



## Care Inspectorate Wales

### Regulation and Inspection of Social Care (Wales) Act 2016

### The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

## Priority Action Report

The fields nursing home ltd

in respect of

**Mayfield Care Home**

Mayfield Residential Home  
41 Llanthewy Road  
Newport  
NP20 4JZ

This report contains notices where priority action must be taken by the registered person in respect of identified non-compliance with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

**The issuing of this report is a serious matter. The notices contained within the report have been issued in accordance with our Securing Improvement and Enforcement Policy. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with this policy.**

A copy of the Securing Improvement and Enforcement Policy is available on our website

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**Priority Action Notice**  
**Identified at this inspection dated: 2 November 2023**  
**Our Ref: NONCO-00017705-SQPP**

**Non-compliance has been identified with Regulation 35**  
**The specific sub-regulatory failures relate to: 35(2)**

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.

### Regulatory Failings

35(2) For the purposes of paragraph (1), a person is not fit to work at the service unless - (a) the person is of suitable integrity and good character; (b) the person has the qualifications, skills, competence and experience necessary for the work he or she is to perform; (c) the person is able by reason of their health, after reasonable adjustments are made, of properly performing the tasks which are intrinsic to the work for which he or she is employed or engaged; (d) the person has provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and this information or documentation is available at the service for inspection by the service regulator; (e) where the person is employed by the service provider to manage the service, the person is registered as a social care manager with Social Care Wales; (f) where the person is employed by the service provider to work in a capacity other than as a manager and in the course of their employment the person provides care and support to any person in connection with - (i) a care home service within the meaning of Part 1 of the Act which is provided wholly or mainly to children; or (ii) a secure accommodation service within the meaning of Part 1 of the Act, the person is registered as a social care worker with Social Care Wales no later than the relevant date (see paragraph (8) for the meaning of "the relevant date").

### Evidence

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.

We found the service provider carries out checks before a person can start working at the home. The checks must 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 ( [REDACTED] ) are not registered with Social Care Wales 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 and there was no information on the personnel files which we reviewed.

#### RECRUITMENT CHECKS

We reviewed 3 staff's files and found:

[REDACTED] personnel file:

- No birth certificate
- Only one reference on file
- Employment history [REDACTED]
- No DBS number



[REDACTED]

The information we reviewed shows the home currently employs 23 members of staff who need to register with SCW. 20 members of staff should already be registered, two have until February 24 to register and one until March 24.  
11 members of staff, who should be registered, are not registered. This includes [REDACTED]

**Impact on and / or risk to the health and well-being of people:**

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

**Outcomes for People**

People who use the service cannot be assured all care workers have been fully vetted and they are not placed at unnecessary risks.

**Timescale for completion**

14 March 2024



**Priority Action Notice**  
**Identified at this inspection dated: 2 November 2023**  
**Our Ref: NONCO-00017703-HWSM**

**Non-compliance has been identified with Regulation 58**  
**The specific sub-regulatory failures relate to: 58(1) 58(2) 58(3)**

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.

**Regulatory Failings**

58(1) The service provider must have arrangements in place to ensure that medicines are stored and administered safely.

**Evidence**

We observed medicines are not always stored and administered safely:

[REDACTED]

- The temperature inside the medication 'cupboard'/area was last recorded on 25/10/23 as 23 degree. The temperature records show temperature were recorded until the 28/12/22, then from the 24/05/23 until 25/10/23. Nothing recorded since 25/10/23.

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted text block]

- 58(2) These arrangements must include the arrangements for -
- (a) maintaining a sufficient supply of medicines;
  - (b) the effective ordering, re-ordering, recording, handling and disposal of medicines;
  - (c) regular auditing of the storage and administration of medicines.

**Evidence**

We observed medicines are not always stored and administered safely:

[Redacted text block]

MANAGEMENT/ADMINISTRATION OF MEDICATION

[REDACTED]

58(3) The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and these procedures.

**Evidence**

The service provider has a medication policy.  
In the footer it states:  
Reviewed: 01/01/2023  
By; [REDACTED]  
Next review date: Yearly

We found there is information in the policy which is inaccurate and out of date.  
We also observed, some of the practices observed in the home are not in line with the policy.



Inaccurate and/or out of date content include:

[REDACTED]

p. 2: "all medication is stored using the boots blister pack system" - we saw medication in traditional boxes and bottles.

p. 3: "take the medication trolley to a quiet area (either the large or small conservatory)" - we have not seen any conservatories in the care home.

p. 4: "if a service user refuses medication on 1 occasion or it has been noticed that their medication has been missed regardless of when then boots pharmacy Pontypool is to be contacted" - the manager told us a pharmacy in Newport is the preferred pharmacy, pharmacy in Pontypool is not used.

p. 5 : "it must be booked using the boots return book" - we did not see a Boots return book, we saw a ring binder with lose sheets.

p. 5: "then complete the booking out book" - we did not see a booking out book, we saw a ring binder with lose sheets.

p. 7: "a regulation 38 form to be sent to CSSIW" - reg. 38 notifications relate to Care Standards Act and not to the current RISCA legislation. CSSIW is now CIW.

p. 8: "pharmaceutical hazard notification received from the Welsh office via the Gwent Health Authority" - this office and health authority have ceased to exist and have been replaced by the WAG and ABUHB.

Practices observed and not aligned with the home's policy:

p. 2: "any written MAR charts are to be signed by 2 staff at all times" [REDACTED]

[REDACTED]

p. 3: "once you have administered the medication you must then sign or code the MAR chart correctly, and any codes are to be documented on the reverse of the MARR chart" - [REDACTED]

[REDACTED]. No reasons entered on MAR chart.

[REDACTED] '0' entered on MAR chart but no such code at the bottom of the MAR chart. No reasons entered. -

p. 5: "all medication that is not required is to be returned to the pharmacy as and when needed."

- [REDACTED] not returned to pharmacy in a timely manner.

p. 8: "If a verbal order is received ensure that the date, time and the name of the GP making the order is recorded and the staff member who receives the order signs the MARR and leaves a detailed message for other staff. A verbal order form must be completed each time a verbal order is received" . - [REDACTED]

[REDACTED] They could not find where they wrote the message down. The messages we saw for staff (communication book and handover sheets all stipulated [REDACTED]). Verbal message from the hospital not recorded.

**Impact on and / or risk to the health and well-being of people:**

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

**Outcomes for People**

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.

**Timescale for completion**

15 March 2024

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**Priority Action Notice**  
**Identified at previous inspection (action not taken to address area of non-compliance)**  
**dated: 2 November 2023**  
**Our Ref: NONCO-00016927-KMNT**

**Ongoing non-compliance has been identified with Regulation 6**  
**The specific sub-regulatory failures relate to: 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.

**Regulatory Failings**

6 The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.

**Evidence**

During the inspection on 14/04/23, we found the service was not always provided with sufficient care, competence and skill. We noted however the responsible individual (RI) visited the service on a regular basis. They had identified areas which required improvements and started implementing changes. They had appointed a new manager. They advised us they appointed a new manager to drive the improvements forward.

We noted they started taking action, but they needed to continue to take action. No direct impact upon people was noted, people presented as contented, and they told us they are happy with the service. We advised the service provider they must continue the work they started to strengthen the care planning systems, the recruitment checks, the medication audits, and the quality and audit systems to review progress.

Care planning:

The quality of the information in the documents we reviewed varied and was not always detailed enough to let care workers know how a person wants and needs to be supported. One of the care plans we reviewed was good, each section has information that is clear and sufficiently detailed for staff to know what the person wants and needs and which is clear for them to follow. Another plan contained some evidence of the person's preferences and needs but was not detailed enough and did not clearly explain the level of support the person required.

Recruitment checks:

Staff's full employment histories were not always recorded and where a person had previously worked in care, the reasons why they left were not verified. [REDACTED] was not aware of these requirements; they told us they thought they need to go back 5 years.

Medication:

We found some gaps in the Medication Administration Record sheets and noted the way information was recorded was not always clear. The gaps had not been picked up by senior staff. We also found that no temperature checks were carried out where the medication is stored. We brought these issues to the attention of the manager and the RI. Following the inspection visit they advised us they took immediate action; temperature checks were taking



place and audits have been introduced. We noted the actions taken to address immediate issues but advised the provider they needed to introduce a long-term audit system.

Quality and audit systems:

We saw the RI completed a quality of care report every 3 months, these are their reg. 73 and reg. 80 reports (seen for 2022 and until March 23). These showed the RI sought feedback from people and considered all areas in the home. However, we noted the content of the reports was repetitive, RI acknowledges this at front of the reports.

During the inspection on 02/11/23, we found the issues identified at the previous inspection have not been addressed and we identified additional areas in which the service provider is not meeting the regulations. Overall, the service provider has not ensured the service is provided with sufficient care, competence and skill. The service provider has not got clear arrangements for the oversight and governance of the service in order to establish, develop and embed a culture which ensures the best possible outcomes are achieved for individuals using the service and to meet the requirements of the regulations.

We advised the service provider action is required in relation to the management of medication, care documentation, health and safety, recruitment checks, staff's registration with Social Care Wales, staff's training and supervisions, and overall quality assurance activities. We noted, the service provider has not identified themselves the areas in which they are not meeting the regulations.

Medication: regulation 58 – Priority Action Notice issued.

We found issues with the management of medication continue. [REDACTED]

[REDACTED] records not fully completed and an instruction from a health care professional not recorded which led to one 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. We did not see any evidence that the service provider monitors the management of medicines in the home.

Recruitment checks and staff's registration with Social Care Wales: regulation 35 -Priority Action Notice issued.

We found recruitment checks are still not robust enough. Staff's full employment histories are not recorded and where a person has previously worked in care, the reasons why they left are not verified. We also found key staff are not registered with Social Care Wales 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. Overall, over half the staff who should be registered with SCW are not registered. We did not see any evidence that the service provider monitors the robustness of the recruitment activities and staff's registration with SCW.

Health and Safety: regulation 57 – Area for Improvement.

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. At this inspection, we identified hazards again. In addition, we noted delays in acting following an enforcement notice issued by the Fire Service on 24 July 23. Whilst the RI 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 however it was not robust enough. The RI assured us a new risk assessment which meets the requirements of the fire service was being introduced. We concluded a three-month delay in obtaining a full fire risk assessment was not appropriate given the importance of a fire enforcement notice and the vulnerability of the people who use the service.

People's care documentation: regulation 15 – Area for improvement.

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. This knowledge must be recorded in people's care documentation. We also noted all assessment must show who completed these and on what date. We did not see any evidence that the service provider monitors the quality of people's care documentation.

Supporting and developing staff: regulation 36 – Area for improvement.

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 23 and that three months later their responses had not been considered by the manager or another senior member of staff. There was no evidence that staff had been supported to maintain their registration with SCW as required by the regulations.

We also noted the RI told us they have not been able to complete a reg. 73 or reg. 80 quality of care review since the last inspection.

#### **Impact on and / or risk to the health and well-being of people:**

We have assessed the potential risk and / or impact on people's health and well-being as a result of this non-compliance as Moderate and there is likely reoccurrence.

#### **Outcomes for People**

People may not be supported as they want and need if the system for care planning, the recruitment checks, the medication audits, and the quality and audit systems to review progress are not as robust as they can be.

**Timescale for completion**

15 March 2024

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