



Inspection Report on

Belle Vue South Wales Ltd

**Belle Vue Care Home
207-211 Newport Road
Cardiff
CF24 1AJ**

Date Inspection Completed

23/03/2023

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About Belle Vue South Wales Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	BELLE VUE SOUTH WALES LTD
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	21 February 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Care and support needs are met by staff who know people well and what is important to them. Personal plans are not always fully reflective of the individual's needs. Records show people receive the support and assistance they require to meet their personal outcomes. The service needs to better evidence how they involve people in their personal planning and review process. There are safe arrangements in place to ensure people receive the right medication.

Staff work well as a team and receive regular support for their role. Although staff receive training for their role this must include all core training areas to fully understand the needs and conditions of people they support. Staff feel they can raise a concern and confident that this would be acted upon by the manager.

People's bedrooms are personalised to their taste and preference. However, since the last inspection on 21 February 2022, there is continued non-compliance due to a lack of oversight. We found that the Responsible Individual (RI) has failed to ensure the premises, facilities, and equipment are suitable, having regard to the statement of purpose for the service. This demonstrates a lack of progress. We have issued a priority action notice.

There are shortfalls in the RI's governance and oversight as they have failed to fulfil their role and responsibilities. We have issued a priority action notice. The manager is committed and working hard to keep running the service with no deputyship currently in place which can result in increased pressure and feeling overworked. During this time, the manager has not received regular face to face meetings with the RI for support.

Well-being

People receive the care they need by staff that know them well. The personal plans are not always fully reflective of people's needs even though they are regularly reviewed. However, daily care records confirm that people receive the support and assistance they require to meet their personal outcomes. Medication is administered at the right time to promote people's health and well-being. Appropriate professional referrals are made when needed to seek advice. People told us they were happy living at Belle Vue and the staff show kindness and compassion. People should be given the opportunity to contribute to their personal plans and regular reviews to ensure their choices and preferences are known. Families regularly visit the home which people look forward to. The service provides regular activities and people told us they value this time to spend with friends and do things they enjoy.

The living accommodation does not consistently support people's overall well-being. This is because there is a lack of oversight of the home to ensure there is a redecoration and refurbishment plan in place. This is despite the manager raising issues through regular service audits. Some issues remain outstanding since the last inspection which demonstrates a lack of progress to act accordingly to promote people's choice and respect. There are regular internal health and safety checks carried out to ensure the equipment and facilities are in good working order. However, we found servicing has not been undertaken for the gas cooker and the electrical wiring of the home. The home is clean and tidy as the staff follow a cleaning schedule to maintain the standard.

There are shortfalls in the RI's governance and oversight as they failed to fulfil their role and responsibilities. This has led to failings in the oversight of the quality and safety of the service. There are ineffectual arrangements in place to support and guide the manager. There is no contingency plan in place to cover the home in the absence of the manager which may significantly compromise the care and safety of the service, although there have been efforts to recruit a deputy. Staff are trained, but they have not received all core training to enable them to understand the needs of people they support. Policies are in place but they have not been reviewed for some time.

Care and Support

People are treated with dignity and respect. Care staff have a good understanding of people's needs and have built good relationships with the people they care for. The service retains their staff well which provides continuity of care for people, which they like. We saw staff engaging positively with people through lots of conversations and laughter. The service recognises the importance of activities for people's well-being. We found there are varied activities offered to meet people's preferences and interests. People told us that staff are kind and respectful. People are supported to maintain relationships with friends and family. There are menus in place which provides people with choice and modified diets are catered for.

Personal plans are basic and not always fully reflective of people's needs and specific conditions. These documents are important as they inform staff of people's needs, the associated risks and how they are best met. We noted that referrals are made to external health and social care professionals when required. Daily care records show that people consistently receive the care and support they need from staff to promote their health and well-being. Care staff levels are good to ensure they can quickly respond when people require assistance. Accident and incidents are recorded and we noted that appropriate action is taken to seek medical advice when needed. However, following a fall, the risk assessments must be reviewed to reflect any changes in needs, increased observation, pain management and use of equipment, if appropriate. We saw that personal plans are reviewed on a monthly basis but we found a few instances when this was a missed opportunity to ensure the personal plans are updated with changes. People should be given the opportunity to contribute to their reviews to make their choices and preferences known.

The medication is safe and robust to ensure people receive the right medication. The medication policy is available for staff to follow but this must be regularly reviewed to ensure the policy remains reflective of current guidance. Staff are adequately trained to administer medication. There are safe storage arrangements which is consistently monitored. Medication administration records (MARS) are accurate and shows people receive the right medication. There is good management of "when required" medication to identify the reason for the administration but the effectiveness should be monitored to easily identify when further medical advice is required. The medication is regularly audited which indicates there are safe practices in line with the policy.

Environment

The property is homely, warm, and clean. People say they feel comfortable and happy living at Belle Vue. Each person's private room is secure, spacious, and personalised to reflect the occupant's taste and interests.

There are routine servicing arrangements in place for most facilities and equipment but we noted that some areas such as, the gas cooker and electrical wiring had not been tested for some time. The service provider has recently invested in new boilers and washing machines. The manager completes regular health and safety environmental audits which identified areas that require attention. However, we found no evidence that demonstrates that the RI has reviewed the audits to prevent continued non-compliance since the last inspection. In addition, we found a further deterioration of the environment, fabrics and furniture which can significantly compromise people's safety and well-being. This is because there is no evidence the RI has visited the service to check the living conditions. Some examples include, the overall environment appeared heavily worn and new flooring is required in some areas as an infection control risk. Some communal and bedroom furniture is significantly worn and the material is broken. There is lack of assisted bath seats to support people into the bath to allow people choice which is contrary to the statement of purpose. The fire risk assessment is in place but is overdue to be reviewed. Due to the lack of progress made since the last inspection we have issued a priority action notice and expect the service provider to take immediate action.

People living at Belle Vue have a personal emergency evacuation plan (PEEP) in place which is important as this document guides staff on how to evacuate people in the event of an emergency. Fire drill evacuations are taking place but these are not robust enough as they should consider the assistance people require to safely evacuate. The home is clutter-free and all hazards have been removed as far as practically possible. Harmful chemicals are stored securely to ensure people are protected from harm. The RI has failed to appropriately assess and review the environment to ensure it is safe and fit for purpose.

There are good infection control arrangements. There are cleaning schedules in place for staff to maintain a clean environment. We saw the home was clean and tidy throughout. There are sufficient supplies of personal protective equipment (PPE) which we observed staff using when providing direct care. There is a clinical waste contract in place but we saw a few small open waste bins, these contained disregarded PPE. The manager assured us this would be immediately addressed. The majority of staff are trained in infection control.

Leadership and Management

The responsible person (RI) has failed to maintain proper oversight of the service to provide assurance that the service is being well run and meeting the regulatory requirements. There was no evidence that the RI has visited the service from May 2022 to March 2023 to evaluate the quality of care and seek the views of people living and working at Belle Vue. The lack of evidence of such visits has led to the RI's lack of insight into the operational needs of the service. We were told that meetings with people using the service and their relatives have not taken place since the last inspection which is contrary to the statement of purpose. The manager and staff told us they would value the opportunity. The quality care report is overdue in February 2023 and the manager confirmed that the RI has not visited, nor requested information to formulate the report. This is important for the RI to maintain oversight and evaluate the quality of the service. The staff training information shows that the manager and staff have not been provided with some core training to enable them to understand the needs of people they support and in accordance with their role and responsibilities. Policies and procedures are not reviewed to ensure they are reflective of current guidance and staff were unable to demonstrate that they understand the information. The RI has failed to assess and action the routine maintenance, refurbishment, and servicing of facilities to ensure people's safety is not compromised. This is despite the manager consistently auditing the service and raising the issues which the RI failed to adequately address.

Since the last inspection, the manager has experienced difficulties recruiting a deputy manager. The RI has failed to ensure there are contingency arrangements in place to manage the daily running of the service for the manager to take leave for the last twelve-month period. In addition, the manager is providing out of hours advice to the service at all times. Despite the good will and intentions of the manager the current situation cannot be sustained. We found no arrangements are in place to ensure the manager receives regular opportunities for supervision for the role they perform to seek support and discuss their professional development. This is particularly important when the manager is experiencing increased pressure due to the lack of deputyship and not having a sufficient break from the service. We noted written telephone conversations between the RI and manager which identified some additional support needed but this was not provided. The manager is working hard to ensure they undertake all aspects of the role and regularly audit the service. Although we noted that the reports identify issues affecting the service there is no evidence that the RI has taken the opportunity to review and action accordingly, which has led to a continuation of lack of oversight and due care. Staff we spoke with told us that the manager is committed and wants the best possible outcomes for people but needs support from the RI. Staff receive regular opportunities for supervision and support. They felt they are able to raise concerns with the manager and confident that this will be acted upon. When staff raise matters with the RI, they often refer back to the manager to resolve.

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
66	The responsible person has failed to maintain proper oversight of the manager to provide assurance that the service is being well run and meeting the regulatory requirements.	New
43	People do not live in a well-maintained environment to meet people's personal outcomes and keep them safe from harm.	Not 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
15	Personal plans to be reflective of people's needs and updated when there are changes	New
16	People to be given the opportunity to contribute to their reviews to make their choices and preferences known	New
36	Staff to receive core training in all areas to enable them to understand the needs and specific conditions of people they support	New

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