



# Inspection Report on

**Mayfield Care Home**

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

## **Date Inspection Completed**

19/03/2024

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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="#">19/03/2024</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 are happy with the care and support they receive from staff. Relatives are also satisfied with the service. We saw people socialising with each other, taking part in activities, and enjoying the food served. We observed care workers know people well and are attentive to their needs.

There are systems and documentation in place to enable the manager and care staff to plan and deliver care and support safely. These include personal plans and risk assessments for each person who uses the service. There are also recruitment procedures in place to recruit care workers safely. Care workers are supported in their roles and receive training to fulfil their roles.

The service feels homely and offers several communal areas where people can spend their time. There is also a smaller lounge where people can have visitors privately. We saw the service provider carried out upgrades to the environment since the last inspection.

The responsible individual (RI) visits the service regularly and is well informed of the service delivered. We noted since the last inspection they have strengthened the management structure of the home and taken action to ensure the requirements of the regulations are met.

## Well-being

People are encouraged to make choices and are treated with dignity and respect. We observed people spending times in different parts of the home and engaging in a range of activities. Care staff present as respectful, caring and attentive to their needs. Before a person is admitted to the home, the manager finds out as much as they can about what the person needs and wants. Records show, senior staff regularly ask people for their views about the care they receive, the environment, the food served and the activities on offer. The service provider also seeks the views of relatives. Regular reviews of personal plans take place to ensure that they are up to date with people's current support needs.

Care staff promote people's physical and mental health. They ensure people see external health 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 they have visitors; this helps to support their emotional health. The support people want and need is detailed in their personal plans.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. There are sound systems in place to ensure medication is safely stored and administered. There are notices displayed in the home to inform people about how to raise a concern. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests.

The home provides people with suitable accommodation which reflects individuals' needs and interests. The service provider continues to upgrade the environment.

## 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 saw they encourage people to join in a variety of activities throughout the day. We observed people are settled and content. The people we spoke with were very happy with the service, staff and the food served. We observed people pursuing a range of activities with others or alone.

There is documentation in place for each person. It comprises of the information gathered before they are admitted to the home, their personal plans which outline how the care and support is to be provided and relevant risk assessments. We saw the service provider has strengthened its processes since our last inspection. Personal plans contain information about what people like and how they want to be supported. The plans are reviewed and amended when people's needs change. The manager has also introduced a new document to record what people want to get from the service and what they want to achieve. We observed care workers support people as detailed in their personal plans.

There are sound processes in place for the management of medication. At the last inspection, we advised the service provider immediate action was required to ensure medication is safely stored and administered. At this inspection, we saw the manager and senior staff have fully reviewed the systems and processes in place. All medication is safely stored and administered as prescribed.

## 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. The environment downstairs has been upgraded since our last visit and the manager explained this work continues. 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, the entrance foyer, or their bedroom. There is also a smaller lounge where people can meet with visitors in private.

There are systems in place to identify and deal with risks to people's health and safety. These have been improved since our last inspection. We saw the service provider and the manager have taken action to ensure the home is compliant with health and safety requirements. Staff complete regular health and safety checks within the home and report any areas of need to the manager. These include a daily walk-around which consists of a deputy manager carrying out a check of the premises at the start of their morning shift. External contractors carry out mandatory checks such as lifting equipment, gas, and electricity checks. We also saw the service has completed all the actions required by the fire service.

The home has a food hygiene rating of five which means standards are very good. Infection control arrangements are in place. During the inspection, we observed ongoing cleaning activities by the housekeeping team.

## Leadership and Management

The service provider has arrangements in place to maintain oversight and to support the running of the service. The RI frequently visits the home and is well informed about people's needs. At the last inspection, the RI advised us they would take action to address the issues we identified. At this inspection, we saw the RI and the manager have worked alongside the care staff to improve systems and processes within the home. They have addressed all previous highlighted areas for improvement and areas where immediate action was required. We also noted they have strengthened the leadership team with the appointment of a second deputy manager. We saw the RI seeks feedback from people who use the service, relatives, and staff. They complete the required quarterly reports.

There are arrangements in place to recruit, train and support staff. We noted these have been reviewed since our last inspection. The manager has introduced and is using a tracker which enables them to see key information at a glance and to ensure the required training and registration with the workforce regulator has taken place. Care workers told us they support each other and the majority feel supported by senior staff. They also told us they receive ongoing training. Records examined confirm this.

There is oversight of financial arrangements and investment in the service. There is evidence of continuous investment by the provider to maintain the service effectively. There sufficient staffing levels which are appropriate to give people the support they need and want. There has been recent investment to upgrade parts of the building including bedrooms, a corridor, and a bathroom.

### 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	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.	Achieved
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.	Achieved
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	Achieved



	Wales.	
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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
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.	Achieved
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.	Achieved
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.	Achieved

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