

Mayflower Care Homes Limited

Mayflower Court Residential Home

Inspection report

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Oxton
Prenton
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Tel: 01516528810

Date of inspection visit:
16 January 2019

Date of publication:
08 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

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 Oxtol, Wirral. The home is registered to provide accommodation and support to 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: There were not always sufficient numbers of staff on duty to meet people's individualised needs in a timely way.

Systems in place to monitor the quality and safety of the service did not identify the issues we highlighted during the inspection. The provider had not displayed the last rating of the service on their website as required.

Risk to people had been assessed but records were not always up to date. We made a recommendation about this in the main body of the report.

Plans of care reflected people's preferences and had been reviewed regularly, however they did not always reflect people's current needs. The registered manager was in the process of reviewing and updating all care files.

Consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005. Applications to deprive people of their liberty had been made appropriately, but records did not clearly reflect those that had been authorised. Following the inspection, the registered manager told us consent had now been sought and recorded.

People's nutritional needs were known and met by staff, however the feedback we received regarding the meals available was mixed. Systems were in place to gather feedback from people regarding the service.

Activities were available to people within the home, however there were no activities available within the community, which people told us they would like.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. They were supported in their role and received regular training to help ensure they had the knowledge and skills to support people safely.

People living in the home told us they felt safe and their relatives were confident that safe care was provided. People told us they received their medicines when they needed them and we found that they were managed safely. The building and equipment were maintained to ensure they remained safe. Relevant equipment was available to enable staff to meet people's needs.

People told us staff were kind and caring, protected their dignity and treated them with respect. Staff knew

the people they were supporting well and spoke about people warmly. Staff supported people to be as independent as they could be.

People and their relatives knew the registered manager and felt able to speak to them if they had any concerns.

Rating at last inspection: Rated good at the last inspection in May 2016 (Report published August 2016).

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement: You can see what action we told the provider to take at the end of the full version of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

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 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.

Inspection team: The inspection was undertaken by an adult social care 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 is a care home providing residential care to older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was undertaken on 17 January 2019 and was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views. They did not have any concerns. A Provider Information Return (PIR) is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We had not requested the provider send us a PIR on this occasion.

During the inspection we spoke with the registered manager, chef and two other members of the care team. We spoke with eight people who used the service to gather their views, as well as five people's relatives.

We looked at the care files of three people receiving support from the service, four staff recruitment files, medicine administration charts, staff training records and other records relevant to the quality monitoring of the service. We looked around the home and spent time in communal areas observing interactions between staff and people living in the home.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels and recruitment

- There were not always sufficient numbers of staff on duty to meet all people's needs in a safe and timely way. This was also impacted by the layout of the home, as it spreads over three floors.
- Personal emergency evacuation plans were in place for people. Where people's condition meant that they required a delayed evacuation, the fire service had made recommendations. However, the registered manager told us these were not practical due to the staffing levels.
- Relatives told us, "There are not enough staff, well there never is in homes" and "If [relative] was unwell and had to go to hospital at night there are only two staff so they call the ambulance and then call me and I meet the ambulance at the hospital or at the home."
- People living in the home told us, "I'd like to go out, go for a drive but the staff won't take us because there's not enough of them", "They need more staff especially if you want to go out" and "They need more staff especially if they have to work two staff to one resident."
- Staff told us the staffing levels had always been the same, that some days it was ok, but there was not always enough staff as it only takes one thing to happen to make the day "Go wrong."

This is a breach of Regulation in relation to staffing.

- Records showed that staff had been recruited safely. Appropriate checks had been made to ensure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, but records regarding this had not all been kept up to date when people's needs had changed.

We recommend that the provider reviews and updates its practices in relation to risk assessment.

- People told us they felt safe living in the home. Comments included, "I feel safe here, I have the best of both worlds, I can stay in my room if I want or I can go out if I want" and "I'm safe, I like the staff, they are down to earth." Relatives told us, "Yes [name] is safe here" and "Yes I am happy [name] is safe, I can be at peace when she is here."
- The building and utilities were checked regularly to ensure they remained safe. Certificates we viewed were in date.
- Evacuation equipment was in place and staff had been trained in how to use it.

Safeguarding systems and processes

- Staff were knowledgeable about safeguarding procedures and how to raise any concerns.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.
- Records showed that all but one safeguarding concerns had been referred to the local authority for investigation as required. The registered manager was aware of what incidents needed to be referred.
- A record of all safeguarding incidents was maintained, with information regarding the outcome of any investigations.

Using medicines safely

- Staff had completed training and had their competency assessed to ensure they were safe to administer medicines.
- Medicines were stored securely and temperature of storage areas monitored each day.
- Records of administration were maintained and completed accurately.
- Procedures were in place in the event of a medicine error and these procedures were followed.
- People told us they received their medicines on time and when they needed them.

Preventing and controlling infection

- The home appeared to be clean and odour free.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance.
- Staff had access to personal protective equipment to help prevent the spread of infection and we saw this was used appropriately.
- Staff had completed infection control training and a policy in place to support them in their role.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed each month to look for any patterns or trends.
- The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence. This included referrals to other professionals, seeking medical advice and ensuring people were in rooms that were suitable for their needs.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met.

- Mental capacity assessments had been completed when there was a concern regarding people's capacity to make a specific decision and best interest decisions were made when necessary.
- Consent was not always sought and recorded in line with the principles of the MCA. Closed circuit television (CCTV) was in use within communal areas of the home and records showed that no consent to their use had been recorded and people we spoke with and their relatives, were not aware of the use of CCTV. Following the inspection, the registered manager told us consent had now been sought and recorded.
- One person's care records reflected that a family member held power of attorney (POA) for the person and had been involved in significant decisions regarding their care. There was no evidence of this agreement and the registered manager confirmed that they had not had sight of the POA agreement. This meant that there was no evidence that the family member had legal authority to make decisions regarding the person's health and welfare.
- DoLS applications had been made to the local authority appropriately and email communications regarding this stored together in a file. However, it was not clear which of these applications had been authorised. The registered manager told us they would clarify this information.
- Renewal applications had been submitted in a timely way as dates of expiry had been electronically diarised. The registered manager agreed to consider the use of a DoLS register to monitor applications, expiry dates and any conditions attached to the authorisations.

This is a breach of regulation regarding consent.

Supporting people to eat and drink enough with choice in a balanced diet

- Feedback regarding meals was mixed. People's comments included, "Least said the better", "The meals are not nice, if you really don't like it they will give you a sandwich ham or cheese" and "The food is not very good." Other people told us, "The food is generally good and I did enjoy my lunch today" and "The food is quite good here, I'm not a fussy eater."
- During lunch the tables were nicely laid and music was playing in the background. Everybody was provided with the same meal; hot and cold drinks were available and deserts were offered based on people's dietary needs.
- People's nutritional needs were known and met by staff. Risk assessments had been completed and when concerns were identified regarding nutritional intake, referrals had been made to the dietician or speech and language therapist as required.
- The registered manager told us people always had choice and preferences were catered for.

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

- People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- Staff had access to best practice guidance, such as Public Health England's Flu Resource Pack, Wirral NHS deep cleaning guidance and the Department of Health Infection Control Resource.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff had completed training to enable them to meet people's needs.
- People receiving support, and their relatives, told us they felt staff knew what they were doing and were well trained. Comments included, "They know how to do their job", "The staff are well trained" and "The staff seem to know how to do their job."
- Staff told us they felt they received sufficient training and they liked the flexibility of the online training.
- Regular supervision and annual appraisals were completed with staff. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff felt supported in their role and told us they worked together effectively as a team to support each other.

Supporting people to live healthier lives

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- The service participated in local schemes to help improve the effectiveness of support and advice people received. This included the tele-triage system which provided timely access to video linked on line medical advice and the "Red bag" scheme which aimed to improve the quality of care provided when people moved between services, such as when admitted to hospital.
- The registered manager had arranged for the home to have weekly visits from the GP or specialist nurse from the local surgery.
- People told us staff arranged a doctor to visit them quickly if they were unwell.

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

- The home was nicely decorated and people could bring in personal items or pieces of furniture to make their rooms homely to them.
- Call bells were available for people to use to request staff support.

- Equipment was available to help meet people's needs, such as an adapted bath, raised toilet seats, wheelchairs and specialist beds.
- Bedroom doors contained a number and people's name, to help guide them to their room.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were kind and caring and treated them with respect. Their comments included, "The staff here are very nice", "This is a very good place to live, the staff are very attentive and caring. I haven't seen anything but respect", "The staff are thoughtful and caring", "They have been very good looking after me", "The staff treat me with respect" and "I like the staff, they are down to earth." A relative told us, "The staff are always respectful towards [relative]."
- Staff spoke about the people they supported warmly.
- Care plans included some information regarding people's preferences to enable staff to support them in their preferred ways.
- The service received compliments and thank you cards from relatives, thanking them for their care and compassion. A thank you card had also been received from a person who lived in the home, thanking staff for looking after them so well.

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

- Not all people recalled taking part in meetings or surveys to share their views of the service. However, records showed that resident meetings had been held. Areas such as meals and activities were discussed and people's views were recorded.
- There were no relative meetings. The registered manager told us relatives did not attend previous meetings as they raised any issues as and when they occurred. Surveys had been sent out to relatives in January 2019 and the registered manager was awaiting the responses.
- A service user guide was available to people and included information regarding the service, what people could expect and the service aims. This included, "Our Home will involve residents in the planning and review of the services that are provided for them to ensure that their needs are met."
- When people required support with decision making and did not have family or friends to assist, information regarding local advocacy services was available within the home.
- Relatives could visit at any time and we saw that visitors were welcomed by staff. People could see their visitors in private if they chose to.

Respecting and promoting people's privacy, dignity and independence

- Although people were not aware of the CCTV in place, nobody raised any concerns regarding its use when we discussed this with them.
- People told us staff protected their dignity and staff were able to give us clear examples of how they achieved this when providing support to people.
- People told us staff encouraged them to be as independent as they could be and we observed this during the inspection. One person told us, "The staff treat me with respect. Even if they are being firm with me it is

because it is good for me."

- Records containing people's personal information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

How people's needs are met

Personalised care

- Staff provided activities to people within the home, such as chair exercises, movies and quizzes. Jigsaws and other board games were also available for people. People also had the newspaper of their choice delivered to the home each day.
- There were no activities outside of the home and the registered manager told us they were unable to provide the staff to facilitate trips out.
- Several people told us they wanted to be able to access activities in the local community.
- People's individual needs in relation to their care and treatment had been assessed and plans of care developed based on these needs. However, not all care plans reflected up to date information about people's current needs.
- The registered manager was in the process of reviewing and updating all care plans to ensure they provided accurate information.
- Records showed that people or their relatives were involved in the creation of the initial care plans.
- Care files included a 'choice form', which recorded people's preferences in relation to meals, drinks, hobbies and how they liked to spend their day. People told us they had choices regarding their daily routines, such as when to get up and go to bed.
- The service was meeting the accessible information standard. Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment.

Improving care quality in response to complaints or concerns

- A complaints policy was available and was on display within the home for people to access.
- People told us that they had no complaints and had never complained, but that they would raise their concerns if they had to. Their comments included, "I have no complaints, I would get one of the staff to sort it", "I've never had to complain but if I did I would speak to the head one" and "I have never had to complain but I would speak to the staff or manager."
- Relatives told us, "[Name] doesn't like to complain in case it comes back to her. If I had a complaint I would speak to [manager]" and "If I had a complaint I would speak to [manager]. I can contact her by email if she isn't here."

End of life care and support

- Staff had completed training to be able to support people at the end of their life.
- Records showed then when appropriate, conversations had been held with people to understand their wishes for their end of life care.

- The registered manager told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Continuous learning and improving care

- The registered manager had systems in place to check the quality and safety of the service. However, these checks did not identify all the issues we raised during the inspection. This raised a question regarding their effectiveness.
- Recommendations from other professionals were not always incorporated within the service, such as those made by the fire service regarding staff responsibilities in the event of evacuation.
- The registered manager told us they had identified a number of the failings, such as the quality of the care plans and risk assessments and had been working their way through these but had not completed them all yet.

This was a breach in Regulation with regards to the good governance of the service.

- The registered manager and staff understood the responsibilities of their role.
- The registered manager engaged with local initiatives to help improve care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Ratings from the last inspection were displayed within the home. However, they were not displayed on the providers website as required. The provider told us they would review their website.
- CQC had not been made of all incidents as required, such as those relating to safeguarding referrals. The registered manager told us they had recently been made aware of this need and would ensure notifications were sent in future.
- Staff felt well supported in their roles.

Provider plans and promotes person-centred, high-quality care and support

- The registered manager was also the nominated individual. They took over the day to day running of the home when the previous manager left in November 2018 and was putting measures in place to address areas that required improvement.
- People provided positive feedback regarding the care that they received.
- People and their relatives knew the registered manager.
- The atmosphere of the home was described as, "Settled" and "Happy."
- Staff told us the registered manager was approachable and that they could raise any concerns with them.

Engaging and involving people using the service, the public and staff

- Systems were in place to gather feedback from people regarding the service. This included meetings and surveys and a complaints procedure.
- Staff meetings were held regularly and staff told us they could raise any issues and would be listened to.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. They actively sought out new partnerships to improve the quality of the service.
- Referrals were made to other health and social care professionals for their specialist advice when needed, to ensure people's needs were met.
- A GP visited each week to help ensure people remained well and had access to the medicines they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005. Records regarding authorised applications to deprive people of their liberty, were not clear.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient numbers of staff on duty to meet people's individualised needs.