



Inspection Report on

Bellavista Nursing Homes (Wales) Limited

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

Date Inspection Completed

17/10/2022

17 October 2022

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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	[Manual Insert] 19 August 2021
Does this service provide the Welsh Language active offer?	This is a service that is working towards an 'Active Offer.'

Summary

Bellavista Care (Barry) Limited can accommodate up to 39 residents with nursing care needs. This inspection was unannounced. responsible individual (RI) for the service and the manager is registered with Social Care Wales, the workforce regulator in accordance with legal requirements.

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 can meet people's needs effectively and people receive support from staff who show respect and kindness. Care documentation overall reflects the care and health needs of people living at the home.

Management demonstrates some oversight of the service, aided by audits and policies. People receive a range of social and recreational support in accordance with their interests, however this has been restricted due to the Covid 19 pandemic. The RI visits the home on a regular basis but needs to take action to address areas where improvements are required within the environment. Care documentation overall reflects the care and health needs of people living at the home.

Infection prevention and control arrangements are mostly in place to reduce the risk of infectious diseases being spread throughout the home. The home environment is secure, and people feel safe. People confirmed they can approach the manager with any issues and that they receive regular support.

Well-being

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support with regular reviews carried out to any change in care needs. Care staff know the people they support well and familiar with people's individual preferences and these are recorded within people's care documentation.

Measures are mostly in place to promote good standards of practice throughout the home; but infection prevention and control measures need improving to ensure they are sufficiently robust. Management assured us it is addressing this issue. A statement of purpose is present along with a written guide. The manager evidenced good oversight of incidents, accidents, and safeguarding matters.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. We saw applications were made, and records in place in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support.

The home environment is suited to people's needs. People can move freely in accordance with their abilities and assessed risks. Bedrooms are personalised and communal areas are spacious with various areas available to spend time. The entrance to the home is secure. Arrangements for fire safety and general maintenance are mostly in place, however we identified where improvements are required throughout the home.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We observed drinks and snacks offered throughout the day. The home has been awarded a 5-star (very good) food standards hygiene rating. People's dining experience is a social time for people to enjoy. People benefit from a range of social activities and pastimes with a schedule of one to one and group activities taking place. There is an activities coordinator employed at the home who told us about the upcoming events which included pet therapy, a party being planned, painting, bingo and external visits also being planned.

Staff are up to date with training and mandatory courses. Management has engaged and demonstrates appropriate action to address the areas required to ensure it operates safely and in accordance with its statement of purpose.

Care and Support

People receive support that promotes their physical and mental health. Personal plans reflect people's current needs and desired outcomes. Documentation is reviewed within the required timescales and there are systems in place to ensure people are involved in the review process. People we spoke with are happy with the care and support being provided. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. However, we identified one resident to be unhappy after changing their bedroom. We discussed this with management, and this was addressed immediately.

People are supported to spend some time doing meaningful activities, we spoke with visiting relatives who told us "*We have had a beautiful day today "we have no problems at all here."* The relatives told us they had been invited for lunch at the home with their relative which was a special time for them. We saw examples of positive, detailed person-centred care information recorded within daily reports. This enables visiting professionals to identify, compare and evaluate any changes in the person's identified needs.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's need changed. When required, care staff support people to access community based medical appointments.

Systems are in place to protect people who use the service. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse, and neglect. Records we saw evidenced staff had received safeguarding training. The staff team told us they felt confident to raise any issues with the manager and that they felt fully supported. Entry to the home is secure and a log of visitors maintained. The home consults appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW) where appropriate.

The service does not always promote hygienic practices to manage the risk of infection. We saw the downstairs bathroom/toilet area did not contain toilet paper, hand paper holders or soap. We raised this issue immediately with the manager who told us works had recently been undertaken and that this was an oversight that they had not been replaced. We requested these items be made available due to the issues of contamination/infection control risks to staff, visitors and people living at the home.

Environment

People are mostly cared for in a clean and homely environment, however, we identified where improvements are required People's bedrooms are personalised and contain personal items of their choice. During our visit we identified there are potentially insufficient bathing and toilet facilities for people, we saw one bathroom on the ground floor was 'not in use' with the second bathroom undergoing completion of works. Staff told us the refurbishment works had been ongoing for some time. This has prevented people living on the ground floor of the home enjoying a pleasant bathing experience if they so wish and is not in line with the home's current statement of purpose (SOP).

The service provider does not always identify and mitigate risks to health and safety. We were told environmental audits are undertaken regularly. However, we identified several areas requiring action, this indicated hazards are not always identified and addressed. We saw the lighting on the stairwell was not working and requested that this be addressed immediately. Various areas throughout the home appeared worn and tired and in need of refurbishment. We discussed this issue with the manager who told us the areas identified would be addressed immediately.

Management oversees some of the home's health and safety requirements. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. The home has a recent 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 care staff have received recent training in fire safety, first aid and manual handling. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were appropriately stored. The statement of purpose describes the home and its facilities, but the provider needs to submit an updated copy to Care Inspectorate Wales (CIW) of any changes to the SOP.

We expect the service provider to address the areas of concern identified during our visit and to ensure appropriate oversight of the home. We will follow them up at the next inspection.

Leadership and Management

People and staff have access to information. A statement of purpose and service user guide (SUG) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their role.

Staff meetings take place for qualified nurses, care staff and night staff. Staff we spoke with told us they are well supported and can approach the manager with any issues or concerns. Systems and process help promote the smooth running of the home. Daily nurse handovers ensure pertinent information is shared between staff at shift handover.

People can be confident that staff are competent to undertake their roles. We looked at three staff recruitment files and noted they contained all the pre-employment checks required in respect of any person working in regulated services. Management oversee staff training and supervision needs. The staff team overall feel supported and have access to regular supervisions and appraisal. This ensures staff feedback on their performance and support to identify areas for training and development to support them in their role. We were told all refresher training, including manual handling has been scheduled and access to on-going in-house training available.

People's needs are met in a timely and responsive way by care staff. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon. People are supported by appropriate numbers of staff and information and records requested were readily available.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally.

The provider must ensure that there are robust systems and processes in place to enable proper oversight of the quality and safety of the environment. Although the RI visits the home on a regular basis and engages with individuals and residents, consideration must be given to the areas identified during this visit. We highlighted some additional matters which they should consider to further develop and improve the outcomes for people who live at Bellavista.

We will follow these areas up at the next inspection visit.

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	The provider has failed to ensure there is appropriate monitoring and oversight of the home.	New
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