



Inspection Report on

Bellavista Care Cardiff Limited

**2 Harrowby Place
Cardiff Bay
CF10 5GB**

Date Inspection Completed

10/03/2023

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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	[Manual Insert]17 November 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Bellavista Care (Cardiff) Limited can 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 requirements. We had issued non-compliance notices in November 2022, as the service was not meeting regulatory requirements. These related to oversight of the service and aspects of care delivery. Significant improvements have since been made to promote the well-being of the people living at the home.

There are sufficient staff on duty to provide prompt assistance and staff deliver care that meets people's needs. There are improvements in the systems to ensure the quality of care and support provided. Care documentation has improved, and reflects the care and health needs of people living at the home. People receive care and support from a friendly staff team; and we were told there are enough staff, with arrangements in place to cover any shortfalls. People mostly receive a range of social and recreational support in accordance with their interests.

The home environment is secure and urgent work has been carried out throughout the home to maintain people's safety. There are ongoing building works being undertaken externally. Action has been taken to prevent any adverse impact for staff, visitors and people living at the home.

Well-being

Care staff treat people with respect and have good relationships. During our visit, we saw staff interacting positively and people told us they have a good working relationship that is respectful. We observed care staff putting people at ease through conversation and humour. People told us they benefit from good relationships with the management team and care staff.

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. We saw staff responding 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 person-centred and continues to meet people's needs and expectations.

People have a choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks offered throughout the day. The home has been awarded a 5-star (very good) food hygiene rating. We observed good interaction by care staff whilst assisting residents throughout the visit. Consideration has been given to ensure support is provided for people who remain in their own rooms during mealtimes, and we saw people's dining experience to be a more social time for people to enjoy.

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. The home carries out additional audits and environmental checks to help maintain standards and practice. Management demonstrates good oversight of incidents, accidents, complaints and safeguarding matters. A Statement of Purpose (SOP) is present which is up to date and reflective of the home.

The environment is suitable for the needs of the residents, and management have strived to ensure Bellavista is a safe place for people to live, work and visit. 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 prior to entering the home. A safeguarding policy is present. The home liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW). 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 know the people they support well; therefore, they can recognise any deterioration in health and well-being and act accordingly. Care records have improved since the previous inspection visit and are well organised. They accurately record all information regarding how people's needs and outcomes should be met, and details of the care and support carried out on a daily basis. All personal care records have been transferred to an electronic system which is now complete.

At the previous visit we identified where documentation did not always accurately reflect the day to day needs and wishes of individuals living at the home. At this visit we found audits and daily/weekly checks now identify any shortfalls which are actioned immediately. Management told us of the improvements made which include regular spot checks carried out and additional computers installed on each corridor throughout the home, which enable staff to document all care carried out in a timely manner. There has been a marked improvement in recordings and information sharing over the past couple of months and this work remains a work in progress.

People have access to health professionals and other services to maintain their ongoing health and well-being. Staff make appropriate referrals and seek advice to help people maintain their health and well-being. We saw evidence of consultations with the GP, dietician, and other visiting professionals. When required, care staff support people to access community based medical appointments.

People receive support that promotes their physical and mental health. People appeared happy and content and we observed staff responding promptly to their needs. We spoke with people and visiting relatives who told us; *"We are very happy with the care here, staff are very kind and helpful"*, and *"There's been big improvements made here lately"*.

People are encouraged to participate in a range of social activities available at the home. This includes singing, film watching, arts and crafts and one-to one activities. We saw evidence of the activities that had been offered displayed throughout the home. There are two dedicated activities coordinators who were present during our visits. We saw people engaged in group activities and one person's birthday being celebrated that day with a cake and a 'singalong'.

People are generally provided with healthy and nutritious meals, and we saw that choices are offered and encouraged. Food portions were adequate and well presented and we saw people enjoying the meals provided and good interaction by staff. We recommended that the manager observe mealtimes to ensure meals are placed in people's rooms only when care staff can provide the required assistance.

We found compliance has been met regarding the priority action notice issued at the previous inspection.

Environment

People are cared for in a clean and homely environment. There are three floors currently being used at the home each accessible via a passenger lift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. We saw staff undertaking cleaning duties throughout the home and found the home to be clean and well-maintained. When we spoke with people, they were complimentary about the home and told us they have noticed improvements regarding the environment.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There is oversight to ensure staff follow the correct infection control guidance.

People are protected from environmental health and safety risks. We identified where improvements have been made throughout the home. We found weekly call bell checks are carried out and call bells are available throughout all areas of the home. We found the bathrooms were free from clutter and all hazardous fluids appropriately stored. The provider has recently invested in refurbishments throughout the home which includes repainting and new flooring throughout the corridors and bathrooms. The home remains in the process of extensive building works being carried out to add additional seating areas/ bedrooms throughout the home. However, we found no impact for the people living and visiting the home at this time as highlighted at the previous inspection.

Management oversees the home's health and safety requirements. From our walk-around we noted the home to be clean and fresh throughout with no areas for concern noted. The home has a food hygiene rating of 5 (indicative of very good kitchen hygiene practices). Staff carry out regular fire safety checks and people have personal emergency plans (PEEPs) in place. There is a fire risk assessment and all care staff have recently received training in fire safety, safeguarding and whistleblowing. Environmental audits to ensure areas are clean and safe are carried out daily and any shortfalls addressed immediately.

We found the home has met compliance with the Priority action notice issued at the previous inspection.

Leadership and Management

There is evidence of suitable service oversight and governance. The RI visits the home regularly and engages with residents and staff. They complete quarterly monitoring visits and we saw a quality-of-care review which has been completed since the last inspection. Systems and processes are in place to monitor and test the service provided on an ongoing basis, to identify and improve outcomes for people who live at Bellavista. We viewed the latest audits and documentation relating to care provision. This includes recordings of skin condition, falls/accidents, food and fluid intake and weight/ loss which are actioned appropriately with any concerns identified.

People and staff have access to information. A statement of purpose (SOP) is available which reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information pertinent to their roles.

People can be assured that staff are competent to undertake their roles. The general workforce has the training, skill, and knowledge for the role they undertake. Recent training includes manual handling, safeguarding and whistleblowing. We discussed this area with the management team who told us that training is up to date for all staff with refresher training available if required. Staff meetings take place for qualified nurses, care staff, night staff and the management team. Staff supervision is consistent, the manager has carried out supervision for each staff member in accordance with regulatory requirements.

Supervision provides each staff member with opportunities to discuss their performance, development and to raise any concerns they may have. Staff we spoke with told us they are well supported and can approach the management team with any issues or concerns.

People can be assured that the service is run in accordance with up-to-date policies and procedures. We found the policies recently reviewed and contained updated information to any changes to guidance. Therefore, any staff provide with this information would be following information which is current and up to date to underpin their practice when supporting people. Dates for staff, management, relatives and resident meetings are arranged with feedback and engagement sought.

The provider has met compliance with all areas where priority action notices were issued at the previous inspection.

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
44	The provider is not compliant as they have failed to ensure the premises are properly maintained. (i) kept clean to a standard which is appropriate for the purpose for which they are being used	Achieved
21	The provider has failed to ensure that care and support is provided in a way which promotes, protects and maintains the safety and well-being of individuals.	Achieved
6	The provider has failed to review their governance and oversight arrangements to be satisfied that the home operates safely and effectively for the individuals receiving care and support	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

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