



Inspection Report on

Mayflower Care Home

**Mayflower Residential Home
Pentre Lane
Llantarnam
Cwmbran
NP44 3AP**

Date Inspection Completed

30/08/2023

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About Mayflower Care Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | The fields nursing home ltd |
| Registered places | 22 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 20 th January 2022 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People are treated with dignity and respect by familiar care workers. People are encouraged to engage in suitable activities and are given opportunities to offer feedback about the day-to-day running of the service. People are happy with the care they receive and live in an environment that suits their needs.

People's care plans are not always co-produced and do not include what is meaningful to them. Some people's health needs are not accurately reflected in care plans and risk assessments and specialist health advice are not routinely followed. People are not always safe from harm and abuse. Not all care workers are trained in safeguarding, and care workers we spoke to did not know how to raise a safeguarding concern correctly.

The manager knows people well and is enthusiastic about their role. They have taken initial steps to improve the service. The responsible individual (RI) regularly attends the service. Better oversight by the RI and more robust governance arrangements are needed to ensure people are safe and receive good quality care.

Well-being

People are treated with dignity and respect by care workers who know them well. Care workers listen to what people want and act on their requests promptly. Care workers have built positive relationships with people and take time to engage with them in a meaningful way. Care workers are proactive in offering people choice and a range of suitable activities. During our inspection we saw people engage in a throwing game and a quiz which they seemed to enjoy. Care workers encouraged people to sing and engage in communal conversations. A puppy was brought in to visit people which had a notable positive impact.

People live in a comfortable and homely environment that meets their needs. Bedrooms are personalised which helps create a feeling of belonging and familiarity. Communal areas are lively and offer space for people to socialise. We saw people freely accessing their bedrooms when they wanted to relax. People's families can visit at any time and quiet areas are available to use to help promote family relationships.

People do not have full control over their day-to-day lives. Effort has been made to engage people in keyworker and home meetings. People are encouraged to offer feedback about the day-to-day running of the service, although actions taken following feedback are not always recorded. People's care plans are not co-produced with them and do not include outcomes important to them. We identified some restrictions in place for a person who can make decisions for themselves, meaning they have been restricted unnecessarily and may feel a lack of independence.

People are not always safe, and their wellbeing is not always promoted. Emotional and physical wellbeing needs are not always reflected accurately in care plans, meaning people may not get the right support to enhance their wellbeing and achieve positive outcomes. Specialist advice is sourced when needed but is not always followed. Insufficient medication procedures put people at risk of missed or incorrect medication. This could have serious implications for a person's health, including the mistreatment of a medical condition.

Care and Support

Care is delivered in a dignified manner. Care workers are dedicated to their roles and tailor their care giving to meet individual needs. Care workers are proactive in offering people choice and promoting their independence. At the time of our inspection, we saw care workers playfully interacting with people in a light-hearted manner. Personalised emotional support was offered to people promptly to reduce anxiety. We also saw care workers effectively de-escalate a disagreement between two people using a positive care delivery approach.

Care plans are not co-produced with people or their families and do not focus on what is important to them. Some people's health conditions have changed since their admission, but this is not reflected in care plans or risk assessments. Care plans are regularly reviewed though significant updates are not always added to the care plan itself. We identified some contradictory detail in care plans and some important health information from local authority plans had not been transferred to in-house care plans. Care plans lack finer details of how people prefer to be supported with their physical and emotional needs. Health screening assessments are routinely undertaken, and specialist input is sought promptly for any increase in needs identified. This specialist feedback is not always followed. Some gaps were identified in daily recordings. We expect the provider to take immediate action to rectify this issue.

People are not always safe. Care workers are mostly recruited safely but not all have undertaken safeguarding training. Care workers we spoke to did not know how to raise a safeguarding concern to the appropriate external agencies, and people are not always reminded of their right to complain or raise a concern. We were offered assurance this issue would be rectified.

The service has an appropriate medication policy, although medication procedures are not robust in practice. We identified numerous missing signatures on the medication administration sheets. Due to poor medication management, we were unable to determine if this medication had been missed. Medication is not stored safely and securely. We expect the provider to take immediate action on this issue. We note that the manager had already taken some action to improve medication prior to our inspection.

People and their families offered positive feedback about the service. One person told us '*It's lovely here*'. A person's relative told us '*staff are wonderful*' and that they '*can't fault the care*'.

Environment

The environment has been adapted based on the needs of people. People can access all areas of the service. The provision of support aids promotes people's independence. People can socialise in a communal lounge, and can choose to spend time alone in smaller, private areas if they wish. The garden is attractive and offers ample space for people to sit outdoors. People can decorate their rooms based on their individual tastes and preferences, and effort has been made to make communal areas homely. Some renovation work, including the replacement of the call bell system, is planned to further improve the service.

The service is clean. An appropriate cleaning schedule, a good stock of personal protective equipment (PPE), and a detailed infection control policy helps prevent the risk of infection. Cleaning products are safely stored. The home benefits from full-time domestic staff who were seen cleaning all areas of the service on the day of our inspection.

The manager has good oversight of health and safety and routinely undertakes health and safety audits. Most health and safety inspections have been completed, but we note the absence of an in-date gas safety certificate. Fire drills are completed regularly, and everyone has a personal emergency evacuation plan (PEEP) in place. On the day of our inspection, an emergency fire exit had been left open and another fire exit was obstructed. A fire door to someone's bedroom was propped open. Whilst this did not pose an immediate risk to people, we expect the provider to take action.

The service is led by a dedicated manager who knows people well. The manager is taking continuous and positive steps to improve the service. The responsible individual (RI) has a regular presence at the service. More effective governance and quality arrangements are needed to provide sufficient oversight and smooth running of the service. The RI undertakes quarterly visits to the service in-line with the regulations. These visits do not entail meaningful review of the overall running of the service to allow identification of areas for improvement. Records of these visits from the past 12 months are largely the same in content. Complaints and incidents are not routinely analysed, and there is insufficient detail about reviews of care plans. The regulator is not always notified of notifiable events, and the statement of purpose (SOP) requires update.

Key policies and procedures are in place as per the regulations, although the staff induction policy is not sufficient. Care workers undergo an appropriate probation period, but this was not reflected in the policy.

New care workers mostly undergo safe recruitment checks. There has been a marked improvement in the delivery of staff supervision since our last inspection. Most supervisions are detailed and up to date. Care workers are largely suitably trained and skilled to safely support people achieve wellbeing. Care workers we spoke to had good knowledge of people's needs. We received good feedback from staff who told us they '*Loved*' their jobs. One care worker told us the manager is '*Amazing*', and that care delivery is '*Great*'.

The service does not have a measurable and systematic approach to determining safe staffing numbers which adapts to the changing needs of people. The service must be able to demonstrate how determination has been made to the types and numbers of care workers deployed to safely care for people and help them achieve personal outcomes. We did not have any concerns about staffing numbers on the day of our inspection. We saw people's requests for support being attended to promptly, and care workers told us '*[People] do not wait longer than necessary*' for support.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| 15 | Personal plans are not co-produced with people and do not always reflect current health needs. | New |
| 58 | The service does not have sufficient arrangements in place for the safe handling and administration of medication. | New |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------------|
| 26 | The provider does not have effective arrangements in place to ensure people are protected from harm and abuse. | New |
| 66 | The RI does not have sufficient systems and processes in place to enable proper oversight of the service. | New |
| 44 | The service does not have safe and appropriate fire safety arrangements. | Not Achieved |
| 60 | CIW have not been informed of all reportable events under Regulation 60. | Not Achieved |
| 36 | Not all staff have received sufficient levels of formal supervision and training/refresher in mandatory subjects. | Achieved |

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