

Mayflower Care Home (Northfleet) Limited

# Mayflower Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Mayflower Care Centre is registered to provide people with nursing and residential care. It can accommodate up to 76 older people living with dementia, nursing needs or end of life care. At the time of this inspection there were 75 people living in the service. The service is divided into five units. Diamond on the ground floor caters for up to 26 people who are frail. Sapphire and Opal units on the first floor provide care for up to 30 people. On the second floor Amethyst and Emerald units cater for up to 20 people with complex needs including behaviours that challenge themselves or others and mental health problems.

### People's experience of using this service

People and their relatives told us the service was exceptionally well-led which resulted in staff delivering a high standard of care. A relative had complimented the service stating, 'I just wanted to make you aware of the outstanding job your team have done for my dad. A stressful time was made so much more bearable'.

We had received a compliment about the management of the service from a visiting health care professional. "I was blown away by the skills of all their staff to manage their residents with 'challenging behaviour'. The care home manager and trainer are passionate about their residents. This home deserves more than outstanding it deserves an award."

Everyone described a positive culture at Mayflower where people were at the heart of the service. One relative told us, "Staff know what they're doing, and their really good attitude and enthusiasm rubs off". Another relative summed up the open culture of the service telling us, "They explain what they are doing and why. They don't hide anything. Their response is excellent. The care I've seen, I couldn't ask for anything more."

Governance was well-embedded at the service and there was a strong emphasis on continuous improvement. This involved actively engaging and working in partnership with relatives. Comments from relatives included, "All through covid, they went over and above to inform us how they are keeping everyone safe and well. They've protected the residents and put in a really strict procedure to protect us all"; and I truly believe that Mayflower are supporting me as well as mum." Relatives feedback told us they particularly appreciated the open access to their loved one's daily care notes. One relative described this as, "Wonderful and hugely reassuring."

Staff had opportunities to develop, were proud to work for the service and felt well supported. One staff member told us, "The manager is so very supportive. I could not ask for more."

People continued to be protected from the potential risk of abuse. Individual risks were identified, and steps taken to reduce them. Staff had the guidance they needed to minimise harm to people whilst supporting independence.

Staffing levels were monitored so there were enough staff to meet people's needs. Recruitment practices were safe to ensure people were protected from the risk of unsuitable staff.

The service had systems and processes in place to safely administer and record medicines use. Medicines were administered in a timely manner. Some medicines with additional administration requirements were not being given according to the additional warning information. This was immediately addressed. Prescribed medicines and those awaiting return to the pharmacy were stored safely and securely.

We were assured that the service could respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 30 August 2018).

#### Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to look at the concerns raised and review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service remains Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayflower Care Centre our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Mayflower Care 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

The inspection was carried out by two inspectors, a medicines inspector, a specialist nurse 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 Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

#### What we did before the inspection

We sought and received positive feedback from the local authority and two commissioners of the service. We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 staff including the registered manager, clinical lead, two nurses, a trainee assistant practitioner, an assistant practitioner, five health care assistants and the operations manager.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience. In addition, we spoke to one person without using the tool.

We reviewed a range of records. This included nine people's care records and care notes. We reviewed the medicines administration records (MAR) and care records for 11 people. We looked at three staff recruitment files. We also saw a variety of records relating to the management of the service, such as health and safety, audits and staff meetings.

#### After the inspection

An expert by experience telephoned nine relatives to gain feedback on the quality of the service provided. We also sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Potential risks to people's safety continued to be assessed and monitored to minimise the risk of harm to people, staff and visitors.
- Assessments of risk contained information to guide staff to support each person in the way they preferred and to ensure risks were mitigated. This included people at risk of choking, of falling, people with epilepsy, for people who used a catheter and a percutaneous endoscopic gastrostomy (PEG). A catheter is a tube in the bladder for removing fluid. A PEG is a tube that feeds directly into a person's stomach.
- Nurses took the lead on keeping people's skin healthy. For people at risk of skin deterioration, plans guided staff when to reposition people, what equipment they needed to use, and about their diet. Wounds and skin tears were assessed and treated by nursing staff and specialist advice sought when required.
- The service specialised in providing support for people who may present behaviours that challenge themselves or others. Each person had a care plan which identified the nature of their behaviour, the potential triggers for the behaviour and guidance for staff on the appropriate action to take to minimise the occurrence. An incident report was completed of any occurrence and this was reviewed to identify if there were any patterns or trends. Staff demonstrated they knew how to follow guidance to keep people and themselves safe.
- Regular checks were made on the environment and equipment to make sure it was safe and fit for purpose. A maintenance person was employed to attend to repairs and make sure they were dealt with in a timely manner. Electrical and gas appliances were maintained, and fire equipment regularly serviced.

### Systems and processes to safeguard people from the risk of abuse

- Relatives said staff had developed trusting relationships with people and they were confident staff knew how to keep people safe and secure. One relative told us, "My wife is 100% safe in Mayflower. The home is bang on."
- Staff understood how to recognise and report abuse and poor practice. They felt confident if they reported any concerns at the service they would be acted on. They also knew how to report allegations of abuse to external agencies.
- Relatives were complimentary about the staffs' skills in reassuring and calming people who become anxious which could be displayed in verbal or physical behaviours. One relative said, "The best thing is that it's very safe and mum is well looked after. They are very good at handling mum's outbursts". Another relative told us, "When mum gets anxious, they calm her down. Mum recognises staff and they know her ways."

### Staffing and recruitment

- The provider continued to use a specialist tool to assess the staffing levels required. This was regularly

reviewed and took into consideration people's changing needs.

- Feedback from relatives was there were enough staff on duty. Comments included, "I've never seen a situation when they don't have enough staff there"; and "The staff they've got are 100% efficient. They are trained well and don't waste time".
- We observed staff providing help and support to people when needed. Staff told us throughout the pandemic there remained a core staff team, with a minimal amount of staff leaving the service. This helped to ensure people received consistent care.
- Appropriate checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, a full employment history, right to work in the UK, registered nurses' qualifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- People received their medicines as prescribed. Medicines were stored safely and securely and at the appropriate temperatures. Medicines were administered consistently at set times of the day. One medicine had instructions to be administered in a specific way outside of the set times and this was not being adhered to. The provider addressed this immediately, so the person received the best outcome from their medicine.
- Staff conducted medicines safety audits and made improvements where necessary. People's medicines were regularly reviewed by both the service and external healthcare professionals. A relative told us, "Mum's medication is regularly assessed. The doctor will do a video call with her once in a while."
- The service carried out appropriate checks where medicines were given covertly (disguised in food or drink). Staff recorded that decisions were made in people's best interests. People prescribed 'when required' (PRN) medicines for the management of agitation and aggression had appropriate support plans in place. Staff were knowledgeable about how to support people exhibiting challenging behaviour and the use of medicines for these instances was low. A relative told us, "Staff are trained to manage mum's dementia through talking and reassurance. They use sedation as a last resort." Another relative told us, "Staff arranged for mum to have her medicines in liquid form as she couldn't take the tablets. She gets pain relief when she needs it."
- The provider sought advice after the inspection to ensure that blood glucose monitoring machines were calibrated in line with the manufacturer's recommendations. This was to ensure the equipment gave accurate readings.

#### Learning lessons when things go wrong

- There were effective systems to monitor significant incidents and a focus on identifying if any improvements could be made if things had not gone as well as expected.
- Significant events such as falls, incidents between people, infections, safeguarding's and near misses were monitored by the management team. This was to see if there were any common themes or patterns and if lessons could be learned. A near miss is an event which did not cause harm but has the potential to cause injury or ill health.
- Staff discussed emerging risks at daily meetings, clinical meetings and specific lessons learned meetings. This was to assess if people's care was being managed well or if anything else could be done, such as a referral made to health care professionals. When there had been an increase in falls within the service staff received additional training and discussions took place about how to record falls and strategies to help prevent them occurring.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Everyone told us the service was exceptionally led by the management team. They described a positive culture where people were at the heart of the service. The values of the service had been developed and were driven by the staff team.
- Feedback from relatives indicated that staff throughout the service met its values in supported people's individual needs in a respectful and caring manner. Comments included, "They've got very good staff, even the younger members. They know what they're doing, and their really good attitude and enthusiasm rubs off"; "It's been a steep learning curve for me and they've helped me learn. The staff have learnt how to adapt to and help mum"; "The best thing about the home is the staff. They're all just very friendly and helpful. Even the cleaners go out of their way to talk to people"; and "The reception staff are fantastic. They invest time in getting to know me and that really helps."
- We received a compliment about the personalised care given to people with complex needs from a specialist GP. "I visit many care homes. I was blown away by the skills of all their staff to manage their residents with 'challenging behaviour'. They work as a team and if one needs to deescalate or distract a resident the other takes over. Staff and residents are engaging in activities and the atmosphere is lively with organised chaos. The care home manager and trainer are passionate about their residents. This home deserves more than outstanding it deserves an award."
- The provider had implemented effective strategies for supporting staff and their well-being in order for them to provide quality care. The well-being of staff commenced at staff induction through regular well-being meetings. This was to understand and immediately address any concerns staff may have and to measure what was and was not working well. Survey questionnaires from new staff rated this experience as very positive.
- Staff were highly motivated and proud to work for the service. All staff said the registered manager was kind, supportive and approachable. One staff member told us, "She is the best manager I have ever had". Another staff said, "The manager is so very supportive. I could not ask for more."

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

- The management team understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. They had put these principles into operation and disseminated them to the staff team.

- The service was open with relatives about their loved one's care and gave them access to their daily care notes. One relative told us, "We get the story of mum's care on the app, so I read her notes every day." Another relative said, " They have really detailed care notes but if I have any slight query, I can ring them, and they will explain things."
- The provider's complaints process focused on learning lessons from comprehensive investigations and collaboration with the complainant. Apologies were made to people when things had not gone as well as they could have done. One relative told us, "They explain what they are doing and why. They don't hide anything." Another relative said, "I have raised concerns about it and staff explained it well, so I understood."

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

- Governance was well-embedded at the service and staff development and feedback central to improving the service.
- Care staff had opportunities to undertake further qualifications and responsibilities. Four staff had undertaken a level five health and social care diploma to undertake the role of assistant practitioner. These staff were responsible for non-nursing tasks which had previously been carried out by qualified nurses. Assistant practitioners were clear about the boundaries of their role and when to refer to a qualified nurse. As assistant practitioners gave direct care to people they had a detailed knowledge of their individual needs and used this knowledge in their contact with GP's and mental health professionals. For example, one assistant practitioner directed the staff team to follow a person's dementia care mapping with support from the mental health team. This resulted in a decrease in the persons challenging behaviour.
- The registered manager was a visible presence at the service. A relative told us, "The manager's door is usually open: She's always accessible." She demonstrated her passion and commitment to providing individual care to people living with dementia and complex needs. She was a role model for staff and during the pandemic had worked on shift with the staff team, in order to ensure the smooth running of the service.
- There were a range of meetings to ensure important information was communicated between staff about people's well-being. This included handovers between staff shifts, daily clinical meetings, weekly departmental meetings and staff meetings. At the end of each meeting an action plan was drawn up which was reviewed at the next meeting to monitor progress towards completion. There was also a resident of the day programme whereby, each day one person's whole care package was reviewed in consultation with them.
- The management team understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. Notifications included detailed information setting out what actions the service had taken to keep people safe.

Continuous learning and improving care

- The service had a strong emphasis on continuous improvement. This was achieved through a clear strategy and objectives which were challenging, but realistic and achievable. For example, senior carers had been given key performance indicators to help drive them to improve their skills and improve care. Each month there was a focus on a specific area of the home. Last month the focus had been food and snacks. It had been found there were not enough snacks available for people at night time and this had been immediately addressed.
- There was ample evidence that learning from concerns and incidents was a key contributor to continuous improvement. Lessons learned meetings were held where discussions took place to identify what was and what was not working well at the service and to make the necessary changes. When infection control procedures had not been followed this was openly discussed with staff. As a result, a lead night manager role had been introduced and improvements made and maintained.

- A support group was being developed as a direct result of relatives asking for support in how to help their family member. The Relatives Dementia Awareness Group initiative was starting on-line and headed by an assistant practitioner who was completing a masters in dementia care. The aim was for this support group to be face-to-face going forwards.
- Quality assurance systems had been strengthened further since the last inspection. The registered manager had access to a more joined up data and information from a wide variety of checks and audits at service and provider level. This helped them to more easily identify and manage risk, trends and events.
- The views of people using the service were at the core of quality monitoring. A log was kept of concerns and highlights in people's daily lives which fed into quality processes. For example, one person had commented at lunch that the cauliflower stalks were too hard to eat. The registered manager apologised immediately to the person, offered an alternative and the staff and cook were made aware to prevent it happening again. Another person receiving end of life care had informed staff that they had made her very happy that day. This was evidence the service was supporting people well and something staff should be proud of and continue to achieve for the people's benefit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were consistently high levels of constructive engagement with people, staff and relatives. The provider had engaged residents and relatives directly in the conception, planning and delivery of services. This co-production had resulted in changes to the menu, entertainment and the environment. There was a Rock n Roll diner, beach area including tables and chairs and a 'walking down the road from work/school' corridor. This had impacted people's and staff's well-being as they could engage and take pride in these stimulating areas.
- Relatives felt involved in and supported by the service. One relative told us, "I truly believe that Mayflower are supporting me as well as mum." Another relative had complimented the service, stating, "I just wanted to make you aware of the outstanding job your team have done for my dad. A stressful time was made so much more bearable".
- Relatives highly praised the access they had to their family members daily notes, so they could seek a snap shot of their whole day. Access was increased during the pandemic so relatives could see staff records of their interactions with their relative in real time. This gave relatives assurance that people were being cared for when they were not able to visit them. Comments included, "I get his care notes across every day which tells me they check everything like the commode and the special chair I have bought him." And "I get access 24 hours a day and an update every 30 minutes which is wonderful and hugely reassuring. I would rate them 11/10. They are incredibly caring".
- Relatives were kept in contact with what was happening at the service through newsletters and e-mails. During the pandemic relative meetings had been held in different units at the service on-line. One relative told us, "All through covid, staff went over and above to inform us how they are keeping everyone safe and well. They've protected the residents and put in a really strict procedure to protect us all."
- Activities and food was discussed at the last residents meeting. People's views had been acted on and an entertainer booked. People were also asked to think about a 'Special moment' they would like to create. This was being re-introduced at the service and is where a visit or activity is arranged around a person's wishes and dreams.
- Survey feedback from staff, relatives and residents was overwhelmingly positive about the service. People responded they were treated like their own family and relatives described the staff team as dedicated and caring and providing a high standard of service. The majority of staff were proud to work for the company, felt supported and that they could progress within the service.

Working in partnership with others

- The service was a role model for providing care for people living with dementia and complex behaviours. They had received visits from social and health care professionals, who had come to learn about the service's well-being and dementia programme. This included a specialist doctor and the chief executive officer (CEO) of Care England. Care England is the largest representative body for independent social care services in the UK. The CEO told staff, "The work you do is absolutely ground-breaking and it's great to see it in action. The way you have developed your approach to nutrition and wellbeing is really ground-breaking and you all deserve great credit. What do you do here is give people a life not a service. There is a real feeling of people in a team here, that is very important and is noticeable when come into the home."
- The service had a systematic approach to working with organisations to improve care outcomes. They continued to work in partnership with a range of social and health care professionals. Nurses understood their roles and responsibilities and when to liaise with specialists. This included speech and language therapist, tissue viability nurse, mental health team and dieticians.
- During the pandemic, video calls were introduced to keep in contact with multidisciplinary teams and include family member's in reviews of people's care.