Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Mayfield Care Home

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

01633215050

The inspection visits for this service took place between 29/10/2026 and 02/11/2026

Service Information:

Operated by:	The fields nursing home ltd
Care Type:	Care Home Service Adults Without Nursing
Registered places:	20
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Mayfield Care Home is situated in Newport and is close to a range of community amenities. Accommodation with care and support is provided for up to twenty older adults, nursing care is not provided.

People's wellbeing and the care and support they receive are both rated good. People can make everyday choices and are given opportunities to take part in some activities. A good standard of care is provided, and people are treated with dignity and respect. Personal plans detail how people like their needs met. The provider has identified opportunities to further strengthen care planning and activities to build on existing good practice.

The environment people live in is rated good. People have their own rooms and communal areas where they can spend time alone or with others. Appropriate health and safety checks and maintenance arrangements are in place.

The leadership and management of the service is also rated good. Effective leadership and governance arrangements, a stable and supported workforce and positive feedback from staff demonstrate a commitment to maintaining and continually improving outcomes for people.

Findings:

Well-being — Good

Feedback gathered during the inspection indicates people are happy living at the service. People spoke positively about their experiences, with comments such as, "*Staff are lovely*" and *"the food is great and I like the singers who visit*." Relatives we spoke with also expressed satisfaction with the care and support their loved ones receive.

People generally experience positive well-being outcomes and are supported to maintain as much choice and control over their daily lives as possible. We observed people making decisions about aspects of their day-to-day routines, including how and where they spend their time. There are opportunities to share their views through resident meetings and informal discussions with staff and management. People are also involved in the review of their care, evidenced by signatures on care plan review records. To further strengthen current practice, the provider intends to enhance recording systems, so they more clearly capture the individual's voice and demonstrate how people and/or their representatives contribute to decisions about their care and wellbeing outcomes.

People are supported to maintain important relationships with family and friends, with regular contact actively encouraged and facilitated. Visitors are welcomed to the service and told us they are kept informed about matters affecting their loved ones. People spoke positively about some of the activities available, particularly the visiting entertainers and exercise sessions, which they described as enjoyable and engaging. We observed positive interactions between staff and people living at the service, including meaningful one-to-one engagement that promoted wellbeing and social connection. The provider will build on these existing strengths by further expanding the range and variety of activities and engagement available, ensuring they continue to reflect people's individual interests, hobbies and preferences.

People are supported by staff and managers who demonstrate a commitment to safeguarding and an understanding of their responsibilities in protecting people from harm. The service has safeguarding policies and procedures in place, with an opportunity to further strengthen these by aligning them fully with current Wales Safeguarding Procedures.

The service provider tries to promote the use of the Welsh language and culture, no one currently using the service identifies Welsh as their first language and the provider would have to consider if they could fully meet this request at pre-admission stage.

Care & Support — Good

People receive care and support that meets their assessed needs and generally promotes their well-being. People receive care and support from staff who know them well and are committed to meeting their needs. Interactions observed throughout the inspection were warm, respectful and person-centred. People's care records contained information about their health needs, routines and preferences, helping staff provide care that reflects their individual circumstances.

Personal plans focus on meeting care and health needs and do not identify personal outcomes or aspirations important to individuals. Further development is required to ensure care planning fully reflects what matters to people and how they wish to achieve their personal outcomes. Plans are reviewed regularly and there is evidence that the service seeks to maintain up-to-date records. Whilst people are often asked to sign review documentation, further work is required to demonstrate meaningful involvement in the review process. We also identified examples where information contained within reviewed documents is not always accurate or fully updated reducing assurance that documentation consistently reflects people's current needs and circumstances.

Daily records and monitoring tools do not always provide clear evidence of how care and support delivered positive outcomes for people, and some monitoring documentation is not completed consistently or lacks a clear purpose. Going forward the provider has committed to reviewing and streamlining monitoring paperwork to ensure it is meaningful, proportionate and effective. This will be supported by ongoing guidance for staff to improve recording practices, helping them clearly demonstrate the impact their care and support have on people's wellbeing and quality of life.

Medication management arrangements are effective and support the safe administration of medicines. There are secure arrangements for the storage of medicines, administration records are maintained, and the service undertakes regular medication audits. Clear protocols are in place for the use of 'when required' (PRN) medicines, supporting staff to administer these appropriately. Recording of outcomes following PRN administration will be strengthened to provide greater assurance of effectiveness and ongoing review. The provider is also strengthening arrangements for the management and disposal of medicines no longer required to further improve accountability and oversight.

We identified an occasion where information that may have indicated a safeguarding concern was not initially recognised and managed in line with safeguarding procedures. Management took prompt action once this was identified. The provider is further strengthening arrangements to ensure potential safeguarding concerns are consistently recognised, recorded and escalated without delay.

Environment

Good

People live in an environment that is safe, comfortable and supports their day-to-day wellbeing. The home is welcoming and homely, with personalised bedrooms reflecting people's interests, preferences and life histories. Whilst recognising the limitations of the building's design and available space. People have access to communal areas and opportunities to engage with others throughout the home. However, restricted space influences how some areas can be used, including the storage and use of moving and handling equipment. Additionally, the layout and size of some rooms presents challenges when undertaking moving and handling tasks. Going forward the provider will look at opportunities to further strengthen how available space is utilised to support people's comfort, safety and overall experience within the home. For example, planned renovations to a communal bathroom into a more practical accessible wet room.

Appropriate maintenance arrangements are in place and required health and safety checks are completed. Equipment servicing and routine maintenance is monitored to support the safety of people living at the service. Fire safety arrangements are robust, with fire detection systems, maintenance checks and emergency procedures in place. Fire safety equipment is tested both internally and by external contractors and all staff have fire safety training. People living in the service have a Personal Emergency Evacuation Plan (PEEP) in place, which guides care staff on how to evacuate people in the event of an emergency.

Cleaning schedules are in place to support good standards of cleanliness across the service. There are sufficient supplies of personal protective equipment (PPE), and we observed care staff using this appropriately at relevant times during the inspection. The home received a Food Standards Agency (FSA) food hygiene rating of 3, indicating standards were generally satisfactory.

Leadership & Management — Good

People benefit from a service that has established governance arrangements designed to support safe, consistent care and drive improvements in service quality. The provider has quality assurance systems in place, including audits, monitoring processes and quality review reports. There is evidence of ongoing oversight by the Responsible Individual (RI), including regular visits to the service, engagement with people living at the home and discussions with staff.

Management systems are in place to monitor key aspects of service delivery, including care records, medication management, health and safety, and staffing arrangements. However, whilst a significant amount of monitoring activity was evident, we found considerable duplication across audits, checks and monitoring records, making it difficult to clearly identify emerging themes, required actions, progress made and outcomes achieved. The service provider has given assurances that monitoring and governance systems will be reviewed and streamlined to improve oversight, reduce duplication and support the effective identification and tracking of quality improvements and outcomes.

People are supported by staff who are suitably recruited, trained and experienced to meet their needs. Staffing levels appeared sufficient during the inspection, and we observed people receiving support in a timely manner. Recruitment practices provide assurance that appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks, are completed. We also saw evidence that care staff are appropriately registered with Social Care Wales the workforce regulator.

Staff training records demonstrate good compliance with core training requirements. Staff receive regular supervision and support. The service promotes opportunities for staff engagement and communication, with regular team meetings in place to support information sharing and discussion about service delivery. Attendance at staff meetings is variable, and staff do not consistently regard them as an effective forum for sharing ideas and feedback. This limits opportunities for workforce engagement, although the provider demonstrates a commitment to strengthening communication across the service. Assurances were provided that key discussions, decisions and actions arising from team meetings are shared during staff handovers to help ensure all staff remain informed and involved in service developments.

Care staff report feeling supported by managers and speak positively about the care they provide. They take pride in their work and the support they offer to people using the service.

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.

CIW has no areas for improvement identified following this inspection.

CIW has not issued any Priority action notices following this inspection.

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