



## Inspection Report on

**Mayflower Care Home**

**Mayflower Care Home  
Alltwn Pontardawe  
Swansea  
SA8 3JG**

## **Date Inspection Completed**

19/07/2022

07 & 19 July 2022

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## About Mayflower Care Home

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing   |
| Registered Provider  | Mayflower Care Limited  |
| Registered places  | 43  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                |   |
| 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, or intend to use their service. |

### Summary

People and their relatives are happy with the care and support provided at Mayflower Residential Care Home. They live in an improving homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. A new electronic care records system has been implemented and is getting established.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate training, support and staff supervision and appraisal meets regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are some opportunities for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The newly established management team have put checks and processes in place to keep service delivery under constant review.

Ongoing work to improve the external and internal environment is underway and the RI committed to ensuring that this work will be completed in a timely manner.

## Well-being

People and their relatives are happy with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*we have a laugh*" and "*they're a good bunch*". A relative commented "*Mayflower is one of the best services I have seen*" and another commented "I can't praise them enough". Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Mayflower Residential Care Home has a robust safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Mayflower Residential Care Home. However, recording of monitoring of care activities requires strengthening and is discussed later in this report.

People can mostly do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on both days, we observed activities taking place facilitated by care workers and a newly appointed part-time activities coordinator. People told us they enjoy taking part in a variety of activities such as jigsaws, arts and crafts and having a singalong. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records. However, resident community involvement and participation needs strengthening.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

## Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE and there are PPE stations in various areas throughout the home.

Completion of documentation of monitoring of care, is inconsistent in some instances. We examined a sample of care files, which had the monitoring records kept separate from the electronic record. In some instances, the records were not readily available. The sample of records seen by us showed that skin integrity monitoring needed updating in some instances. This is partly due to the recent introduction of the electronic record system. We discussed this with the manager who agreed to address this as a matter of priority.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. Most people ate their meals at dining tables which had tablecloths, placemats, cutlery and condiments in place in readiness for the meal being served. Some people ate their meal at cantilever tables. Staff assist residents in a respectful and dignified way and are aware the people's dietary requirements. There was no menu displayed for people to choose what to eat but were verbally told what was on the menu and where people do not like what is on the menu, an alternative is offered. Where people wish to dine alone or eat in their rooms this is respected and facilitated by the staff.

The service mostly has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration record (MAR) charts are mostly accurate and the audit process identifies mistakes and appropriate action is then taken. During our visit we observed there was an error with staff signing for medication administered with the wrong key signage on the MAR chart. This was quickly rectified by the manager and brought to the staff's attention. A visiting professional commented that *"the system for the dispensing of the medication needs to improve as on occasions it has taken over a week for prescribed medication to be obtained."* The manager informed us that this had been resolved by using a different pharmacy. The medication trollies are secured in a locked room when not in use. As and when required medication (PRN) is appropriately administered in line with instructions. The medication room temperatures are consistently checked daily to ensure medication is stored at the correct room temperature.

## Environment

The accommodation is clean and comfortable and benefits from good quality decor and furnishings. The home is calm, informal and relaxed. We saw people sitting in the lounge and the bar on the ground floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The environment supports people to achieve their personal outcomes. We saw that improvements have been made in different parts of the home such as the second floor lounge and the coffee shop area of the dining room. Bedroom and communal areas signage need to be consistent and clear to support people with orientation of time and place. Work is currently being undertaken with the perimeter fencing in the process of being replaced, the lower front garden in the process of being updated and the storage sheds and planting beds at the rear of the property due to be removed.

The service provider ensures measures are in place to manage risks to people's health and safety. Maintenance records show that checks are carried out to identify and address any problems, we saw these checks were up to date. Materials that have the potential to cause harm are well organised and stored securely.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is effectively managed by the maintenance officer at the home.

Entry to the home is safe and documents are stored securely. Visiting professionals are requested to undertake a lateral flow test, have their temperature taken and sign into a visitors' book on arrival, ensuring people's safety is maintained. Visitors are also required to follow the home's infection control procedures in relation to COVID-19. Information is stored securely electronically and in locked offices and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is well organised and has a separate entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is a separate room with shelving for linen storage in place, ironing and labelling facilities. There is a well organised storage area for household waste and clinical waste bins.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment care planning, monitoring and review to enable people to achieve their personal outcomes. However, the RI told of plans to upgrade the Broadband connection to the home to improve performance of the electronic record system in use. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI told us of a recently installed bar, cafe area, refurbished top floor lounge and renovation of many of the bedrooms. Over the next two years Mayflower will continue the improvements and are shortly commencing the upgrade to the lower garden area.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available and this was seen during our visits. People living at the home told us "*we're like one big happy family*" and "*the staff are good*". A relative commented "*there are plenty of staff when needed*" and another commented, "*there is always someone around when you need them*".

The sample of staff supervision and appraisal records seen were carried out at the required frequency and staff files are well organised and contained all the required documentation. However, the manager explained that staff contracts were in the process of being re-issued following review. We were shown a training matrix, which includes mandatory courses as well as other courses. The staff training matrix is in the developmental process of being updated to ensure staff were completing all the training required which was acknowledged by the RI and manager.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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      |
| 6          | Quality and audit systems to review progress and inform the development of the service need to be strengthened. This was identified at the previous inspection and was an area for improvement which has not been achieved and therefore it is escalated to a Priority Action Notice. | Achieved |
| 36         | Staff supervision and appraisal needs strengthening as it was not up to date and completed consistently. This was identified at the previous inspection and was area for improvement which has not been achieved and therefore it is escalated to a Priority Action Notice.           | Achieved |



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   |
| N/A                     | No non-compliance of this type was identified at this inspection                         | N/A      |
| 35                      | Ensure staff information and documents are available for persons working in the service. | Achieved |

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