

Mayflower Care Homes Limited

Mayflower Court Residential Home

Inspection report

8 Waterford Road
Oxton
Prenton
Merseyside
CH43 6UT

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Mayflower Court Residential Care Home is situated in the residential area of Oxton, Wirral. The home is registered to provide accommodation and support for up to 20 older people. At the time of our inspection, there were 17 people living in the home.

People's experience of using this service and what we found

At the last inspection systems in place to monitor the quality and safety of the service were not effective. During this inspection we found that improvements had been made and the provider was no longer in breach of regulation, although some areas for improvement were identified. Feedback regarding the management and quality of service people received was positive and staff told us they were well supported and could raise any issues they had with the registered manager. The ratings from the previous inspection were displayed as required.

At the last inspection we found there was not always enough staff to meet people's needs in a timely way. Improvements had been made and people received support in a timely way. Records regarding safe recruitment were not always clearly maintained. We made a recommendation regarding recruitment practices. Regular checks were made on the building and utilities to ensure they remained safe. However, not all required equipment checks were recoded clearly. People told us they felt safe living in the home and were supported by staff who knew safeguarding procedures and how to raise any concerns they had. People had their medicines administered by staff who had undergone training and had been assessed as competent. The home appeared clean and well maintained.

Staff were knowledgeable regarding people's needs and preferences; however, some care plans required updating to ensure accurate and detailed information was recorded. People's communication needs had been assessed and records were provided in different formats when required. There was a range of activities available and people's friends and families were able to visit at any time and were made welcome by staff. A complaints policy was available, and people knew how to raise any concerns they had.

People told us they got on well with staff and were treated with dignity, kindness and compassion and encouraged to be as independent as possible. We observed positive, familiar interactions between people living in the home and staff. People were provided with information about the service and supported to make decisions regarding their care. Their feedback regarding the service was sought regularly through meetings and satisfaction surveys.

Systems were in place to gain consent and record people's consent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs. Staff were supported in their roles through ongoing supervision and regular training. Feedback regarding

meals available was positive and people had enough to eat and drink.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 February 2019). We identified breaches of regulation regarding staffing, consent and the governance of the service at that inspection. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mayflower Court Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mayflower Court residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC, and they were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the registered manager. We 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.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment, as well as records regarding training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we found there was not always enough staff to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

- There were enough staff on duty to meet people's needs in a timely way.
- Staffing levels had increased since the last inspection. People and staff told us there were plenty of staff on at all times.
- Staff had been recruited safely, but comprehensive records were not always maintained to evidence this.
- For example, although the registered manager had seen it, one staff member's file did not contain proof of their right to work, or any photographic identification. The registered manager contacted the staff member, and this was provided before the end of the inspection. Another staff member's file contained references with no names. The registered manager followed this up and provided new references after the inspection.

We recommend that the provider reviews its procedures and ensures safe recruitment practices are evident for all staff.

Assessing risk, safety monitoring and management

- Regular internal and external checks were made on the building and utilities to ensure they remained safe. However, not all required equipment checks were recorded clearly. For example, the weekly fire alarm checks were not clear and there was no system in place to evidence that air mattress settings were checked regularly to ensure they were correct. The registered manager agreed to ensure these checks were evidenced.
- Staff were aware of emergency procedures, including evacuation of the building. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.
- People told us they felt safe living in the home. One person told us, "I feel secure here, I can relax, I'm content. I only have to ring my bell and someone comes."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place and followed appropriately.
- Staff had undertaken training, there was a safeguarding policy in place to guide them and they were aware of how to raise concerns.

Using medicines safely

- Medicines were stored and administered safely.
- People had their medicines administered by staff who had undergone training and had been assessed as competent.
- Records regarding the administration of medicines were completed comprehensively.
- People who were prescribed medicines as and when needed (PRN), had protocols in place to guide staff when their medicines should be administered.

Preventing and controlling infection

- The home appeared clean and well maintained.
- Staff had access to personal protective equipment to help prevent the spread of infection.
- Bathrooms contained liquid soap and paper towels in line with infection control guidance. Hand gel was also available at several points around the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported appropriately. The registered manager reviewed every incident to help learn lessons and prevent recurrence.
- Records showed that appropriate actions had been taken following incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the last inspection we found that people's consent was not always sought and recorded in line with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation regarding this.

- Systems were in place to gain consent and record people's consent.
- When able, people had given their consent to care and the use of closed-circuit television cameras (CCTV) in communal areas.
- Best interest decisions were recorded when people lacked the capacity to make specific decisions and records showed that relevant people were involved in these decisions.
- Applications to deprive people of their liberty had been made appropriately and a register was maintained to monitor these to ensure they were reapplied for before they expired. Applications and authorisations were reflected in people's care plans

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs.
- Staff had access to best practice guidance to help support them in their practice. This included recent guidance on oral healthcare and falls prevention in care homes.

Staff support: induction, training, skills and experience

- Staff were supported in their roles and provided with training to help ensure they had the required skills and knowledge to support people effectively.
- Staff received regular supervisions and told us they could raise any concerns they had with the registered manager at any time.
- Regular on line and face to face training was undertaken by staff. Records showed most staff were up to date with training and the system alerted the registered manager when staff were due to refresh their training.

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

- People received sufficient amounts of food and drink. Hot drinks were served regularly throughout the day and jugs of juice and water were available in the lounges for people to help themselves to.
- People told us they enjoyed the food available and were consulted about the menus.
- There was always a choice of meal available and most people ate together in the dining room, which had attractively set tables.
- People's dietary needs had been assessed and staff were knowledgeable about people's needs and preferences.

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

- If there were concerns regarding people's health and wellbeing, referrals were made to other health professionals in a timely way, for their specialist advice.
- The local GP or nurse from their practice visited the home each week to help maintain people's health and wellbeing.

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

- The environment had been adapted to appropriately support the people living there.
- Rooms were personalised and contained people's own photographs, furniture and pictures.
- A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them with respect. People said, "[Staff] are all very kind and helpful" and "They are all obliging, nothing is a problem."
- Staff regularly received thank you cards and letters from people's family members. Comments within those cards included, "Staff are all fantastic, really amazing, can't do enough for [relative], she is much less anxious now" and "Thank you for the excellent care, attention and time you have spent caring for [relative]. You have made him very happy and kept him safe."
- Staff knew people they supported well, including their preferences regarding care. They spoke about people they supported with warmth and compassion. We observed positive, familiar interactions between people living in the home and staff.
- Staff told us they treated everybody equally and never discriminated against people for any reason.

Supporting people to express their views and be involved in making decisions about their care

- A service user guide was available to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care.
- Staff supported people with decision making when necessary. Information regarding advocacy services was available within the service user guide.
- People's feedback was sought regularly through meetings and satisfaction surveys. It was clear that changes were made based on the feedback provided.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in ways that protected their dignity and encouraged their independence. They had choice regarding their care, such as when they wanted to have a bath.
- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence.
- Staff were able to describe ways they protected people's privacy when providing care and we observed people's dignity being maintained throughout the inspection.
- Confidential records regarding people's care were stored securely to protect people's privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although appropriate care was provided to people, some care plans required further review to ensure accurate and detailed information was recorded regarding people's needs.
- For instance, one person's plan stated they had a standard mattress and divan bed, but this had been changed to a profile bed and air mattress. Another person required oxygen therapy which they managed themselves. Staff were knowledgeable about how much and how often they needed this, but there was no plan of care in place to reflect this should staff support be necessary. The registered manager agreed to ensure this information was recorded.
- People or their relatives had been involved in the development of care plans and people's preferences regarding their care and day to day choices were recorded and known by staff.
- People's personal histories were available within care records. This enabled staff to get to know them as individuals and generate conversations relevant to each individual.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard. People's communication needs had been assessed and plans of care developed based on the assessments.
- The registered manager told us they could provide records in different formats should it be required, and one person's file showed they had information provided in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's friends and families were able to visit at any time and were made welcome by staff. Relatives were given pots of tea to enjoy with their family members. One person told us, "My [relative] visits at all times and [staff] don't mind."
- There was a range of activities available to people within the home. This included bingo, a quiz, films and gentle exercises. An external entertainer visited each month and clergy from a local church also visited. We were also told some people went out to see a pantomime at Christmas.
- People that chose to participate in activities told us they enjoyed the activities available.

Improving care quality in response to complaints or concerns

- A complaints policy was available and information on how to make a complaint was included within the service user guide and was on display within the home.
- Records showed that any complaints received were investigated and responded to.

End of life care and support

- Staff had undertaken training to enable them to support people effectively at the end of their lives.
- There was nobody receiving end of life care at the time of the inspection, but care plans showed people had been given the opportunity to discuss their wishes regarding end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we found that governance systems were not always effective in identifying areas of the service that required improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection, we found that significant improvements had been made and the provider was no longer in breach of regulation, although further improvements were still required.

- Improved systems were in place to monitor the quality and safety of the service, but they did not identify all areas that required improvement. For instance, they did not highlight the issues we found regarding staff recruitment records and equipment checks.
- The registered manager took responsive actions during the inspection, to address the issues we raised.
- In conjunction with the local authority, the registered manager had worked through an improvement plan since the last inspection to ensure issues identified had been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback regarding the management and quality of service people received was positive. One person told us, "[The registered manager] has been very kind to me." Other people agreed that the registered manager was effective and supportive; they told us they, "Always ask if I need anything" and "Always sorts out my appointments for me."
- Staff told us they were well supported in their roles and could raise any concerns they had with the registered manager.
- The registered manager acted on feedback received and informed people what changes had been made on a 'you said, we did' display.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way. Relatives were informed of any accidents or incidents involving their family member.
- A duty of candour policy was in place to evidence the provider's procedures and help ensure transparency.

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

- The registered manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- The ratings from the previous inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.
- The registered manager attended meetings, training and forums held by the local authority.
- Regular staff meetings were held to engage with staff and seek their views.
- People were engaged in the running of the service, through meetings and satisfaction surveys.