

# Inspection Report on

**Bellavista Care Cardiff Limited** 

2 Harrowby Place Cardiff Bay CF10 5GB

## **Date Inspection Completed**

14 March 2022



### **About Bellavista Care Cardiff Limited**

| Type of care provided                                      | Care Home Service  |
|--|--|
|  | Adults With Nursing  |
| Registered Provider  | Bellavista Care (Cardiff) Limited  |
| Registered places  | 63   |
| Language of the service                                    | English  |
| Previous Care Inspectorate Wales inspection                | 5 November 2021  |
| Does this service provide the Welsh Language active offer? | This is a service that is working towards an 'Active Offer' of the Welsh language and intends to become a bilingual service. |

#### **Summary**

Bellavista Care (Cardiff) Limited is able to accommodate up to 63 residents with nursing care needs. This inspection was unannounced, Jacob George is the responsible individual (RI) for the service and the manager is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement.

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide assistance with arrangements in place to cover any future shortfalls. People live in accommodation which is suitable for their needs and extensive improvements following the previous inspection have been carried out. People receive activities and support in accordance with their interests and wishes.

The management team is visible and engaged in the day-to-day running of the service and systems are in place to ensure the quality of the care and support provided. Care documentation has improved to reflect the care and health needs of people living at the home.

The home environment is secure and there is an ongoing refurbishment plan in place with additional building works scheduled to be undertaken throughout 2022. Infection prevention and control arrangements are in place to reduce the risk of infectious diseases being spread throughout the home.

#### Well-being

People receive support that promotes their physical health and mental health. Documentation has improved and contains details of the care and support carried out. Staff make referrals to other healthcare professionals as required. There is documented evidence in care files of support from other professionals such as GP and dietician. People have a voice to make choices about their day-to-day care. Care staff respond promptly to people's needs to help them appear clean and well-groomed. Personal plans have improved ensuring the information is up to date. This serves to ensure care is personcentred and continues to meet people's needs and expectations.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks and snacks offered throughout the day which was a positive social time for people throughout the home. The home has been awarded a 5 star (very good) food hygiene rating. There is a dining area on each floor, we observed good interaction by care staff whilst assisting residents.

People benefit from a variety of social activities and pastimes of their choice. The home's recent activities schedule describe a variety of activities including; a sing along karaoke which we saw people enjoying, various booked entertainment and one to one activities. There are two activity coordinators employed at the home and care staff engage in ad-hoc activities throughout the day. We looked at the activities carried out by a sample of people's documentation and found that various activities had been undertaken. This included; one to one activities, painting and pampering days.

Measures are now in place to promote good standards of practice throughout the home. Infection prevention and control measures have improved and are sufficiently robust and in line with current Public Health Wales guidance. The home carries out audits to help maintain standards and practice. Management show good oversight of incidents, accidents complaints and safeguarding matters. A Statement of Purpose (SOP) is present along with a written guide.

The environment is suitable for the needs of the residents and management have strived to ensure is a safe place for people to live, work and visit. Management oversee the training and supervision needs of the staff. Team meeting take place specific to each worker's role. There is a robust recruitment process. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its SOP.

The home has shown a commitment to improving and developing.

### **Care and Support**

Care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding meal and snack options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People's preferences and aspirations are documented. They are able to have visitors to the home and are encouraged to keep in touch by telephone. Care records have improved since the previous inspection visit and are well organised. These included accurately recording information regarding how people's needs and outcomes should be met and details of the care and support carried out. All personal care records have been transferred to an electronic system which is now complete.

People have access to health professionals and other services to maintain their ongoing health and well-being. Appropriate referrals are made and advice is sought to help people maintain their health and well-being. When required, care staff support people to access community based medical appointments.

Care staff respond promptly to people's needs and help them appear clean and well-groomed. People we spoke with told us they are happy with the service provided. Relatives commented on the improvements made at the home during the past few months which includes the environment. People now benefit from a variety of social activities and pastimes of their choice. Care staff are visible and we found there to be appropriate oversight of staffing arrangements. Information about how people like to spend their day is documented. Management told us this has been affected by the Covid-19 pandemic. The home completes audits regarding areas such as skin integrity and medication, which the RI oversees. A visiting professional we spoke with shared positive feedback about the care people receive.

Measures are in place for safeguarding people. Entry to the home is secure and a log of visitors to the home is maintained Staff ensure they check visitors' identification carefully, take visitors temperatures and LFT prior to entry to the home. A safeguarding policy is present. The home liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate.

Measures are in place to promote safe infection control, such as cleaning schedules, improvements have been made to minimise cross-infection risks as far as possible. For example, we noted staff consistently followed the correct personal protective equipment (PPE) guidance and we saw appropriate sanitising areas throughout the home.

#### **Environment**

People are cared for in a clean and homely environment. People's bedrooms are individualised and contain personal items of their choice. There are sufficient bathing facilities and toilet facilities for people. We saw cleaning staff undertaking cleaning duties throughout the home and found the home to be generally clean and well maintained. When we spoke with people they were complimentary about the service. There are three floors in the home, each accessible via a passenger lift. The service has received a food hygiene rating of 5 (indicative of 'very good' kitchen hygiene practices). The provider offers suitable accommodation for the residents and management are committed to developing it for their benefit. Refurbishments have been undertaken at the home during the past few months which includes; new flooring throughout the top floor, a new small dining area on the top floor and rearrangements of small lounge areas and fresh paintwork throughout.

Communal lounge areas throughout the home are spacious and the service benefits from a choice of areas to sit and enjoy quiet time. This also enables social distancing during this covid-19 period. All confidential files including staff and care documentation were stored securely in lockable areas. The statement of purpose describes the home and its facilities well.

Management oversee the home's health and safety requirements. Appropriate certification is in place regarding facilities and equipment such as gas, electrical appliances, nurse call alarms, manual handling equipment and the passenger lift. From our walk-around we noted window openings that may potentially pose a risk to residents are secure. There is a fire safety risk assessment and care staff receive training in fire safety and first aid. A visit by the South Wales Fire and Rescue service resulted in them issuing a schedule of works regarding fire safety to be completed as soon as possible. The work required has now met completion as advised.

The home's spacious reception area is welcoming and there is antibacterial hand gel and masks available for visitors before entering. The home now completes environmental audits daily to ensure all areas are clean and safe.

#### **Leadership and Management**

People can now be confident the care provider and management of the home monitor the quality of the service they receive. The RI visits the home regularly and meets with residents and staff. We viewed the latest audits of documentation relating to care provision. This includes recordings of skin condition, falls/accidents, food and fluid intake and weight loss. To ensure residents receive timely care and support in response to any adverse changes in people's needs, there is now documentation in place to guide staff in recognising and responding appropriately to early signs of deterioration.

There are sufficient staff on each shift to meet people's needs. Staff receive formal supervision in their roles and have the opportunity to discuss any work-related concerns they may have, or any training needs. Care staff we spoke with told us of the improvements made at the home and were complimentary regarding the management and RI. There have been several new staff recruited including a senior nurse and care staff who told us they are 'one big team and work well together'.

Systems and processes help promote the smooth running of the home. Management oversee incidents, accidents and complaints. The home carries out internal audits to monitor standards and practice. Nurse daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw a Covid-19 contingency plan in place. Policies and procedures are in place to support care staff in their understanding of their roles and responsibilities. The service has an accurate and current SOP which is reflective of the service provided.

During the visit staff told us the RI is hosting a "Staff appreciation week" for all the care staff at the home to thank them for the commitment shown during the Covid-19 pandemic. The week includes; pizza days, pop and popcorn days and we saw signage throughout the home from the RI to the staff stating "We thank you for all your hard work".

| Summary of Non-Compliance |   |  |  |
|---------------------------|---|--|--|
| Status                    | What each means   |  |  |
| New                       | This non-compliance was identified at this inspection.  |  |  |
| Reviewed                  | 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. |  |  |
| Not Achieved              | Compliance was tested at this inspection and was not achieved.  |  |  |
| Achieved                  | 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      |  |
| 21                        | The provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.                    | Achieved |  |
| 8                         | The provider has not ensured that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service | Achieved |  |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement |  |        |  |
|-------------------------|--|--------|--|
| Regulation              | Summary  | Status |  |
| N/A                     | No non-compliance of this type was identified at this inspection | N/A    |  |

### **Date Published** 21/04/2022