



Inspection Report on

Bellavista Nursing Homes (Wales) Limited

**Bellavista Care Home
106-108
Tynewydd Road
Barry
CF62 8BB**

Date Inspection Completed

19 August 2021

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About Bellavista Nursing Homes (Wales) Limited

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bellavista Nursing Homes (Wales) Limited
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	05.04.2019
Does this service provide the Welsh Language active offer?	This is a service that is working towards an 'Active Offer'.

Summary

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.

There are sufficient care staff available to provide prompt assistance, and arrangements are in place to cover any future shortfalls. Care staff receive training to ensure they are able to meet people's needs effectively and people receive support from staff who show respect and kindness. People sometimes receive a range of social and recreational support in accordance with their interests, however this is restricted at this time due to phased refurbishments throughout the home and the main building being used as an isolation step down unit during the Covid-19 pandemic.

The RI visits the home weekly and taken action to address areas where improvements are required. 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 overall reflects the care and health needs of people living at the home.

The home is clean and infection control measures are in place. The environment is fit for purpose with ongoing refurbishments in place.

Well-being

People have a voice and can make choices about their day-to-day care. Care staff value and respect the preferences of each individual and encourage independence wherever possible. They keep personal plans up to date and record people's views and feedback about their care. This serves to ensure care is person-centred and continues to meet people's needs and expectations.

People receive support that promotes their physical health and mental health. They appear clean and well-groomed, and care staff respond promptly to their needs. People can move freely in accordance with their ability and level of risk although at this time there are refurbishment works ongoing which is restricting various areas of the home. People benefit from a variety of social activities and pastimes of their choice.

People are protected from harm. The entrance to the home is secure and the environment is clean and hazard free. Care staff carry out environmental risk assessments as well as assessing risks specific to each person's health and well-being. Care staff are up to date with safeguarding of adults at risk training and all mandatory courses relating to environmental cleanliness and safety. Arrangements for fire safety and general maintenance are in place. Care staff are using appropriate personal protective equipment (PPE) to reduce the risk of infection and we saw sanitising areas throughout the home.

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 a calm, social time for people to enjoy. The chef told us of each person's dietary requirements' and had a good understanding of people's likes and dislikes.

People's individual needs define their personal plan, and care and support is adapted to suit their situation. Risk assessments identify people's particular vulnerabilities and strategies for protecting them. They are reviewed regularly and as required, for example to reflect a change in support needs. There is documented evidence in care files of support from other professionals such as GP and dietician.

Care and Support

People receive appropriate person centred care. Care and support records show that referrals are appropriately made in a timely manner to the relevant health and care professionals when required. Risk assessments are carried out routinely or as required following an incident, they identify vulnerabilities for the individual and set out ways to keep people safe.

Care staff maintain accurate and up-to-date care recordings, which reflect people's current needs. There was sufficient information to inform staff how to support and care for people with complex health and behavioural needs effectively and safely. They give a clear picture of the individuals' needs, likes and what matters to them. During our visit we spoke with individuals who told us care staff are kind and helpful. We saw care workers available throughout the home and readily available to provide assistance. Nurses share information formally during handover highlighting any significant changes in people's condition or prescribed treatments. All care staff receive updates about people they support at the start of each shift. Care plans which are electronic are person centred and care workers review and revise them regularly.

Medication management policies and staff training are in place to ensure safe practice. The medication administration records (MARs) are regularly audited and any shortfalls noted, so the service can take appropriate action, for example retraining or updating care staff.

People have timely support with their medical needs and access to a range of healthcare professionals. We saw evidence of consultations with the GP, dietician and optician. Wherever possible the professionals involved record in the person's file any changes in treatment or in the care they wish staff to deliver; staff in turn update the relevant care plans. Throughout the Covid-19 pandemic we saw most GP consultations had taken place via telephone and logged appropriately.

People benefit from the support of friendly and respectful staff. During our visit, we heard staff speaking kindly and in a good-humoured way. Care staff know the people they support well; therefore, they can recognise any deterioration in health and well-being, and act accordingly. At this time visiting remains restricted because of the COVID-19 pandemic, but under normal circumstances, people are able to receive visits from friends and family at any time. Throughout the pandemic, management and care staff have supported individuals to stay in contact with their loved ones via phone or video calls.

People are able to participate in a range of social activities within the home. There are a variety of activities available including music sessions, memorabilia, arts and crafts and time spent in the garden during fine weather. A monthly newsletter is available which contains photographs, events and special days to look forward to including the therapy

dog Ruby who has recently returned to her visits at the home. We spoke with a relative who said their family member had been happy since moving to the home and had made many new friends.

Environment

People are protected from environmental health and safety risks. The entrance to the home is secure and care staff check visitors on arrival. At present, all visitors need to evidence a recent negative covid19 test, or be prepared to self-test on arrival in accordance with guidance. There are handwashing facilities throughout the home and personal protective equipment (PPE) is readily available for staff and visitors. During our visit, we saw staff social distancing and wearing PPE correctly.

People benefit from a safe and secure environment. The environment is clean and as hazard free as possible. Window restrictors are in place and all hazardous cleaning chemicals are appropriately locked. Regular fire safety checks are carried out and people have personal emergency evacuation plans in place (peeeps). These records provide-up-to-date information for staff about the support each person would need in the event of a fire. All confidential files including care files are stored in lockable areas.

Since the previous inspection the service has had extensive building and refurbishment works carried out which include the installation of a second lift. Due to the Covid-19 pandemic the completion of works are planned to commence at a future date which includes extending the small ground floor toilet to allow easy access for people living at the home. We identified this area was too small for staff to safely support people who required assistance and highlighted our concerns to the manager. We have been told that this area would be addressed immediately and informed that works have immediately commenced.

The layout of the home promotes accessibility and independence where possible. Lounges and the dining room are easily accessible for people with reduced mobility. Bedrooms are spacious and contained personalised items of people's choice and most contained en-suite bathrooms; although the shower cubicles within the en-suite bathroom did not allow easy access for people. Staff told us that cubicles are not currently used due to concerns regarding the safety of people who require assistance. The manager gave us assurance that this area will be addressed as there are plans to remove the shower units and replace with 'walk in showers' suitable for people's needs.

We will consider progress at the next inspection visit.

Leadership and Management

People can be confident the care provider and management of the home monitor the quality of the service they receive. The responsible individual (RI) visits the home regularly and meets residents and care staff. We viewed the latest Regulation 73 report, which is thorough and evidences people's feedback and oversight of the home. The RI is currently preparing the next six-monthly quality assurance report (due in September 21). There are arrangements in place to obtain views of people using the service, their representatives, care staff and stakeholders.

The manager and staff carry out frequent 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.

People benefit from care staff who receive support from management. The care staff receive regular opportunities to meet with the management team to discuss their performance and set individual goals. Care workers receive formal supervision for the role they perform and are able to discuss any work-related concerns they may have, or any future training needs. There are sufficient care staff available to meet people's needs. The training records indicate care workers are up to date with mandatory training courses such as moving and handling, infection control, fire safety and safeguarding adults at risk. Other courses attended by care staff include dementia care, oral hygiene and end of life care. Management told us that due to COVID-19 most training was being undertaken online. Personal protective equipment (PPE) training had been carried out and refresher training in place for all staff. We saw PPE worn appropriately by all care staff throughout the visits.

People can be confident that they will be cared for by care staff that are appropriately and safely recruited. People are protected by the safe practices for the recruitment and vetting of care staff prior to the commencement of employment. Files examined contained proof of identification, evidence of Disclosure and Barring (DBS) checks carried out and two written references obtained with a full employment history.

We examined the statement of purpose. This is an important document, which should outline the home's philosophy of care. The document demonstrated that the home has a focus on promoting "choice, independence, and dignity" and found that the home seeks to put these values into practice. We advised the provider to include the visiting arrangements in place at the home during the COVID-19 pandemic.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

None	
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