Norse Care (Services) Limited

Mayflower Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Mayflower Court is a large residential care home providing personal care up to a maximum of 80 people. The service provides support to older people who may be living with dementia or have physical difficulties. At the time of our inspection there were 28 people using the service.

Mayflower court accommodates people across four separate units, over two floors. At the time of the inspection only the two ground floor units were being used. The building is purpose built with a central courtyard garden.

People's experience of using this service and what we found
The management and quality assurance system had been effective at identifying concerns. However, not all these concerns had been resolved. The provider felt the appointment of a new permanent manager would ensure progress was made following a period of instability.

Medicines were not always managed safely at the home putting people at risk of harm. The provider responded in a timely manner and addressed the main areas of concern for medicines following inspection.

There was mixed response from relatives with regards to contact with the service. Improvements were needed to ensure relatives were engaged with the running of the service and reviewing of the care provided to people who used the service.

There was a high use of agency staff, but plans were in place to address this with a recruitment drive with initiatives. Staff could see the improvements with the appointment of a permanent manager and were positive about the future.

The culture within the service was positive and caring. Staff told us they worked well as a team and felt supported by the managers. Staff felt they had received the training, support and supervision they needed to undertake their roles and meet the needs of the people who used the service.

Improvements had been made since the last inspection in relation to providing people with oral health care with staff understanding their role in supporting people with this and seeing improvements in people. Care was provided in a person-centred way and people received care and treatment from health care professionals in a timely manner.

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.

Improvements were also seen in the management of infection prevention and control with the home being

visibly clean and good practices in place. People using the service said, "I think it is very clean here. They clean my room every day and I get clean sheets once a week." Staff used personal protective equipment (PPE) appropriately.

The managers were open and transparent during the inspection process and responded appropriately and responsively to issues raised.

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 inadequate (published 30 November 2021). There were breaches of regulations and conditions were imposed to the service's registration. The provider submitted monthly action plans and audits as part of the conditions. At this inspection we found some improvements had been made but the provider remained in breach of regulations.

At our last inspection we recommended that improvements were made in person-centred care, safe care and treatment and good governance.

At this inspection we found improvements had been made in a number of the areas found at the last inspection and the conditions imposed at the last inspection had been meet. However, there were still a number of concerns identified within medicine management and the governance of the service needing further development.

This service has been in Special Measures since 30 November 2021. During this inspection due to the provider demonstrating that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
We carried out an unannounced inspection of this service on 1 and 11 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayflower court on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection and issued a warning notice to the provider under regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.	**Requires Improvement**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Mayflower Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 2 inspectors and 2 Expert by Experiences, one attended the inspection and the other contact relatives by telephone afterwards. 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'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mayflower Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity took place between on 12 October 2002 and 16 November 2022, with some aspects of the inspection being carried out remotely.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 11 relatives, 3 people who used the service, 20 staff including wellbeing co-ordinator, care workers, team leaders, deputy managers, managers including the regional medicines manager, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people's care and support. We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People did not always receive their medicines as prescribed. Staff were not always following the prescriber's instructions when administering medicines.
- The service had systems and processes in place to administer and record medicines use. However, the staff did not always follow them. The record keeping system was complicated and could lead to errors. Medicines were stored safely and securely. However, staff were not always following the providers procedures for managing waste medicines appropriately.
- Medicines were being administered to several people covertly (hidden in food and drink). The manager had recognised this needed to be reviewed urgently and had arranged this with a multidisciplinary team. Best interests' meetings had not been recorded and staff were not always offering medicines overtly first. Staff did however tell us covert medicines should be used as a last resort.
- Medicines care plans were in place. These were not person centred. However, people's MAR's (medicines administration records) usually contained all the information needed to support staff at the point of administration including PRN (when required medicines) protocols, patch charts, risk assessments and people's preferences.
- Some people living at the home experienced epileptic seizures. However, seizure management records did not support staff in how to provide emergency support when needed.
- The service was working closely with other healthcare professionals including local GP's, nurses and the mental health team to regularly review people's medicines.
- Staff were not always following good infection prevention and control practices. Staff were re-using single use medicines pots and metal spoons to administer medicines.

These demonstrate a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was putting processes in place to improve medicines management and safety at the service.

This included training and competency assessments for staff, temperature control monitoring, checking MAR records and regular auditing of systems.

The provider responded immediately during and after the inspection. They confirmed meetings had been held with health care professionals and relatives for best interest decisions on covert medication, resulting in the reduction in use of covert medication. Seizure management had also been reviewed and staff training identified.

Assessing risk, safety monitoring and management

● Environmental audits were in place and areas of action identified. However, not all these actions were effective. We observed unlocked bathroom cabinets containing denture cleaner and shampoo, although measures had been put in place to address this. Once this was identified to the manager, additional measures were put in place to address the unlocked bathroom cabinets.

● Individual risks to people who used the service had been identified and actions taken but these were not always recorded appropriately. For example, records of fluid intake did not record all liquids taken, which looked like targets were not met. The manager responded to our feedback and ensured records were amended so all information could be captured, and appropriate monitoring could take place.

● Staff had received training in supporting people during expressions of emotional distress. Relatives felt staff had the suitable skills and experience, saying, "[Relative] is quite aggressive and bipolar and the carers are good, they talk to [relative] and they explain things to [them] too." Another relative said, "I think generally they [staff] are very caring, and they know how to handle verbal and physical aggression. The staff love my [relative] and they engage with [them]."

● Safety checks were taking place for fire, gas and electrical safety and servicing of equipment. This included implementing all actions from latest fire risk assessment. Environmental risk assessments had been completed.

Systems and processes to safeguard people from the risk of abuse

● The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, using local safeguarding procedures whenever necessary. There was a consistent approach to safeguarding and matters were dealt with in an open, transparent and objective way.

● Staff had an understanding of safeguarding practice and said they had received training. They felt confident in raising any concerns and knew who to report to.

● At the daily handover meetings, a traffic light system was used which gave priority to information staff needed to be aware of. This included changes to people's care plans, environmental risks and changes. It held a snapshot of people's care needs for example, how often they required repositioning, diet and skin integrity as well as any other useful information. This ensured staff had all the information on updates to people at the start of their shift to ensure appropriate care was provided.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff were observed to ask for consent before entering people's rooms and before supporting them.

Staffing and recruitment
● There was enough staff on duty. Due to vacancies many of the staff were agency carers, the majority of whom worked at the service regularly. We were concerned whether this impacted on the care people living at the service received. However, staff spoken to acknowledged there could be an impact, for example, delay in receiving care due to permanent staff supporting agency workers, but said if they had concerns about the capabilities of an agency carer, they raised this with the manager, and these concerns were addressed.
● Relatives spoken to about staffing levels commented on the high levels of agency use. One relative said, "They rely on agency although they do try and use the same agency staff sometimes you get different people. That makes [relative] anxious. I am not sure they have always read the notes and listened to what they have been told about the residents."
● The manager was aware of the impact of the use of agency and had made changes to staffing so the team leaders had more time to oversee the agency staff, to help support the permanent staff.
● The provider was aware of the challenges of staffing and was planning a recruitment drive, using initiatives which had proved successful at another service. There was a robust induction and buddy system in place to support new staff.
● Staff recruitment checks, including references from previous employers and Disclosure and Barring Service (DBS) checks, were completed prior to a new member of staff starting. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's COVID-19 policy was up to date.

Visiting in care homes
● Visits to people who lived in the service were following Government guidance. Essential care givers had been able to visit even when there had been a COVID-19 outbreak.
● There were currently no restrictions placed on visiting. Relatives spoken to said, "A member of our family visits every day. We can be here as long as we like."

Learning lessons when things go wrong
● Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. They were fully supported when

they do so.
● There were staff meetings where results from audits and lessons learnt were shared and staff gave their opinion and raised concerns and ideas.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection the provider had failed to ensure the care provided as designed in a person-centred way, engaging with and meeting people's preferences and assessed needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● Care planning was person centred with details of the person's life, needs and preferences, including past history and life events. This gave staff good guidance on the person and how to care for them including for such things as who was important to them, things that frustrated and how to support at these times. One care plan said, "[Person] responds best when someone holds their hands while they are explaining this to [them]."
● Staff worked with health care professionals to meet people's personal needs and choices. For example, a person had been assessed as needing a soft diet due to the risks of choking. This meant they were unable to eat their favourite fruit and chocolate. A meeting was organised to review the risks with the dietician and speech & language therapist and a plan was developed so with staff support they could carry on eating their favourite foods.
● Staff knew people and their preferences. Staff gave details of how a person liked to go to bed. They said, "[They] does not like a quilt, they just have a blanket. [They] likes their socks half-way onto [their] feet and a cup of tea in a green plastic cup, half way otherwise [they] don't drink it."
● Since the last inspection oral hygiene had improved. Staff had received training and there was a dentist visiting the service regularly. A relative said, "The dentist does come to the home. They asked us to buy an electric toothbrush and we did, and they are now cleaning [their] teeth. They never did before. [They] also gets prescription toothpaste."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were documented in their care plans and staff had a good understanding of how to communicate with people effectively. Picture cards and white boards were used. One person used sign language.
● Staff understood the importance of talking to people when they were agitated or upset even if they did not show understanding. One staff member said, "[Person] says one word over and over again. [They] like their hand held and if I talk to [them] they calm down as long as I speak slowly. [They] like to laugh and smile. [They] are happy if they have a milkshake."

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
● There was a schedule of activities for a number of weeks displayed in the corridor. During the morning of our visit there was a sing-along and, in the afternoon, there were arm chair exercises taking place. During the sing-along we saw favourite songs of people being played which they were joining in singing along to.
● Although there were dedicated staff organising activities people spoken to were not positive about what was offered regularly, saying they were not interested.
● People were encouraged in their interests. One person who was a fan of James Bond was taken by a member of staff to see the latest film in the cinema. Another person had recently reached their 100th birthday so the service contacted local schools to ask if birthday cards could be sent aiming for them to receive 100 cards, which was achieved. They also had a ride in their favourite army car.
● People enjoyed listening to the church service on the television each Sunday morning, so the wellbeing co-ordinator organised for the local church to visit to conduct a service. This now happens monthly.

Improving care quality in response to complaints or concerns
● The service had a complaints policy in place. Staff were aware of what to do if somebody made a complaint to them saying, "We are open and honest so if a family raises a concern we will report to safeguarding."
● Relatives spoken to raised concerns which had been addressed via the complaints policy. Details of which were seen on the complaints log. Regular meetings were held with families when there had been a number of issues identified to ensure improvements were made. From one complaint, to improve day to day communication two documents were combined to one, which highlighted priorities for carers to be aware of at the start of each shift.

End of life care and support
● People were supported to make decisions about their preference for end of life care. These were documented within their care plans.
● Staff had received end of life care training on how to support people at the end of their lives.

Requires Improvement

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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.

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

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Whilst the quality assurance systems in place had been effective in identifying some of the concerns found on this inspection, improvements still need to be made. For example, some of the issues found during the inspection in relation to medication had not been identified and resolved and some of the environment issues had been identified but had not been resolved.
● Monitoring systems for areas such as; safeguarding, DoLs authorisations and fluid intake needed improving to ensure there was management oversight and analysis with actions identified.

Systems had not been completely established to help monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

● Since the last inspection there had been a number of managers, which had led to instability. However, there was now a permanent manager who will be taking over as the registered manager, who started in August 2022.
● Overall staff felt positive about the changes and the new management structure. Staff felt changes in management had made things harder and they had experienced an unsettled period, but all staff spoken to were looking towards the future in a positive way. Staff said, "Has been difficult with changes of manager who bring in new ideas so has been turbulent. But am feeling quite positive as have new manager who is known to staff as worked here as team leader when first opened. She seems very enthusiastic."
● Following the last inspection, a number of systems were put in place to address issues and improve governance. Team leaders had been given more oversight, audits were introduced and overall improvements have been made. Further governance systems were being introduced including an establishment audit which will pull together these systems, as part of the new manager's induction and

development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service had a positive culture which was person-centred, open, inclusive and empowering. The manager genuinely welcomed feedback, even if it was critical, and took action, as required.

● Relatives had not always been engaged with the service and reviews of the care of people who lived there. This was an area the manager had identified as needing improving.

● Staff have felt they could approach managers throughout the changes. They said, "Most of the managers have been supportive and listened to us which you couldn't ask for more and they have all dealt with any issues raised."

● Staff meetings had taken place which looked at issues from audits and inspections. Staff said they were asked for ideas for improvements and what they could bring to the service at the meeting. They thought their ideas were taken on board.

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; Continuous learning and improving care; Working in partnership with others

● The registered manager understood their responsibility in relation to the duty of candour, and this was demonstrated in the records we reviewed.

● We found the registered manager to be open in recognising the concerns found in the service and they acknowledged improvements were required.

● The managers were keen to make improvements and in relation to communication and timely access to health care professional's advice earlier in the year two ward rounds per week were set up, one with a nurse practitioner and the other with the GP. Every fortnight there was a full multi-disciplinary team (MDT) meeting to review people's care and their medicines. This MDT included the GP, nurse, pharmacist, dietician, and mental health services. This led to improvements in access to advice and taking recommendations forward to improve people's care. There was also a reduction in the number of inappropriate referrals made to external services.

● Health care professionals said the MDT meetings had led to a reduction in unnecessary anti-psychotic medication and PRN sedative. It had also led to better communication between health care professionals involved in the service. They feel the MDT meetings were also an opportunity for learning. They discussed medication and alternatives and felt it was really helpful for the care team. They had seen improvements for people with dementia in the care they receive and their presentation.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure the systems in place to assess and monitor the quality and safety of the service were effective in making improvements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess and manage the risk relating to the health, safety and welfare of people in relation to the management of medicines

The enforcement action we took:

Warning notice