



Inspection Report on

Bellavista Nursing Home

Barry And Cardiff



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Bellavista Nursing Home

**106 - 108 Tynewydd Road
Barry
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Description of the service

Bellavista Nursing Home is registered with Care Inspectorate Wales (CIW) to provide accommodation to a maximum of 26 people over the age of 65 years requiring personal or nursing care. The conditions of registration allow five people to be accommodated who may have a diagnosis of dementia and further allows for one younger adult, over the age of 52 years of age with dementia nursing care needs, to live at the home.

The home is operated by Bellavista Nursing Homes (Wales) Limited and has an appointed responsible individual (RI) who has responsibility for the overall quality and performance of the service.

The registered manager is Jacob Pappy George who is registered with both CIW and Social Care Wales. The registered manager was not present at the time of both inspection visits.

Summary of our findings

1. Overall assessment

Overall, we found people living at Bellavista and their relatives are happy with the care provided and benefit from positive relationships with staff. We observed staff to be friendly, kind and able to demonstrate knowledge of people's needs, likes and dislikes. People are supported and encouraged to make choices. A range of daily activities, 1-1, group activities and trips are offered. Written care plans are person centred and detail how care needs are to be met. Administration of medication is managed well. The home is clean and welcoming with comfortable furnishings. The home has a dedicated staffing team, who are supported and appropriately trained for their role.

2. Improvements

- Since the previous inspection all incidents involving the safety and well-being of residents have been reported appropriately in accordance with the All Wales Procedures for the Protection of Vulnerable Adults.
- Since the previous inspection we found activities and meaningful engagement carried out by care staff and activities coordinators to be captured in the documentation.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the home is not meeting legal requirements. This included the following:

- The home should ensure that all hazardous items within the home are stored securely.

1. Well-being

Summary

People at Bellavista Nursing Home are cared for in a way that promotes individual choice and supports independence as far as possible. A varied and comprehensive range of activities are available to meet individual needs. People enjoy a warm and friendly relationship with staff. Consideration should be given at meal times to make the dining experience a more sociable time for people to enjoy.

Our findings

People living at Bellavista are satisfied with the quality of service they receive. We observed that people are able to spend time in a choice of lounge areas within the home. Residents we spoke with commented positively about living at the home and appeared content. Examples of what residents told us are:

“Staff are very, very kind”.

“There is always something going on”.

“The food is very good, we have a choice”.

“I enjoy the trips to the pub”.

“I like living here”.

Relatives we spoke with told us:

“Staff are very good, they know people and care”.

“I visit everyday, I can have dinner here if I want to and I am always asked”.

“Staff are very patient and understanding”.

There are people living at Bellavista who have limited verbal communication and are unable to express their views. However, we saw they appeared happy and we saw evidence of this from the documentation of 1-1 activities being carried out daily. We spoke with the activities coordinator who told us every day special time is dedicated for activities with residents who are nursed in their individual rooms. These activities included; hand massage, music and touch and sensory activities. This was evidenced from the activities file we were shown which documented what activity each resident had done each day.

People’s individual preferences and choices are recognised and valued by staff. Choices of meals are offered and we observed staff gently offering one resident an alternative to the lunch time meal due to the meal not being to the person’s choice. We carried out a SOFI 2 observation throughout the lunchtime period during the first visit. The Short Observational Framework for Inspection (SOFI 2) is an inspection tool which enables us to observe daily life from the perspective of the resident. We found this observation to be positive and people enjoying the meal provided.

We did however observe several people during the second visit who were socially isolated during the lunch time meal with little interaction from staff. This was due to people eating

the meal in their armchairs (with a tray table) in front of a television. Staff were busy at this time attending to other residents who chose to take lunch in their own rooms. Where staff had time, they did interact in a warm manner and assisted people with the meal provided. We discussed this issue at the time of the visit and were told that several residents were unwell and had remained in their individual rooms that day and required additional assistance from staff. We advised attention be given to the deployment of staff during mealtimes to prevent people having to wait for assistance.

We spoke with staff who told us they enjoyed working at the home and felt supported by management. One staff member commented "*I love my job, we are a good team*". We observed staff interacting positively with people on the day we visited. This indicates that people using the service are happy and are able to establish relationships with familiar staff.

People have things to look forward to. We were told the activity coordinator provides a range of social activities for groups and individuals. We observed two residents going out for lunch with support from staff. There are regular weekly mini bus trips arranged for the people who wish to participate. Extra staff are arranged for the trips to assist residents. We were told by the activities coordinator that all relevant information for each resident is taken with them in case of emergency which included a list of current medication and a full medical history. We were told that a hairdresser visits the home weekly and carries out this activity in the small building in the garden of the home and residents enjoy visiting the '*salon*'.

A monthly newsletter is produced to evidence all activities that have been carried out each month which included a Bollywood themed evening over the festive period which we were told residents '*thoroughly enjoyed*'.

There are plans to turn one of the outbuildings at the home into a cinema.

Whilst people can be assured that staff are caring and warm, and despite a full and engaging activity programme, consideration needs to be given to times when residents can potentially become socially isolated.

2. Care and Support

Summary

Overall, individual care needs are understood by staff as written guidance outlines how they are to provide the care for individual need. Guidance is person centred and includes how individuals wish for their care to be carried out. Daily records are maintained and care documentation is generally reviewed when care needs change.

Our findings

People receive appropriate person centred care with their needs understood by staff. We observed staff who demonstrated their knowledge of people living at the home. Staff are clearly identified and have good rapport with residents and we saw people treated with dignity and respect throughout both visits.

We reviewed the care documentation relating to four residents to determine how risk and care assessments were translated into the service user plans, and how those service user plans contributed to the provision of care. We found overall the care files contained updated and reviewed information. However, we found within one care file a number of significant documents which were not signed and dated which included; Personal Emergency Evacuation Plans (PEEPs), Do Not Attempt Resuscitation (DNAR) form and a Behaviour Checklist. Care files are important documents which should advise staff of a resident's needs and the actions required to meet those needs. We discussed this issue with the acting manager who told us the matter would be addressed immediately.

We noted the files had 'My Life Section' at the beginning of the file which had not always been completed. This gives the reader more information about people's life prior to living in the home. This information can be key to help staff build more meaningful relationships and we advised all care files are completed with the 'My Life Section'.

In addition, some of the information we scrutinised was found to be incorrect which included referring to a previous room number and not the room currently being used by the resident. We found evidence of timely referrals to General Practitioners, Speech and Language Therapy (SALT) and dieticians. People are therefore supported to be healthy and their changing needs are anticipated with referrals to the relevant health professionals when required.

Overall, medication administration is carried out appropriately and safely. We found the medication rooms to be appropriately locked and the room temperatures regulated daily. We found the room to be clean and well organised. We were provided with a copy of the last pharmacy advice visit carried out 22 May 2017 which did not highlight any areas for concern. We were told by the acting manager that regular audits are carried out on a weekly and monthly basis. This highlighted any areas for improvement and what action was required. We examined the Medication Administration Records (MARs) and found they were completed correctly, using correct coding and signatures present.

People can therefore be assured there are robust medication systems in place.

3. Environment

Summary

Bellavista Nursing Home offers its residents a good quality environment. People are cared for in safe, secure and warm surroundings. The home has ongoing refurbishments throughout. Bedrooms are spacious and personalised. However attention needs to be given to the clutter around the home which presents potential hazards.

Our findings

Bellavista Nursing Home offers its residents a good quality environment. We found the home to be clean, fresh and free from malodour. Individual rooms were personalised with items of residents' preference as well as valued possessions. Overall the décor and furnishings were of a good standard and comfortable throughout and we found the home to be warm and welcoming. However, we noted at the time of the first visit several areas where improvements are required. For example;

- We found cleaning liquids in one downstairs bathroom which was used for storage. The room was not locked nor had signage that the room was used as a storeroom. We asked the room be locked immediately or items removed.
- We found the activities room to be unlocked which contained hazardous items.
- There was no signage on bathroom doors to guide people.

We discussed the above with the acting manager who agreed the matters would be addressed immediately. At the time of the second visit the acting manager acted promptly and all of the above issues had been carried out. We found signage on all doors throughout the home and hazardous items removed. A lock had been installed on the door to the activities room.

People are able to spend time by themselves or with others. We saw people using the communal lounge areas throughout the day and also sitting chatting in the dining area with relatives. There were three lounge areas for people to choose from. These varied in size and decoration, with a variety of arrangements and were warm and inviting. People told us they were able to eat meals in the dining area or in their own room if they preferred. We observed residents watching television, listening to music and sitting in the quieter lounge area. In addition to these, there is a large gazebo/summer house where we were told people like to sit during the summer months.

We visited the kitchen and spoke with the cook on duty at the time of the visit. We found the kitchen to be clean and well organised. The home has a rating of '5' from the Food Standards Agency (this means that the food standards were found to be excellent). The cook told us in depth about residents' dietary needs and preferences.

People are protected and their safety maintained. We found the entrance to the home was secure and we were asked for identification on arrival and asked to sign the electronic signing in system. We found the home to be securely locked and people can be confident

they will be safe from strangers entering the premises. The home has a CCTV system on the entrances and exits to the home. All confidential files were stored securely in lockable cupboards.

The home is well maintained and we examined the maintenance records. The acting manager was unable to access all documentation and we requested these be sent to CIW offices. Since the visit we have received the information requested. We found all necessary checks carried out by external professionals had been done accordingly, such as gas safety and electrical installation. We were told that there is a maintenance person available on a 24 hour system. Records evidenced that the lifts and hoists were regularly serviced. The home also produced a Personal Emergency Evacuation Procedure file which contained evacuation details for every resident living at the home. We were told this file would be used in the event of an emergency. PEEPs were also contained in each individual care file.

Therefore this evidences that people's right to privacy is maintained within a secure and safe environment.

4. Leadership and Management

Summary

The service has a clear statement of purpose outlining its values and principles. There are policies and procedures in place which focus on people's needs. Staff are well established and positive about the support provided by the managers at the home. People using the service are involved and consulted about the quality of the service provided. Monitoring visits are conducted. All incidents are reported to the appropriate authority.

Our findings

People are supported by a stable and dedicated care team and benefit from prompt care. We found the management of the home demonstrated a good level of understanding of their responsibilities to ensure regulatory compliance and implemented policies to support practice at the home.

The service has a system for monitoring quality and takes into account the views of people. We saw the most recent Regulation 27 visit carried out on 4 December 2017 which included the home's facilities, views of staff, relatives and residents. Actions for improvements were also identified with timescales for completion. We saw people were asked to comment on the standard of care received at the home and saw comments were extremely positive.

We requested the complaints folder and were told that no complaints had been received at the home since the previous inspection visit. One relative we spoke to told us they could approach the management and staff at the home with any concerns or worries and the matter would be addressed immediately. People are able to voice any concerns or suggestions to management to improve the service. Compliments from relatives included; *"Staff are extremely kind"*, and *"couldn't ask for more really"*. Thus, overall people are able to contribute to the improvements within the home.

People can be assured they are safeguarded. At the previous visit we identified one incident that had not been referred to the appropriate authority. At this visit we examined the notifiable incidents folder and saw that all incidents were being referred appropriately. Bellavista offers continuity of care from a permanent team of staff. Individuals had a regular team of care and nursing staff on a daily basis. We spoke with staff who told us in-depth about each resident they were caring for and individual needs. During the visits we saw sufficient staff available to assist people with their needs. However consideration needs to be given to the deployment of staff at meal times to ensure people get timely assistance with the meal provided. We discussed this issue with the acting manager at the time of the visit.

People receive care from staff that are appropriately recruited. However, examination of three staff files identified gaps in two of the files relating to full employment history, references and copies of qualifications. In one file, a criminal records check (DBS) was out of date. Following the visit the registered manager has provided all the required information to us in this regard and evidenced that each member of staff was fit to be appointed. We advised that all information is kept on individual files and available at inspection.

We saw evidence of staff supervisions and appraisals which provided staff with opportunity for formal discussion on a one to one basis with their manager. However we found the staff supervisions were lacking in detail and not comprehensive. We discussed this issue with the acting manager who told us they would be reverting back to the original supervisions which were carried out which were more in-depth and provided the required information.

People benefit from a service where the well-being of staff is supported.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

At this inspection there were no areas of non compliance under the Care Homes (Wales) Regulations 2002.

However, we made recommendations regarding the following:

- Mealtimes: Consideration to be given at mealtimes to ensure all service users are assisted in a timely manner.
- Care documentation: Ensure all care documentation is regularly reviewed.
- Environment: Ensure the home is free from clutter and potential hazards.

6. How we undertook this inspection

This was a full inspection carried out in accordance with Care Inspectorate Wales (CIW) revised inspection framework. We considered all four themes; well-being, care and support, leadership and management and environment. Our visit to the home was unannounced and was carried out on 4 January 2018 and 5 January 2018.

The following sources of information were used to support our findings for this report:

- We reviewed information about the service held by CIW. This included the previous inspection report and records of notifiable events since the last inspection;
- we used the Short Observational Framework for Inspection (SOFI2). The SOFI 2 tool enables inspectors to observe and record care to help us to understand the experience of people who are receiving the care service;
- we spoke to four relatives of people using the service;
- observation of daily life, care practices and interactions between staff and residents;
- we spoke to almost all residents living at the home at the time of the visit;
- we held discussions with the acting manager at the time of both visits;
- conversations with kitchen staff, activity coordinator and care staff;
- observation of the care home environment;
- review of the communication book/accident /incident records;
- copy of the Regulation 27 visits carried out;
- detailed examination of three staff recruitment files;
- examination of the relative/resident quality feedback;
- we examined the home's policies and procedures;
- we considered arrangements to review the quality of care provided;
- we viewed the evacuation procedures; and
- detailed examination of the care documentation relating to four residents.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

| | |
|---|---|
| Type of care provided | Adult Care Home - Older |
| Registered Person | Bellavista Nursing Homes (Wales) Ltd |
| Registered Manager(s) | Jacob George |
| Registered maximum number of places | 26 |
| Date of previous CSSIW inspection | 29 September 2015 |
| Dates of this Inspection visit(s) | 04/01/2018 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | Not explored at this visit |
| Additional Information: | |



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Bellavista Nursing Home Cardiff

**Atlantic View Care Centre
2 Harrowby Place
Cardiff
CF10 5GB**

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Description of the service

Bellavista Nursing Home is registered to accommodate 49 people aged 60 years or over which may include up to 32 service users who require personal and/or nursing care and up to 17 service users who may have personal care and/or nursing care needs with dementia /mental infirmity aged 60 or over.

The Responsible Individual (the person who represents the care provider) is Mr Jacob George. The home has a registered manager, Beena Jacob.

Bellavista is located in the bay area of Cardiff close to local amenities.

Summary of our findings

1. Overall assessment

This is the first inspection of this home under its new owners. We found that they have made improvements to the quality of care provided and the environment. These developments to the service have been valued and appreciated by residents, staff and relatives. People are more involved in making decisions over the care in the home and are consulted by participating in regular meetings, questionnaires and daily contact with the registered manager. Staff have benefitted from increased access to training and staffing levels have improved which has led to more motivated staff who enjoy their work. People living in the home are able to have more quality time with staff and enjoy a good selection of activities. The management of the home have systems in place to review the quality of care provided in the home and have demonstrated a commitment to drive improvement. People live in a safe, well maintained environment; however, some improvement is required to support people with cognitive impairment to navigate their way around the home.

2. Improvements

This is not applicable as this was the first inspection undertaken following the registration of the home by a new provider

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include:

- More personal information in care plans, more support to help people with cognitive impairment find their way around the home, more involvement of people in their care planning.

1. Well-being

Summary

People are cared for by staff who treat them with warmth and with whom they have positive relationships. They are able to make choices in how they spend their days, express their views and know who to go to if they have a problem. People feel their views are important and are respected. They have things to look forward to and can be involved in activities if they wish.

Our findings

People living at Bellavista feel a sense of warmth and belonging. They told us that staff *are 'lovely', 'go out of their way to be helpful', 'nothing is too much trouble'*. We saw staff interacting with residents with warmth, humour and a natural familiarity; using touch where appropriate. Staff spoke to people they passed when walking around the home and we saw that residents initiated conversation with staff, showing a sense of confidence in their relationships with them. One resident told us that staff always came to say goodbye when they ended their shift and were more like friends than staff. This made a big difference to how this resident felt about life in the home. Relatives told us that staff were *'very good', 'we come at all hours and have never had any concerns about staff attitude', 'staff are really helpful', 'they've helped me too' and 'always make us welcome'*. Feedback from resident /relative questionnaires we provided included comments such as *'what a fantastic job the staff do, no job is too much and they go the extra mile in everything'; 'the home is like a home from home'; 'we have witnessed very confused residents being consoled by staff – amazing', 'staff are tolerant and sensitive to peoples' needs', 'always a smile and a welcome, we can visit at any time'..* In response to a question about food provided we were told *'staff will always prepare a meal x will enjoy', 'will do something which is asked for'*. We were told specifically by two people that the home arranged medical help when this was required and maintained good communication and regular updates with the person's family. All questions were answered with a 'very good' or 'good' with no negative comments. Comments included staff display a *'genuine commitment to their work'*, and have a *'kind and courteous manner'*. We concluded, therefore, that people have safe positive relationships with the staff who look after them and other people who live in the home.

People are provided with opportunities to influence their care and day-to-day life in the home. During our visit, we saw people getting up at different times of the day which they told us was their choice. We saw people having a variety of cooked breakfast at different times which they told us they enjoyed. We observed the midday meal and people's choices were made at the time. Staff carefully monitored and supported people to eat their food and asked them if they had enjoyed their meal. We noted alternative food choices were offered if required. People were seen moving around the home to socialise with other residents and chose where they wished to sit. We noted some people preferred to spend time in their rooms and they told us that this was their choice. They were aware there were activities they could join in if they wished. We were told by residents that staff asked them what they liked and they felt they could choose what they wanted to do. We saw opportunities for people to do things that mattered to them and they had been provided with the items they

needed. This indicates that people are involved in choices about their lives in the home and their rights are respected.

People are encouraged to say how they feel about life in the home. Residents told us staff asked them their views on how they are looked after and they had opportunities to say if they are not happy about their care. We saw there was a relatives meeting on the day of our visit. Relatives told us that both they and residents were confident in speaking up if they have any concerns and confirmed one of the management team was always available in the home, welcomed feedback from them and will follow up on any action required. Advocacy services are involved with the home and their contact details were displayed. We spoke with two professionals who visit the home and they told us that they have seen improvements in the home. The management were very keen to improve standards and actively sought feedback from them after their visits and acted on any suggestions they made. We were told that residents were spoken to in private by these professionals during their visits and were positive about life in the home. They told us people appeared content and well looked after and that the home was *'a pleasure to visit'*. Overall, people are able to express their views and opinions and feel they can participate in how the home is run.

People are encouraged to be active and creative and experience a sense of achievement. We saw activities taking place over the two days of our inspection visit which included quizzes, reading, one to one talking to residents and pizza making. People told us there were a variety of activities which take place and included watching films, looking at reminiscence items, jigsaws, using a computer, ukulele evenings, manicures and clothes shopping events at the home. Relatives and visiting professionals confirmed there were frequent activities seen at the home. We were told that if a resident was too frail or did not wish to be involved in group activities, the activities organiser would spend one to one time with them in their room. We were told by residents, staff and visitors that the new 'cinema room' had been a great addition to the home and was frequently used for activities. The registered manager told us that the service had just signed a contract with a minibus company to be used for trips which was in response to feedback from staff and residents.

. There is a one page profile on each resident, with personal history, likes and dislikes and interests or hobbies. We saw that these were detailed and informative. The activities' organiser used this to inform plans for activities or conversations with residents. We saw an example of considerable effort being put into sourcing information about individual's life histories which was used to provide stimulating and rewarding activities for people. Residents told us that staff knew them well and understood the things they enjoyed. People can do things they find rewarding, that matter to them and look forward to and feel their achievements are valued.

2. Care and Support

Summary

People are cared for by staff who understand them and their needs because they are given the necessary information and understanding to deliver support. People's care plans were detailed and informative but would benefit from personalisation to reflect the type of care people told us they were receiving from staff in practice. People are involved in making decisions about their care but these are not fully reflected in the care plans or reviews. People's communication and cultural needs are addressed and information on peoples' past life experiences used to help staff understand the person they are caring for. People are cared for by a stable staff group that can provide timely care.

Our findings

People have the assistance they need to maintain their physical and emotional wellbeing. We examined care files for five residents, including medication records and found that most were detailed and comprehensive with clear information to ensure staff were aware of what they were required to do to care for the resident. However, we saw one care plan that was discussed with the registered manager, where it was felt further clarity was needed to guide staff on actions required. We were told that all care plans were being rewritten to ensure they contained clear information and the actions required by staff. We saw evidence of referrals to other professionals and actions to be taken recorded. We were told by a visiting professional that the service was proactive and sought advice about people's care and treatment and that staff were responsive to the advice given. Information from another visiting professional was that care plans seen were sufficiently detailed and up to date to inform decision making.

Dietary and fluid charts were in place for residents identified as being nutritionally at risk. Where an individual was not eating or drinking enough, we saw that appropriate referrals had been made to the dietician or speech and language therapists (SLT). Actions to be taken were recorded on the care plans. We also saw evidence of the involvement of other professionals including psychiatry, podiatry and occupational therapy. We saw that medication records seen were accurate and completed appropriately. The home has not yet had a pharmacy inspection, this is planned shortly.

Each file contained a one page profile to give staff information on the person, their life history, achievements and preferences and personal care summary. We discussed people and/or their relatives/representatives being fully involved in care plans and reviews and evidence of their agreement to decisions and about how their care is to be delivered. The registered manager told us that care plans had mostly all been rewritten and they plan to make them more personalised and involve residents and relatives.

We saw reviews on some files that had included residents and relatives and their views were recorded. Some people told us they had not been included in a care plan review but the registered manager told us that a rolling programme had been introduced to improve consultation. However, people we spoke to confirmed their views on their care had been regularly sought. Care plans should fully reflect these views in how residents want their

care delivered. We concluded therefore that individual needs and preferences are generally understood and anticipated.

People feel they matter because a range of communication tools are used to allow people to express their needs and wishes. We saw examples of actions taken by the service to communicate with people. This included the use of interpreters, pictures and translations using the internet. Cultural issues were respected and addressed including dietary needs and reaching out to the local community for input and advice and guidance. This information had been used to draw up a care plans which helped staff understand how they should provide care and support where communication was difficult. The service does not currently have the 'active offer' of the Welsh language but is working towards it. People can receive care in their language of need and have their individual preferences identified and met.

People are well supported to ensure they have a good diet and meals are arranged flexibly to adapt to individual needs. We observed lunch and people were helped to enjoy their meal by staff who were respectful and patient, allowing each resident to maintain their independence providing support if required. We saw that residents were supported according to their needs and abilities and were encouraged to be as independent as possible. Staff demonstrated knowledge of people's individual dietary needs. The pace of the mealtime was relaxed and care staff regularly checked people were enjoying their meals and drinks and we saw people have second helpings. People appeared to be enjoying their food. We were told by residents that the food is '*very good*'. Relatives told us the food always '*looks good and smells good*'. Staff told us they know residents' preferences well so if some residents had problems choosing a meal they would support them with this. We discussed how people may be better assisted to choose their meals, possibly by the use of plated meals of pictorial menus and the registered manager agreed to consider these options.

We saw drinks available and close to residents all day and drinks and biscuits were served throughout the day. The registered manager told us that there was a wide range of drinks and biscuits available and staff can respond quickly to particular request for a drink or snack item. Staff spoken to also confirmed that there had been an increase in the choices available to residents. People are supported to remain healthy by a nutritious diet to meet their individual needs and increased choice of items to improve their enjoyment of food.

Care is delivered to people when they need it. People told us they do not have to wait for support from staff and we observed staff spending time with residents, talking to them, asking if they needed anything. We noted that throughout most of the day staff were visible in the home. The nurses' office has been moved to an area where staff can see and be seen to aid their interaction with residents. This was commented on positively by visitors and staff. One professional told us that they felt the home has a calmer atmosphere now because of this.

Relatives told us that if help had been needed when they had been visiting staff had come to help without delay. Staff told us they feel there is enough of them to do their work and recently an extra member of staff has been provided on the middle floor in response to their request. One member of staff told us '*there are definitely enough staff to do the job now*'. We therefore concluded that people receive the right care at the right time.

People living at Bellavista have their dignity and personal standards respected. We noted that people were clean and well groomed, dressed appropriately for the season, some were wearing jewellery or nail varnish. We saw the laundry room where residents' laundry is sorted into individual boxes to make sure it is returned to the resident in question. We saw notes in care plans where there could be an issue of a resident maintaining dignity for themselves and how staff should respond. We saw that staff spoke to residents kindly and respectfully. We concluded that people are treated with dignity and their preferences are respected.

3. Environment

Summary

Bellavista has been extensively refurbished since our last visit. It is clean, comfortable, safe and well maintained. It offers residents a choice of areas to spend time, either in a communal area with others, in private or in safe accessible outside areas. The current owners have added a large cinema/activities room which is well used.

There is a need to give consideration to the use of signage and other aids to support people with dementia or other impairments to remain independent as possible in the home.

Our findings

People are cared for in a clean and comfortable environment. The home had recently been redecorated throughout and was clean and bright. Much of the furniture and soft furnishings were new. We saw that many of the bedrooms were personalised with pictures and ornaments. A memory box containing items of interest to the resident was on the wall next to many of the bedroom doors. Most bedrooms have now been supplied with a large screen television and the residents we spoke with appreciated this addition to their room.

Furthermore, there was a choice of communal areas on each floor and people were seen choosing where to sit and moving around the home to sit in a quiet room or to watch television with others. There was easy access to a level garden area which was secure. There were plans to make this more accessible in the near future by redesigning the entrance area. We noted that there were staff notices in the entrance area and advised the registered manager that these would be more appropriately placed in the staff room and replaced with items relating to residents' issues.

The home had recently been provided with a large cinema room with a wide screen projector to allow the showing of films. This room had also sensory equipment and residents and relatives told us the room was very popular and well used. The home was clean and bathrooms and toilets were warm, clean and with appropriate equipment.

The building would greatly benefit from signage and orientation aids for people with dementia to support them in remaining independent. The registered manager acknowledged this and told us that this had been given consideration during ongoing refurbishment. Overall, most people feel valued and an increased sense of wellbeing because of their environment

People are cared for in a safe and well-maintained environment. The home has a current Food Hygiene rating of a 4 star rating, which is considered 'good'. The external gate and entrance doors to the home were secured with coded devices to prevent intruders from gaining access. We viewed relevant documentation which showed that various external contractors were called upon for routine servicing or repair work. A Fire safety inspection of the home was carried out on 13 February 2017 and recommended works to be carried out. We saw written evidence of work undertaken as a result of the findings to address all issues recommended. The home's commitment to fire safety was further demonstrated through recordings of fire risk assessments, fire training, fire drills and evacuation procedures,

portable appliance and electrical testing and gas safety checks. We saw evidence of hoist checks and servicing and legionella testing with action required which has been completed. The home had records of personal emergency evacuation plans (PEEPs) for each resident. PEEPs provide staff with essential information regarding the specific moving and handling needs of each person living at the home in the event of fire. We concluded that people benefit from being cared for in safe and secure surroundings, where equipment is well maintained.

4. Leadership and Management

Summary

The home has been under new ownership since August 2016. The management team are present on a daily basis and seek feedback from people on the care they receive. Staff in the home are well trained and supported and feel motivated to do their jobs. The home is making ongoing changes so that people living and working there are benefit from an improving service

Our findings

People know who is in charge and how to contact them. There was clear evidence from staff and resident/relative feedback, meeting minutes and professional feedback that the registered manager and deputy were involved in all areas of the development of the care provided and were driving positive changes in the home. Staff told us they could be contacted by mobile at any time, day or night for queries or concerns and wished to be involved in the decision making processes. Minutes of staff meetings indicated that the registered manager kept staff up to date with planned changes. Staff told us they felt well informed about developments in the home. Management have a clear line of sight on service delivery and maintain daily contact with staff and residents.

Improvements are being made by the new management of the home and the effects are being noticed by residents, relatives, visitors and staff. We were told by everyone we spoke with that they had noticed improvements to the home. These included the physical standards in the home, redecoration, new items including furniture and furnishings and the cinema room. We were told that the management were visible and approachable and seek out visitors for feedback on ways to improve the home.

Staff told us they could get things they needed more readily as there is someone from the management team always available, day and night. There is a better choice of food and drink and their suggestions for improvements were listened to. One professional told us *'things are definitely getting better'*, another told us *'residents seem calmer', 'staff seem happier and feel appreciated'*. People benefit from an improving service.

Staff feel well trained, supported and involved in the running of the home. We saw evidence that most staff had received all of the mandatory training as required. The manager told us that they were proactive and ensured that all staff attended updated training. The training matrix we saw evidenced that the score for most training is almost 100% except for First Aid. Other more specialist training had been organised and was ongoing which included training on diabetics, epilepsy, dignity in care, swallow awareness, falls awareness, venepuncture and wound training for nurses.

Staff told us they felt they had suitable training to do their work. They had requested additional training in dementia which we were told was now planned. Positive Behaviour Management training to support staff in caring for residents with more complex needs had also been included in the training to be provided to staff. One of the management team was

a qualified trainer and was compiling a training plan after consultation with staff in the home. Staff told us they felt they received more support on how to access training and develop their careers. We were told the registered manager had sought out training for staff who were interested. One staff member told us this helped them feel more motivated in their work.

We saw evidence that staff had supervision every two months. Supervision in this context refers to members of staff meeting regularly with their line manager on a confidential one to one basis, to discuss their performance, training needs or any concerns they may have. . This in turn ensures that residents receive the best possible care from a knowledgeable, motivated staff group.

The registered manager told us that senior staff were provided with training on giving supervision as the manager felt this was an important role that staff need support with. We saw evidence of the minutes of staff meetings where it was clear staff were able to speak up about issues that concerned them. Staff confirmed that they had no hesitation in approaching the management about any problems they had and that they had found them very responsive. Staff told us they felt there was an improved working atmosphere in the home now there was a stable staff group and that staff got on well. Staff felt appreciated because their views were listened to and working conditions had improved. The new management had provided a sofa in the staff room and a coffee machine so staff could have free coffee. We were told by staff that the manager thanks staff for their hard work and this had raised staff morale considerably. People benefit from a service where wellbeing of staff is given priority and staff are well lead supported and trained.

Recruitment in the home is undertaken to ensure people are safe. We examined four staff personnel files and found that all required information was present and we concluded that the staff are 'vetted' in way that safeguards people living at the home.

Systems are in place to ensure that people's best interests are promoted. We saw that where people lacked the mental capacity to make important decisions relating to their life, appropriate action had been taken in accordance with the Mental Capacity Act 2005. This meant that applications regarding Deprivation of Liberty Safeguard (DoLS) authorisations had been made. We concluded that people's rights are protected.

There is a willingness to learn from feedback, best practice, complaints and incidents. We discussed a recent incident in the home and found that immediate action had been taken to address this. Information had been cascaded down to staff and was used as a learning opportunity to improve care practices. We saw written procedures provided for staff for guidance following the incident. The registered manager discussed several ideas the service plans to introduce to follow best practice in several areas including care planning, environmental changes and staff training on specialist areas such as more in depth knowledge on dementia.

We saw the last report of the quality monitoring visits which are undertaken every three months by a person nominated by the provider.

We noted these reports were very detailed and evidenced that the views of residents and staff had been sought and were to be actioned. Priorities for action were clearly recorded

and included staff training, care planning and changes to the environment of the home. The service had a clear and detailed Statement of Purpose and Service user guide which reflected the service it provided. These are important documents which should provide people with information about the service, including the facilities available at the home.

Feedback from professionals spoken and evidence from care files confirms that the service draws upon reviews, advice and feedback from external professionals and agencies, including advocacy services, speech and language therapy, podiatry, occupational therapy, GP, dieticians and psychiatrists and psychiatric nurses. We concluded from this that the service is committed to constant improvement and where service users can contribute to the development of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is not applicable as this is the first inspection following the service's registration under the new owners

5.2 Areas of non compliance identified at this inspection

There were no areas of non compliance following this inspection

5.3 Recommendations for improvement

We made the following good practice recommendations:

- Ensure that care plans contain a level of detail that would fully inform care staff about the person's needs and how they should be met.
- Ensure that people and/or their relatives/representatives are fully involved in care plan reviews, agree to decisions made about how their care is to be delivered and that this is evidenced.
- Use of signage and other aids to support people with dementia or other impairments to remain independent as possible in the home

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and the first inspection undertaken since there has been a change in ownership of the home. We made an unannounced visit to the home on 23 March 2017 and a second visit on 28 March 2017. The inspection also considered a concern we had received about care practices in the home.

The following sources of information were used to support our findings:

- Discussions with the registered manager, the representative of the owners of the home (Responsible Individual) and the deputy manager of the home.
- Discussion with four residents.
- Discussion with seven relatives.
- Discussion with four members of staff.
- Consideration of information held by CSSIW on the service.
- Observation of daily life and care practices at the home.
- Observation of social activities taking place.
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool which enables inspectors to observe and record life from a service user's perspective; how they spend their time, their activities, quality of interactions with others and the type of support received.
- Examination of five resident care files.
- Examination of four staff personnel files including information relating to recruitment.
- Examination of the home's Statement of Purpose.
- Examination of the Service User's Guide.
- Consideration of the home's quality assurance processes and documentation.
- Consideration of staff/resident relative meeting minutes.
- Examination of a sample of documents relating to safety and maintenance of the environment.
- A tour of areas of the home to which residents have access.
- Fifteen questionnaires for residents/relatives and fifteen for staff were left at the inspection. At the time of writing this report two staff and four resident/relative questionnaires had been returned.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

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|---|--|
| Type of care provided | Adult Care Home - Older |
| Registered Person | Bellavista Care (Cardiff) Limited |
| Registered Manager(s) | Beena Jacob |
| Registered maximum number of places | 49 |
| Date of previous CSSIW inspection | n/a |
| Dates of this Inspection visit(s) | 23/03/2017 |
| Operating Language of the service | English |
| Does this service provide the Welsh Language active offer? | No |
| Additional Information: | |