



## Inspection Report on

**Mayfield Care Home**

**Mayfield Residential Home  
41 Llanthewy Road  
Newport  
NP20 4JZ**

## **Date Inspection Completed**

02/11/2023

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## About Mayfield Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The fields nursing home ltd
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14/04/2023</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive support from care workers and senior staff who present as respectful, caring and attentive to their needs. They told us they are very happy with the service and the food served. There are opportunities for people to take part in activities. Relatives are also satisfied with the care provided at the home. Staff say they feel supported by their colleagues and the manager.

There are systems in place to enable the manager and care staff to deliver the care and support people require daily. There are also systems in place to recruit, train and support staff and for the responsible individual (RI) to maintain oversight of the service.

At the last inspection, we advised the service provider improvements were required to these systems to ensure that the best possible outcomes are achieved for individuals who use the service and to meet the requirements of the regulations. At this inspection, we advised them immediate action is required to review systems in place to oversee the service, plan people's care, manage medication, recruit and support staff, and manage health and safety.

## Well-being

People have a voice and are encouraged to make choices. We observed care workers supporting people and noted a natural familiarity between them. Care staff are encouraging and reassuring. People are encouraged to make choices multiple times a day including what they wear, the food they eat, where they spend their time and what activities to do. One person told us, "*It is lovely here*", another person said, "*The food is lovely here, it is for everybody's taste*". One relative told us, "*The service is excellent, staff are excellent*". People know who to talk to if they have any problems. The RI visits the home, speaks to people, and gives out surveys.

Care staff promote people's physical and mental health. They arrange referrals and appointments with health care professionals when necessary. They support people with their medication and ensure they eat and drink well. People engage in a range of activities, have positive relationships with care staff and have visitors; this helps to support their emotional health.

The systems and processes in place to protect people from abuse and neglect must be improved. We found the information in people's care documentation is not always detailed enough, this means people cannot be assured all care workers will know what all their needs and wants are. We also found issues with the way medication is managed in the home. Recruitment checks are not robust enough and not all staff are registered with Social Care Wales as required by the legislation.

The home provides people with suitable accommodation which feels homely and reflects individuals' needs and interests. Improvements are required to ensure health and safety risks are always managed.

## Care and Support

People receive the support they require when they need it. We observed care workers supporting people and noted a natural familiarity between them. Care staff are encouraging and reassuring, and demonstrate a clear understanding of people's needs. We observed people are settled and content. The people we spoke with are happy with the service, staff and the food served. We observed people pursuing a range of activities with others or alone. There is sensory equipment available to occupy and stimulate people who live with dementia.

There is documentation in place for each person. It comprises of the assessments carried out before the person is admitted to the home, and care plans which outline how the care and support is to be provided and risk assessments. The documents we reviewed are not detailed enough to let care workers know precisely how a person wants and needs to be supported. Risk assessments don't cover all areas of risk and are not sufficiently specific to each person. Observations and discussions with staff show they know people well and know how they want, and need, to be supported. A relative told us staff, "*Got to know x really well*". This knowledge must be recorded in people's care documentation. We also noted all assessments must show who completed these and on what date. This is an area for improvement and we expect the provider to take action.

The process for administration of medication is not safe enough. At the last inspection, we advised the provider, the systems in place to ensure medication is stored safely and administered must be strengthened. At this inspection, we saw they took some actions which include weekly medication audits. However, we also found medication not stored in the right place, an inaccurate stock check, records not fully completed and an instruction from a health care professional not recorded which led to medication being administered when it should not have been. We noted the audits carried out did not identify these issues. Finally, we noted the medication policy requires revision to reflect current practice. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

People live in an environment that meets their needs. The accommodation includes communal areas including lounges and a dining room. People's bedrooms are personalised and reflect their own needs and interests. Overall, the accommodation has a traditional and homely feel. One relative described the environment as, "*A little tired but clean and tidy*", another as, "*Always clean and tidy, not aesthetically pleasing, outdated*". The provision of aids and adaptations helps to promote people's independence. We observed people choose where to spend time. This included choosing between two lounges, the dining area, or their bedroom. There is also a smaller lounge where people can meet with visitors in private.

The systems in place to identify and deal with risks to people's health and safety need to be improved. At the last inspection, we observed several health and safety hazards, including clutter in several parts of the home, cleaning materials left unattended and actions following an electrical check not recorded. When we arrived at the home for this inspection, we observed clutter and cleaning material unattended. This included items on the floor in the reception area where people walk through to go to the dining room and the lounges. We saw the service provider has introduced a daily walk around which consists of the deputy manager carrying out a check of the premises at the start of their morning shift. On the day of our inspection, we noted this check had not taken place at the start of the shift and trip hazards had not been dealt with. The area was tidied up soon after our arrival.

During the inspection, we asked the provider what actions they took following a visit from the fire service in July 23. They assured us the necessary repairs and improvements have been completed. The fire risk assessment requested by the fire service was not available at the time of the inspection visit. The RI advised us an assessment had taken place and they were waiting for the report. The written assessment was submitted to CIW after the inspection. We noted it did not meet the standard required by the fire service. The RI assured us a new risk assessment which meets their requirements was being introduced. The management of health and safety within the home is an area for improvement and we expect the provider to take action.

The home has a food hygiene rating of five which means standards are very good. Infection control arrangements are in place. We noted aprons are stored on the walking rails along the corridors. The storage of this Personal Protective Equipment (PPE) needs to be reviewed.

## Leadership and Management

The service provider's arrangements for the monitoring, reviewing and improving the quality of the service are not effective. The RI visits the home, they support the manager and seek feedback from people who use the service, relatives and staff. At the last inspection, we advised the service provider, they needed to strengthen their systems to ensure the best outcomes are achieved for individuals and to meet the requirements of the regulations. This included care planning systems, recruitment checks, medication audits and the quality and audits to review progress. At this inspection, we note the work completed to date is not sufficient. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. We discussed this with the RI; they advised us of current work pressures and assured us they will take action to address the issues we identified.

The arrangements in place to recruit, train and support staff must be reviewed. We examined recruitment records. These show the service provider carries out checks before a person can start working at the home. Checks need to be strengthened to ensure staff's full employment histories are recorded and that where a person has previously worked in care, the reasons why they left are verified. We also found key staff are not registered with Social Care Wales (SCW) as required and noted at the time of the inspection, the provider did not have an up to date list of staff's SCW registration status. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Our observations and our discussions with people show staff are knowledgeable about the people they support and about their needs. Supervision and training records evidence processes are in place for inducting, supporting and developing staff. However, the records also show supervisions and training don't always take place in a timely manner. At the last inspection, we were told a new supervision format to encourage staff to reflect upon their work before meeting with the manager or a senior member of staff was being introduced. At this inspection, we found staff had been asked to self reflect in August 2023 and that three months later their responses had not been considered by the manager or another senior member of staff. This is an area for improvement and we expect the provider to take action.

### 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
58	The service provider has not ensured it has suitable arrangements in place to ensure that medicines are stored and administered safely. Its medication policy is not current.	New
35	The service provider has not carried out all the required recruitment checks and has not ensured all staff have a current registration with Social Care Wales.	New
6	The service provider has not always ensured the service is provided with sufficient care, competence and skill. The service provider must continue to strengthen the system for care planning, the recruitment checks, the medication audits, and the quality and audit systems to review progress.	Not 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
57	The service provider has not taken sufficient actions to ensure any risks to the health and safety of people are identified and reduced so far as reasonably practicable.	New
36	The service provider has not ensured formal supervision and staff's training takes place in a timely manner. They have not supported staff to maintain their registration with Social Care Wales.	New
15	Staff are not always provided with sufficient information that sets out how best to support people who use the service and how to mitigate risks.	New

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**Date Published** 05/12/2023