



Mayflower Care Home



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



01633483537

Date(s) of inspection visit(s):

08/04/2025

Service Information:

Operated by:	The fields nursing home ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	22
Main language(s):	English
Promotion of Welsh language and culture:	The service provider makes an effort to promote the use of the Welsh language and culture, or is working towards a bilingual service.

Ratings:



Well-being

Requires Significant Improvement



Care & Support

Requires Significant Improvement



Environment

Good



Leadership & Management

Requires Significant Improvement

Summary:

Mayflower is a residential service in the Llantarnam area of Torfaen. It is registered to support up to 22 people who need assistance with personal care. The service is split over two floors, with some bedrooms located on the ground floor and some on the first floor. The service boasts a large well-maintained garden to the front of the service. There is a local pub within a walking distance and the service is close to the town of Cwmbran.

People at the service, and their relatives are happy with the care people receive. However we identified poor recording systems which could lead to people being put at risk of harm. People's personal plans sometimes contain conflicting information about people's needs, and plans are not as personalised as they could be. On balance a rating of needs significant improvement was awarded for well-being as well as care and support. The environment is rated as good because the service is homely, and people can personalise their rooms as they wish. Leadership and management is rated as needs significant improvement due to poor auditing processes not always identifying issues and capturing what actions are taken.

Findings:



Well-being

Requires Significant Improvement

People have some control over their daily lives. There are places they can choose to use throughout the service, and we observed care workers support people to move around the service to be where they wanted to be. There are newspapers, magazines and puzzle books throughout the service for people to use throughout the day, and we saw people enjoy using these. We saw some people being offered the opportunity to access the community for a drink and cake which they enjoyed very much. Care workers have dedicated time made available for them to facilitate activities within the service. However, recordings of what activities are offered to everyone, or what activities people have participated in are not consistently recorded. Due to this, we were unable to see what activities people have been offered to join, and what activities people had participated in.

There is an open-door policy within the service, and so friends and families can visit whenever they choose to. We saw visitors at the service throughout the inspection who regularly visit when they wish. Whilst there are some examples of people's wishes or goals being recorded, the steps taken to support people to achieve these goals is not recorded.

There are processes in place to ensure people are kept safe from harm and abuse. All care workers have undertaken safeguarding training, however the safeguarding policy in place within the service references outdated legislation and does not reflect up-to-date best practice.

Regular resident meetings take place which gives people the opportunity to share their views about the service. Things discussed include activities within the service, meals and food choices. Actions to be taken by care workers are noted. A recent survey completed by the service identified that people are happy with the care they receive, and people spoke positively about care workers.

There are risk assessments in place within the service. However, these are basic and do not fully explore what can be put into place to address or minimise some of the risks identified.

The manager has started to implement changes to address the issues identified to bring about impactful changes to the service.



Care & Support

Requires Significant Improvement

People told us they are happy living at the service. One relative told us “*People using the service are looked after with love and care.*” We observed care workers responding to people and supporting them with any needs they have promptly. People’s needs are set out in personal plans. Some of the information contained within personal plans is contradictory which may cause confusion about what a person’s current care needs are. Whilst these plans have been reviewed, this information had not been updated to reflect the most up-to-date information about people’s needs. Personal plans do contain some information about people’s social history, likes and dislikes, however this can be strengthened to ensure plans include more information about people’s preferences and how they would like to receive the care they need. People are not always treated with dignity and respect by care workers. We heard care workers discussing what tasks they would be completing and discussing people in an undignified way. This was also reflected in of the recordings completed by care workers when documenting supporting people with care interventions. This is placing people’s health and well-being at risk and so we have issued a priority action notice. The provider must take immediate action to address these issues. Mealtime experience was quiet, but care workers were quick to help anyone needing anything during lunchtime. People appeared to enjoy their meal and enjoyed pleasant conversation with peers. There are processes in place to oversee the administration and storage of medication. However, these processes need strengthening. The medication policy within the service references outdated legislation. We observed inappropriate handling of a person’s medication by a care worker and also found occasions where there were errors in the recording of medication administration. There are checks and audits that take place within the service, however these do not address issues identified in the checks. Some examples include temperature recordings were above required levels for a number of days without action being taken, controlled drugs not being signed by two staff members at the point of being dispensed, and we did not find evidence that gaps left in Medication Administration Record (MAR) charts are explored. All of these actions are placing people’s health and well-being at risk and so we have issued a priority action notice. The provider must take immediate action to address these issues.

The manager has started taking steps to address the issues identified and to make the necessary improvements.



Environment

Good

The service has some homely features including ornaments and pictures in communal spaces. People can choose where they wish to spend their time in a selection of places, including the lounge room, the large conservatory, dining room and smaller conservatory. There are also resting places in hallways both downstairs and upstairs where people can stop and sit if they wish. People are able to personalise their bedrooms. We saw rooms where people have their important items on display including photographs and other trinkets. Whilst bedroom sizes vary across the service, all offer appropriate space for people to relax and rest.

Within the lounge room and conservatory areas there are single chairs or larger chairs offering the opportunity for people to sit together if they wish. The service is clean and there are schedules to ensure all cleaning tasks are completed to maintain the cleanliness of the service. We observed several boxes of incontinence supplies stored in someone's bedroom whilst the person was not at the service. We have been informed these have been moved elsewhere since the inspection visit. There are plentiful supplies of Personal Protective Equipment (PPE) available within the service for care workers to use as needed.

The service benefits from a large and well-maintained garden area. There are patio areas with chairs so people can sit in the garden if they wish. The garden has many matured flowers and trees, and garden ornaments including bird feeders which encourages birds into the garden area. On the day of inspection, we saw one lady who wanted to spend time in the garden leaving feed for the birds to attract them into the garden.

All meals are prepared within the service. There is a menu available for people to choose between options daily, and cakes and desserts are made by the catering staff. We saw people being offered alternative food choices if they did not like what was on the menu. People like the food, and meals look appetising. The service has a Food Standard Agency rating of four, meaning 'Good' so people can be assured there are good food hygiene practises within the service.

There are health and safety checks completed regularly which identifies any issues that need to be addressed. The information collated in these records are not always marked when completed, so it is not always possible to know if the identified issue has been addressed. All serviceable equipment is regularly serviced and maintained and required safety certificates are in place.



Leadership & Management

Requires Significant Improvement

There are quality monitoring systems in place within the service however these are unreliable. Monitoring processes in place within the service do not look at all aspects of the service. Furthermore, when issues are identified within these audits, they do not have documented actions completed after being identified. It is not clear when identified issues have been addressed and what issues still need attention. The Responsible Individual (RI) attends the service regularly and works closely with the manager to oversee the running of the service. The RI has a regular presence at the service and knows people there well. However, the recordings of the RI's formal visits include only generalised comments about people's experiences rather than documenting people's comments and views as they were shared with the RI. The Quality of Care report does not fully reflect our findings within the service. They also refer to outdated organisations. When concerns have been raised with the RI these were dismissed, however we went on to identify similar issues at inspection.

Recruitment checks are mostly good; however, we did find some required documentation is not collected by the service, and not all telephone references are signed and verified. When care workers commence employment, they are required to complete an induction programme. This programme ensures care workers have the correct skills and knowledge. Induction documentation is not always fully recorded and so it is unclear what elements new care workers have completed or are still working towards completing. Supervision sessions take place within the service. Care workers are required to complete some self-reflection before attending the session to think about their work practices. The template used to record supervision sessions could better reflect what has been noted as self-reflection, and what discussions take place on the day. Supervision sessions don't always take place as regularly as required. Team meetings take place and discuss issues relevant to the service and share important updates with care workers.

All of these actions are placing people's health and well-being at risk and so we have issued a priority action notice. The provider must take immediate action to address these issues.

There are enough people available to the service to support people effectively. There are many care workers who have worked at the service for a number of years. All care workers know people well. All care staff spoken to during the inspection spoke positively about the service. They feel supported by the manager and the RI. They feel they receive appropriate training for their role, and are supported if there are areas within their performance they need to improve.

The manager has started taking actions to address the issues identified.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of areas for Priority Action	Date identified
All of these issues highlighted above put people's health and wellbeing at risk. People are at risk of not receiving care appropriate to their needs by care workers who are not appropriately recruited, inducted and supervised.	08/04/25
People who use the service cannot be assured the service provider has the necessary systems in place to ensure their medication will be stored and administered to them correctly. This places them at risk of medication errors.	08/04/25

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