



Inspection Report on

Mayflower Care Home

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

Date Inspection Completed

20 January 2022

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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 November 2019
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People live in a warm and homely environment, and are supported by care workers who know them well, and understand their needs and preferences. People have choice and are supported to make decisions as independently as possible. There is sufficient indoor space to enable people to spend time communally or privately. A programme of group activities are available which enhances people's well-being. The service has not informed Care Inspectorate Wales (CIW) of all reportable events required under Regulation. Not all staff have received sufficient levels of supervision and training, which needs to improve. Indoor visiting restrictions were in place on the day of inspection. Not all risks in regards to people's safety had been identified, and steps had not always been taken to mitigate risk.

Well-being

The role activities play in supporting people's well-being is recognised. People have access to a range of group activities for them to participate in. All care workers employed at the service are responsible for ensuring people live in a stimulating environment. We saw an armchair aerobics session taking place in the morning of our inspection, which was well attended. People appeared happy, smiling and laughing. We observed other group activities provided during the afternoon. We understand the coronavirus pandemic has affected the ability of external entertainers to call to care homes. We were told about the provider's commitment to recommence a range of external entertainment, to further enhance the well-being of people living at the service, when it is safe to do so.

People are supported with choice and to make decisions. We saw people being supported to choose where and how to spend their time. Most people chose either to sit watching television in the company of others, or spending time in their bedrooms. We regularly heard people being offered choice about the way their care and support is provided and at mealtimes.

People receive support from care workers who provide good levels of continuity. Care staff are aware of the importance of building relationships with people, and demonstrate they are knowledgeable about people's needs and preferences. We observed supportive interactions between care workers and people living at the service.

People are supported to remain as healthy as possible. An appropriate menu is provided, and a choice of meals are available at mealtimes. People's weight is recorded as part of the routine monitoring. Appointments with health professionals are arranged for regular checks or if individual needs change, and visiting district nurses and the local hospice team are regularly involved with those who require this. Care staff have sufficient supplies of personal protective equipment (ppe) to help keep themselves safe and promote the ongoing safety of people living in and those visiting the service. Indoor visiting restrictions currently in operation require visitors to take a negative lateral flow test at the time of their visit, and evidence of the result is required prior to admission. We remind the provider, visiting restrictions in place need to be reviewed frequently to ensure they remain aligned to the level of identifiable risk at the time. This ensures people do not experience negative impact on their well-being as a result of overly harsh and ongoing visiting restrictions remaining in place.

People are protected from abuse and neglect as overall care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. There is an up-to-date safeguarding policy in situ which informs care workers of lines of accountability in regards to adult protection within the home.

Care and Support

People live in accommodation which meets their needs. Personal plans are reflective of what matters to individuals and records their preferences. Reviews take place routinely, are comprehensive and identify changes in people's needs and outcomes. Where changes are identified, prompt updating of personal plans takes place. Care staff have access to the most up-to-date information. This helps to ensure appropriate care and support is provided. Written documentation, in regards to the provision of daily support, is recorded in several formats. This can be time consuming for care workers to complete, and can lead to inconsistencies due to duplication of information. This has been recognised by the provider. We were shown revised daily care records, which will provide improved oversight of the support provided, and will be quicker for care staff to complete. We were told these records would be implemented shortly.

Care staff are approachable and have developed a good understanding of people's needs and preferences. People appear relaxed and approach care staff with ease. We observed kind and caring interactions between people living at the service and staff employed at the service, and there was a friendly and homely atmosphere. People living at the service spoke positively about the quality of the care and support provided. One person told us *"it's lovely here, staff are kind and respond quickly when I need support."*

People have access to activities which they enjoy. We saw group activities available during our inspection. People who chose to take part in the activities appear to enjoy themselves. We saw weekly plans for activities, and this information was available for people living at the service to choose which activities they wished to attend. All care workers are responsible for ensuring people live in a stimulating atmosphere, and have access to enjoyable activities. Due to the pandemic, visits from local entertainers has been understandably limited. However, the service is planning a fuller programme of external entertainment moving forward.

People are as healthy as possible. Personal plans detail how people are supported to be healthy. Written documentation is available which indicates people have regular access to GP's and other health and social care professionals when they require it. There is an appropriate and varied menu, and healthy snack choices are available. Oversight of people's weight and nutrition is appropriately managed. Testing and checks take place before admittance inside the service is authorised. We saw care workers have access to sufficient levels of personal protective equipment (ppe).

Environment

People live in a clean and warm environment. Housekeeping staff are employed and written documentation ensures appropriate levels of cleanliness are maintained. On arrival at the service, we saw a fire exit door located on the ground floor was left open, and could be accessible to unauthorised visitors. This risk had not been identified. When the risk was highlighted, staff took immediate action to remedy the situation.

People's information is kept confidential and secure, and is only accessible to those who require to see it. We saw appropriate equipment is available for those who need it. Servicing and safety checks take place at regular intervals. People are encouraged and supported to personalise their bedrooms. We saw some people had chosen to put up pictures on their bedroom walls, whilst others had chosen bedding and curtains in their preferred colours. People are able to choose where they spend their time and there is space available which supports people to spend time both communally and privately.

Leadership and Management

There is sufficient information available about the service. A written guide is available which provides people with up-to-date information. There is a statement of purpose (SOP) which provides additional information about the service. The SOP is reviewed at least annually and updated accordingly. Having access to this information supports people, and their representatives, to make informed choices when identifying a suitable service.

Oversight of the service takes place. The Responsible Individual (RI) completes quality visits on a three monthly basis, which demonstrates there is oversight of the service. Reports available demonstrate how and when these visits took place and are further referenced in the quality of care review made available to us. Feedback obtained from conversations with people living at the service is considered as part of these visits, and helps to identify the ongoing development and improvement goals of the service. Meetings for people living at the service and care workers working at the service take place. This ensures people are able to provide their feedback and are consulted about proposed changes. Management are working towards putting more robust auditing systems in place. Falls are recorded and records indicate some people have experienced frequent falls. However, analysis of the reasons why frequent falls are happening is not always available. CIW have not been kept informed of all reportable events, which is required by regulation. We discussed this with management who provided assurances this was an oversight, and confirmed these notifications will be submitted retrospectively as a matter of priority. There are systems in place which supports the oversight of the service, but some improvements to the daily management of the service are required.

People receive support from care workers who are safely recruited, but more needs to be done to ensure all care workers receive the support they require to ensure they can develop and improve within their caring roles. Appropriate recruitment checks are carried out before care staff commence employment at the service. There is an induction process in place, which new staff undertake on commencement of their employment. Some care workers receive supervision and training/refresher training at the required intervals to meet regulatory requirements. However, this is not the case for all care workers. We saw gaps in the supervision information held for some care workers which was not accounted for. Care workers benefit from the provision of regular supervision in order to support their ongoing development and improvement. We identified gaps in some mandatory training/refresher training for some care workers. Whilst we acknowledge class based training has been limited for social care services during the pandemic, it is important that all care workers receive prompt training in mandatory subjects to ensure they are sufficiently trained to provide support to people as required. We were told training and supervision for all care workers will be prioritised going forward.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
44	A fire door situation on the ground floor, was open and unlocked. There is a risk un-authorized visitors	New

	could enter the service by this means and could gain entry to all areas of the care home.	
60	CIW have not been informed of all reportable events under Regulation 60 which had taken place including the outbreak of an infectious disease (Covid-19) and deaths involving people who were living at the service.	New
36	Not all staff have received sufficient levels of formal supervision and training/refresher in mandatory subjects.	New

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