A & L Care Homes Limited

Mayflower House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 4 and 5 November 2015 and was unannounced. Mayflower House provides care and accommodation for up to 33 older people, some of whom are living with dementia. On the day of the inspection 33 people lived at the home. A & L Care Homes Limited owns Mayflower House and has another service in Plymouth.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and staff were busy and enjoying each other's company and the service had a calm and relaxed atmosphere. Comments included; "Staff are kind and caring." People said they were happy living there.

Summary of findings

People and their relatives were happy with the care staff provided. Professionals and relatives said the service knew people well and the staff were knowledgeable and competent to meet people's needs.

People were supported and encouraged to make their own decisions and choices whenever possible in their day to day lives. People had their privacy and dignity maintained. Staff were observed supporting people with patience and kindness.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. Everyone we spoke with felt there were sufficient staff on duty. However people, relatives and staff felt a designated laundry staff would benefit the service.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs and district nurses. Professionals confirmed staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well, for example people had regular visits by district nurses to change dressings.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights. Staff had undertaken safeguarding training, they displayed a good knowledge on how to report concerns and were able to describe the action they would take to protect people against harm. Staff were confident any incidents or allegations would be fully investigated. People who were able to told us they felt safe.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and observed mealtimes did not feel rushed.

People's care records were computerised and of a high standard. People's care records were comprehensive and detailed people's preferences.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home. Records were updated to reflect people's changing needs. People and their families were involved in the planning of their care.

People and staff described the registered manager as being supportive and approachable. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the registered manager made themselves available and were very good.

The manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People's opinions were sought formally and informally. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Good

Is the service effective?
The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

Staff understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

Good

Is the service caring?
The service was caring.

People were involved in decisions about their care.

People were treated with respect and compassion. People were happy with the support they received.

People's privacy and dignity was promoted by the staff.

Staff knew about the people they cared for, what people required and what was important to them.

People's end of life wishes were documented and respected.

Good

Is the service responsive?
The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was an experienced registered manager in post who was approachable.

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

There were systems in place to monitor the safety and quality of the service.

Audits were completed to help ensure risks were identified and acted upon.

Mayflower House

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.

The inspection was undertaken by one inspector on 4 and 5 November 2015 and was unannounced.

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 also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 16 people who used the service, the registered manager and seven members of staff. We spoke with four relatives and three health and social care professionals who had all supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People who lived at Mayflower House were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People who were able to told us they felt safe. One visitor said; "[…] is very safe and well cared for." A survey returned to the home said; "Definitely!! When absent for 4 weeks we felt my aunt was very safe."

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. Staff had regular safeguarding training and they were able to access policies and procedures on safeguarding and whistleblowing. Staff confirmed they knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager or providers would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required.

People lived in a safe and secure environment that was maintained and was clean and hygienic. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This helped ensure staff knew what to do in the event of a fire. People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified at being at risk had up to date risk assessments in place and people had been involved in planning their risk assessments. Risk assessments identified those at risk of skin damage and falling and how staff could support them to move around the service safely. There was clear information on the level of risk and any action needed to keep people safe. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people needed two staff to support them when they moved around. This helped to ensure people were moved safely.

People and relatives agreed there were sufficient staff to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example at mealtimes and during activities. The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe. However people, relatives and staff felt a designated laundry assistant would enable staff to spend more time with people carrying out activities. One person said; "staff are always rushed." The register manager said they would discuss this with the providers.

People were protected by safe staff recruitment practices. Recruitment files included relevant recruitment checks to confirm the staff member's suitability to work with vulnerable adults, for example disclosure and barring service checks. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. This helped to ensure suitably trained staff who had the competencies and qualifications to work with vulnerable adults.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. Any reoccurring themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Good

Is the service effective?

Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively, knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; “Staff are lovely.”

Staff completed an induction programme and staff confirmed they did not work with individuals until they understood people’s needs. Staff said they were given sufficient time to read records and worked alongside experienced staff to fully understand people’s care needs. Training records showed staff had completed training to effectively meet the needs of people, for example dementia training. The registered manager confirmed all new staff would complete the Care Certificate (A nationally recognised set of skills training). Ongoing training was planned to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. Staff said; “Always being offered training.”

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings and records showed staff discussed topics including how best to meet people’s needs effectively.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. 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 if needed, other professionals. People’s records recorded best interest meetings to determine if they had the capacity to agree to their care and support needs being meet. The outcomes of meetings were documented.

The registered manager and some staff demonstrated some knowledge and understanding of, and had received training about, the MCA and DoLS. The registered manager confirmed other training was planned for staff. The registered manager was aware of people’s legal status and knew when to seek professional advice. This helped to ensure actions were carried out in line with legislation and in the person’s best interests. The registered manager confirmed a DoLS application had been made for one person.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in the activities provided. People’s care plans showed people were involved in their care and were consenting to the care taking place.

People’s individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, people who required a soft or pureed diet received this and catering and care staff were fully aware why this was needed.

People could choose what they would like to eat and drink. People had their specific dietary needs catered for, for example diabetic diets, and a menu was displayed. The malnutrition universal screening tool (MUST) was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. The cook confirmed they had information on people’s dietary requirements. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day.

People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. One person said; “The food is generally very good.”

People accessed healthcare services and local GP and district nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk

Good

Is the service effective?

assessments for people, for example the physiotherapist. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals confirmed staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Good

Is the service caring?

Our findings

People agreed that the staff working in the service were very caring and supportive. People spoke very highly of the staff and the high quality of the care they received. One person said; "Anything you want they will try to do." Relatives also spoke well of the staff and the quality of the care they received. One relative said; "She loves the staff –they are as good as gold." A survey recorded; "Exceptional care." The visiting health and social care professionals commented that staff were caring and were aware of people's wellbeing. One commented that if their mum needed to go into care they would use Mayflower House.

People were involved and asked for their views as much as possible with the care and treatment they received. Staff were observed treating people with kindness, patience and compassion throughout our visits. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example, if a person required assistance to move from a wheelchair to a more comfortable chair. Staff were observed telling people throughout the procedure what they were going to do and tasks were completed at people's own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their care needs well. We observed people were comfortable and people said they were well cared for and staff took time to assist them with their personal care needs. Staff were attentive and prompt to respond to people's emotional needs. For example one person became confused and upset. Staff responded promptly to assist this person. A visitor said; "Mum is cared for very well and they always help her look nice."

Staff interacted with people in a caring and supportive way. We observed staff supporting people. Though some relatives and people said staff were very busy. We saw examples throughout our visit when staff responded to people's needs in a dignified manner. For example, one person was assisted to their bedroom for personal care. Staff went over to them and supported them discreetly. This showed staff were able to recognise people's needs and respond to them in a caring manner.

Staff showed concern for people's wellbeing. For example, some people were now confined to bed and very frail. Staff were observed providing kindness and excellent care whilst maintaining people's dignity. For example we observed one person being supported by staff and the staff spoke to this person to inform them what was happening. They then informed them what task they were going to complete. The care these people received was clearly documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care was carried out including hair care.

People told us their privacy and dignity were respected. Staff maintained people's privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. Staff said how important it was that people were supported to retain their dignity and independence. Relatives confirmed they had never seen staff being anything other than respectful towards the people the service supported. One survey asking about dignity and recorded: "Definitely-staff very aware of how to interact and treat me."

People's care files and "This is me" held information on people's wishes for end of life care. This ensured that people's wishes on their deteriorating health were made known. Files also held a treatment escalation plan and advanced care plans which documented people's wish on resuscitation. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interest.

Good

Is the service responsive?

Our findings

People were supported and cared for by staff who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the home. These assessments helped the home to assess if they were able to meet and respond to people's individual care needs before admission. Pre-admission information included an initial care plan that held a discharge/transfer summary for people who had moved from another service, for example a hospital. This provided staff with up to date information on people which was used to develop a full care plan.

People were involved as much as possible with planning their care and records held information on how people chose to be supported. When people's needs changed care records were reviewed and altered to show this change. For example, when a person's general health had deteriorated staff responded by involving the person's GP to assist them and offer support and advice to ensure they remained comfortable. Healthcare professionals said the service was always responsive to people's needs when they became unwell and contacted them quickly and appropriately.

People's comprehensive records included a full life history. This included detailed information about their needs, including their health and social care, physical and personal care needs. People had information including the name of other services involved for example an optician. Care plans recorded people's physical needs, such as their mobility and personal care needs choices. For example if a person needed staff support and equipment to mobilise. We observed staff ensuring people, who required them, had pressure relieving equipment, for example mattress, in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs, for example those people living with dementia and required extra support.

Additional information included people's faith, social and recreational needs and how they could be supported so these needs were met. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved in updating care records where appropriate.

Care plans were individual and recorded people's wishes. The registered manager said they ensured each care record was updated and reviewed regularly. This helped to ensure staff had the correct information to support people's current care needs. Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans included a "This is me" section. This included a person's lifetime history and covered a person's childhood, adolescence, adulthood and retirement. Therefore staff could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the lounge areas and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One person said; "I ring the bell and they come quickly."

People were encouraged and supported to maintain links within the local area. For example, staff confirmed they assisted people when possible to visit local shops and people also went out with family members.

People were provided choice on a day to day basis, for example being offered a choice of food and drink. Activities were provided and people who wished to participate were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided in the home, although some people preferred not to join in. The displayed activities list showed daily activities planned including the showing of a film in the service's own cinema. One survey recorded; "I like being able to attend Communion, craft and musical activities, cinema and trips on the minibus."

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went onto say they felt the service and management would take action to address any issues or concerns raised. One relative said; "They are very good at

Good

Is the service responsive?

responding to concerns." They went on to say the management and staff team staff were approachable. Survey feedback regarding the handling of comments/ complaints said; "My comments have always been noticed." One person told us; "I complained about being cold and they got me another heater."

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The procedure was clearly displayed for people to access. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

Good

Is the service well-led?

Our findings

Mayflower House is owned by A & L Care Homes Limited. This provider also owns another service in the Plymouth area.

People, relatives, staff and health and social care professionals all spoke positively about the registered manager. Comments included; "I can talk to her (the registered manager) about anything." Healthcare professionals said they had a good relationship with the service and they made appropriate referrals.

Mayflower House was well led and managed effectively. The company's values and visions of offering choice, privacy, dignity, independence, rights and fulfilment were recorded in the information provided to people when they moved into the service. Staff spoken with understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the providers.

People were involved in the day to day running of their home. Residents' meetings were held regularly and surveys conducted to seeks people's views. One comment on the survey said; "Someone has always been available to answer questions." The registered manager sought feedback from relatives, friends and health and social care professionals regularly to enhance their service. The last residents and family meeting minutes showed the response to the issues raised. However the registered manager apologised to people when finding out these responses had not been made available to people and quickly took action to remedy this.

The manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People said the registered manager was visible and a kind and compassionate person. The registered manager made themselves available to talk and meet people and visitors. Staff spoke highly of the regular support they received from the registered manager. Staff felt able to speak to the registered manager if they had any issues or were unsure about any aspect of their role. Staff described the staff team as very supportive and; "A great team."

There was a clear management structure in the service. Staff were aware of the roles of the registered manager, deputy managers and the providers. The registered manager made themselves available to us during our inspection. They demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on individual care records and medicines. Surveys were sent to people who were able to complete them. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

Staff meetings were held regularly and this enabled open and transparent discussions about the service and people's individual needs. Meetings held updated the staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to contribute and raise issues to improve the service. Staff said they felt their concerns were listened to and acted upon. The home had a whistle-blowers policy to support staff.

Staff told us how learning from accidents and incidents had taken place. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.