



Inspection Report on

Brightside Manor

**Brightside Manor
637 Newport Road
Rumney
Cardiff
CF3 4FB**

Date Inspection Completed

21/04/2023

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About Brightside Manor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Avan Limited
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	03 July 2020
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Since the last inspection, a new manager and deputy has been appointed in February 2023, but they have worked at the service for a few years and are suitably qualified for the role.

People are happy and live in a home that meets their needs. Personal plans are created alongside people and identify their preferences. Care documents are regularly reviewed with the person and appropriate changes are made to ensure they remain current. People are provided with choice and their personal needs are considered. Care staff have a good understanding of the needs of people living at Brightside and they provide care with kindness. Professionals are involved in the persons care when required to ensure their health needs are met. There are some good systems in place to support quality of care and oversight but some of these could improve. The home is safe and secure and a refurbishment plan in place which is being worked upon to further enhance the environment for people. We found that window restrictors are required in accordance with current guidance and the RI assured us that priority action would be taken to address this. There are robust recruitment checks for staff to ensure people are protected. Care staff are happy working at the service and feel well supported and valued. Management is known well and trusted by people we spoke with and care staff.

Well-being

People are involved in their care and are encouraged to make contributions. We saw that pre-admissions include the person and their representative, if appropriate. Regular reviews with the person ensure their choices and preferences are known. Most people's rooms are personalised. Resident meetings highlight important matters to people and their views are valued to shape the service for the future.

People can be confident that staff provide the right level of support. Consistent care staff know people well. We saw care staff are kind, respectful and responsive to people's needs. The service encourages social dining where people can get together. There are facilities available for relatives visiting so people can catch up with friends and loved ones in a private space.

People are offered a varied activity programme to meet people's needs and personal preferences. There is an activity coordinator present and people are supported into the community for outings such as, shopping. People can access the community for leisure and attend their health appointments when they need to. We saw that people have access to health care professionals. People's dietary needs are catered to, and people told us they are happy with the range and choice available to them.

People feel confident talking to care staff, managers, and the Responsible Individual (RI). People can share any concerns or ideas they have with managers. The RI regularly visits the home and people know them well. Care staff also know the RI and feel any issues raised would be acted upon.

Care and Support

The service considers a wide range of information about the person before they move into the home. This is to confirm they can meet their personal outcomes. People's needs are considered in an assessment prior to any admission. The service creates a detailed personal plan which identifies their needs and any associated risks. This is an important document to inform staff on how best to support the person and their preferences. The service regularly talks to people about their care. Reviews regularly take place to ensure personal plans remain reflective of the person's needs and any changes. People have individual key workers and they are encouraged to share their views and raise concerns. Daily care records show that people receive the right care at the right time. We observed staff being responsive when people required assistance and support. People told us that the staff are kind and respectful. Staff appear to have developed good relationships with people. On the day of inspection, we saw people enjoying activities through lots of conversations, positive interactions, and laughter.

Kitchen staff know people's dietary requirements which are individually catered to. We saw that food stock is sufficient and a range of items available to cater to different diets and likes. The menu is displayed for people to view their options. We also saw that people have access to drinks to encourage hydration. On the day of inspection food looked appetising and well presented. A residents meeting shows that feedback from people regarding the menu choices is positive. Professionals such as Dieticians are involved to advise the home on appropriate diets for people who have a swallowing difficulty and are at risk of choking. We saw that people use adapted cutlery to promote their independence. The dining room enables people to socialise together, and this is encouraged by care staff. However, some people choose to eat their meal in their personal room and this is catered to. There is a robust auditing arrangement in place to monitor people's nutritional intake and maintain good oversight.

There is a good relationship with the General Practitioner, and they regularly visit the home to monitor people's health and well-being. Appropriate and prompt referrals are made to seek professional health advice and intervention. These include the District Nurse and Speech and Language Therapy. People are supported to attend personal appointments such as the opticians and podiatry as well as the hairdressers. These records must be kept up to date.

Medication audits are regularly undertaken to ensure the safe administration of medication. The audits identify any pattern or trends but any action taken should be clearly recorded to reduce the risk of a reoccurrence. Staff are trained to administer medication. Accident and incidents are minimal and we found appropriate action is taken to seek medical advice when needed. However, these systems could be improved to better evidence any increased visual observation, pain relief administered and the manager's oversight following a fall. The manager assured us that this would be addressed.

Environment

There is an open plan main lounge and dining room which is spacious, light, and homely. There are sufficient comfy chairs available for people to socialise together. Since the last inspection, a room has been converted to accommodate a quiet lounge to give people a choice, which we saw people utilising and enjoying. We saw a variety of aids and equipment to enhance and promote people's mobility. Most bedrooms are personalised to people's tastes with items that matter to them, but this is being further developed. People can use their own rooms and a recreational room is also available where people can meet with relatives and friends. A large summer house is also available for people to use. This looks onto a mature and well-maintained garden.

The home is secure and staff check visitors' information and identity before entering the home to ensure the visit is safe. There is a refurbishment plan in place which is being worked upon to further enhance the environment for people. Since the last inspection, different themes are being introduced on each community to provide an interesting space and to help with orientation for people with a memory impairment.

There are servicing arrangements in place to ensure facilities and equipment are safe to use. The environment is free from clutter and generally safe from hazards that may pose a risk to people. However, we found that the current window restrictors are not in accordance with current guidance and must be replaced. The RI assured us that this would be actioned. This is an area for improvement and we expect the provider to act.

The fire risk assessment in place identifies some actions required but the manager told us that these have been addressed. The manager is updating the assessment to reflect that all actions have been completed. There are routine checks to ensure that fire equipment remains in working order. People have a personal emergency evacuation plan (PEEP) which is important to inform staff of how to safely evacuate in the event of an emergency. Fire evacuation drills are regularly undertaken to ensure staff are familiar with the process.

Personal Protective Equipment (PPE) such as gloves and masks are available to people, care staff and visitors. We saw care staff wearing PPE for direct care and the correct disposal methods are used. There are good clinical waste arrangements in place. However, we did see open waste bins in some toilets and bedrooms. The manager assured us this would be replaced for pedal bins to prevent the spread of infection. There is a robust cleaning schedule in place and we found the home to be clean throughout. Housekeeping told us that they work together to ensure they maintain the cleanliness.

Leadership and Management

Since the last inspection, a new manager and deputy has been appointed in February 2023, but they have worked at the service for a few years and are suitably qualified for the role. The manager told us they feel well supported and are regularly in contact with the RI. Care staff told us that the manager and deputy are approachable and supportive.

The RI regularly visits the service to assess the quality and effectiveness of the service but reports to include seeking the views of people and staff. However, the people in the home know the RI well. We saw that the service values people's contribution. People can attend resident meetings and we saw some improvements have been made from these. The RI produces a quality care report to evaluate the performance of the service and identify any improvements. This report needs to include the analysis of information held at the service to effectively evaluate the quality and safety of the service. The staff told us that they regularly see the RI and feel confident raising any concerns and feel these would be acted on.

There is a safeguarding policy in place but this needs to be revised in accordance with current Welsh guidance. Although there are systems in place to analyse and evaluate quality these need to be improved. The management team understand that they need to develop internal auditing of key areas for example, accident/incidents, medication, safeguarding, concerns, call bells, etc. While no immediate action is required, this is an area for improvement and we expect the provider to act.

We saw that care staff go through the appropriate recruitment checks to ensure they are safe to work with vulnerable people. Records show that staff are well supported. They receive regular opportunities to meet with the manager to reflect on their work and identify any personal development needs. Staff are given regular opportunities to meet collectively to share information and seek support. Since the last inspection, staff attended some core training for their role such as enhanced dementia training. Further training has been scheduled for areas which are outstanding. Staff tell us they receive the right level of training to understand people's needs.

There is a stable staff team and agency is rarely used. This provides people with consistency and continuity of care. There is a dependency tool available for managers to assess people's needs to review the number of staff allocated is sufficient to deliver the care and support required. Care staff told us there is enough staff so they do not rush people. We saw that staff are available in communal areas to observe people and offer assistance and reassurance when needed. We noted that this reduces people's anxiety at times of distress due to staff's positive interventions. Staff understand the needs of people they support. Staff told us that they receive information about people to enable them to understand their needs and preferences.

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

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
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8	To ensure regular auditing of information to assess the quality of care and identify any patterns/trends to act accordingly	New
57	The current window restrictors to be replaced in accordance with the current Health and Safety Guidance	New
15	Regulation 15 (3): The service provider must prepare a plan for the individual that sets out – (3) The personal plan must be prepared prior to admission	Achieved
21	Regulation 21 (1): The service provider must ensure that care and support is provided in a way which protects, and maintains the safety and well-being of individual's – We recommended a full staffing review in accordance with the dependency needs of the people living at the home.	Achieved
21	Regulation 21 (2): The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan – We recommended that the care and support plans are revised to ensure the information recorded reflects the individual's care/health needs and management of risk.	Achieved
59	Regulation 59 (3),(a): In relation to records - The service provider must ensure records relating to individual's are accurate and up to date – This is in relation to records being incomplete and inappropriate record practices	Achieved
36	Regulation 36 (2),(d): Persons working in the service receives core training appropriate to the role they perform	Achieved
60	Regulation 60 (1) – The service provider must notify the service regulator of events specified in Parts 1 and 2 of Schedule 3 - We found that the provider has not always submitted a duty to report in accordance with the notification 60 requirements.	Achieved
76	Regulation 76 (1): The responsible individual must put suitable arrangements in place for obtaining the views of: (a) Individuals who are receiving care and support, (b) Any representatives of the individuals, (d) stakeholders and (e) staff .	Achieved

36	Supporting and developing staff (Regulations 36(2)(c), 36(2)(d) & 36(2)(e)): The service provider must ensure that any person working in the home receives appropriate training, including refresher training where relevant, and appropriate supervision.	Achieved
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