. Staff said "excuse me" if they needed to walk past a person. We also observed staff respecting people's privacy and dignity. One member of staff approached a person's bedroom door that was open. They stopped at the threshold and knocked on the open door and waited to be invited in before entering.

A visiting health professional told us, "There is a nice atmosphere at the home. The staff have an individualised approach to people and are very accommodating. It feels like a home with a comfortable atmosphere". One relative told us, "It just has a good feeling about it".

One staff member told us because of having a long standing staff team, "We get to know people's families, know all their names. There is a nice family atmosphere here". One relative told us, "There are good relationships between staff and people's families". Staff told us the morning could be quite busy, but in the afternoon they liked to go into the lounge and have a chat and a cup of tea with people and any visitors.

The manager arranged residents meetings so people could be consulted and kept up to date. We looked at the documents from recent meetings. In these meetings people had been consulted on the colours for redecorating communal areas. People had also requested newspapers which had been organised and visits to places of interest that the manager of the home was exploring.

One visiting social worker told us, "Communication with the home is good, we work together with the staff at the home. [Person's name] has been at the centre of things, they have really advocated for her".

Staff members told us they would be happy for one of their family members to stay at Mayflower Court. One staff member said, "I look after people the way I would my mum or dad. I'd have no problems if one of my relatives came to stay here".

One staff member told us a highlight of caring for people at the home was supporting people to celebrate their birthdays. Recently an entertainer has been booked for one person's party and people who wanted to joined in singing.

Is the service responsive?

Our findings

One person told us, "I came here for respite and decided to stay, I like it". One relative told us, "The staff manage very well, they never rush. People are well looked after". A visiting health professional told us, "People appear clean, people look comfortable. It looks like their needs are met".

People's care plans were stored on computers; we observed that these were password protected. Care staff had a laptop that they could use to update care plans in a convenient place. We observed that people's care plans were thorough and were person centred. Information gathered had been used to show GPs or other health care professionals people's changing health and support needs. For example one person's blood sugar records were printed off to show their health professional how their blood sugars had been. This helped the care staff to stay responsive to people's changing needs or to any potential changes.

We observed that people had a pre-admission assessment of their care needs to ensure the home would be able to meet them. The assessment also contained urgent information that care staff may need to know. One staff member we spoke with told us, "We know people's needs when they arrive at the home from their care plan, we get time to read this. The manager assesses people's needs beforehand. When we get to know them we write a more detailed care plan".

The necessary risk assessments were in place on people's care files, for example risk of falls. People who needed support with skin integrity had a risk assessment and care plan in place. For some people this included using equipment such as a pressure relieving mattress and guidelines were in place for the use of turning charts to record changes to a person's position to provide pressure relief.

Staff made daily care notes on the computerised care plan system. They also made regular updates to people's care plans to update their changing needs or preferences. People were regularly weighed and this was recorded as a general indicator of their health and wellbeing.

The home had a new activities person after the position had been vacant for a short period of time. The day's activities were displayed on a notice board. There was a session on crafts in the afternoon and a reading of the day's newspapers and a chat. Recently people had celebrated The Queen's birthday with an afternoon tea.

People were treated as individuals and supported to make choices with regard to activities. One person was helped to listen to audio books in their room; they also had an adapted radio that they found easier to use than their previous one. Another person liked to help out with tasks in the kitchen. They told us they "like to keep busy and help out".

The manager documented complaints and compliments received at the home. We looked at these and found that there had been communication with the complainant and timely resolutions to each complaint. One written compliment stated, 'It really meant a lot to us as a family that my loving mum spent her time

with you'. Recently one family member came to the home and gave each staff member a small gift to say thank you.

Is the service well-led?

Our findings

One person told us, "The manager pops in two or three times a week to see me, she stops and has a chat". People we spoke with had confidence in the manager. One person said if he had reason to complain, "I think she'd do her very best".

A relative told us, "I wouldn't have a problem coming to speak to the manager". Another said, "The manager is very good, she is very approachable". One staff member told us, "If I made a mistake I'd be comfortable going to see the manager, you can talk to her". Another staff member told us, "I have lots of chats with the manager, if there is anything you need just ask. Sometimes I wait until my supervision, if it's urgent you can talk to her anytime you like". One staff member said, "If you have any concerns she grabs a cuppa with you. You can tell her anything. Sometimes you may have a few gripes and this helps to sort them out".

One staff member told us the manager was supportive of the staff at the home. For example the manager was teaching them how to use the computer to edit people's care file information. They appreciated this support from the manager. Another member of staff told us, "If I need anything I go to [name]. I think she's great. She has a good balance an open door policy and keeps up to date with her staff".

The manager told us "I don't expect anybody to do anything I wouldn't do myself and to be the best I can". It was clear in what we saw and what the manager told us that she had a clear vision for the culture and approach to people at the home. She told us "The home is laid back and homely not institutionalised. People are treated as individuals, support is person centred and people are encouraged to make as many decisions as possible for themselves. This atmosphere helps staff retention; we never use agency staff, ever". A visiting health professional told us they thought the culture at the home was, "open, relaxed and professional". One staff member told us, "The manager is willing to discuss ideas and give things a go".

The manager had an action plan to continually develop the service provided to people. This included specific goals with target dates. She had made links with local community organisations such as churches, a local school and 'pets as therapy' and had plans to build on these links. The culture of continuous improvement and wanting to develop was also held by staff members we spoke with. One staff member said, "I think the quality of care is good, but there is always room for improvement". The manager either arranged for or conducted regular audits of many different aspects of the home to ensure the safety and quality of care provided to people. The manager effectively used the supervision process with staff if they need further development. For example any medication documentation errors had been dealt with through the supervision process.