



Inspection Report on

No 1 Belle Vue

**1 Belle Vue Terrace
Pontypridd
CF37 1TQ**

Date Inspection Completed

2 August 2021

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About No 1 Belle Vue

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	<i>Yes. 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</i>

Summary

No 1 Belle Vue is registered with Care Inspectorate Wales (CIW) as a care home for a maximum of four individuals. The registered provider is Rhondda Cynon Taff County Borough Council. Jill Bow is the Responsible Individual (RI) for the service, which means they have operational oversight. A manager is in place who is suitably qualified and registered. No 1 Belle Vue provides respite care to adults with a learning disability. The home is located in the centre of Treforrest, close to community facilities and transport links.

People enjoy visiting No 1 Belle Vue and have good relationships with care staff. People are encouraged to be as independent as possible and access community facilities. Each stay at the service is tailored to the person's needs, wishes and personal goals. Care staff have the information necessary to support people and they feel well supported by the manager. There are policies and procedures in place to keep people safe. Management has good oversight of the service to ensure quality is maintained and improved.

Well-being

The service provides an environment that is supportive and provides appropriate care for people. People said they felt listened to and supported in making choices and their rights are upheld.

People are involved in the planning of their stay and the care provided. Personal plans reflect their needs, wishes and personal goals. Their individual circumstances, background and interests determine how their stay is structured, and the care and support they receive. People's particular vulnerabilities, and strategies for protecting them from harm, are identified in risk assessments, which are regularly reviewed.

People commented positively to us about the care they receive, and felt their wishes and dignity are respected. One person told us *"I wish I could come and live here for ever"*. They spoke well of the care staff and told us they enjoy visiting the home. People have the opportunity to take part in preparing meals, shopping etc. if they so wish. Management is approachable and has an open door policy. Communication with care staff and people is good. To enable reflection on the quality of care and making improvements, the service has various formal and informal opportunities for people and their representatives, to ask questions and to give feedback. Up-to-date written information about the service, and access to advocacy, is available for the interested public.

Systems to safeguard people from harm and abuse are embedded in the service. Care staff have training to recognise signs of neglect, abuse and poor health, so they know their safeguarding responsibilities and can act appropriately.

People receive support from a consistent staff team. The manager told us that they can deploy staff across other respite care services; this meant that people who use the service are familiar with the staff team. Care staff are correctly recruited and vetted. They have appropriate training and receive regular supervision. Staff told us they feel well supported.

The service is able to provide for people whose first language is Welsh. There are a number of Welsh speakers employed across the respite services. Information is available in Welsh

Care and Support

The service considers a wide range of information about people prior to them using the service. Information is gathered from the person, relatives and relevant health professionals, and a support plan developed. The support plan is revised each time the person books a stay, to ensure it is up to date and reflects the person's current situation and wishes.

We saw evidence that personal plans provide clear guidance to care staff as to the support needs and planned outcomes for individuals. We saw that risk assessment reviews are undertaken on a regular basis. Staff we spoke with told us that they felt the plans were clear, reflected individual needs and gave the information needed to support people during their stay. Where possible, people are involved in developing their plan and are able to say what they wanted to do when they are there.

People have positive relationships with support workers. People told us that they got on well with staff and enjoyed their visits. We observed positive interactions and conversations with staff. People came and went from the building to go for a walk or go to the local shop. Before the pandemic, people attended a number of social settings and activities. Staff told us they are now in the process of rebuilding those networks. Care staff say they have access to all the information needed to provide good quality care and to feed back any concerns or queries to management.

We saw training records and found that staff have training in the administration of medication and regular medication audits are undertaken. This was confirmed in discussions with staff.

The service helps to protect people from potential harm and abuse. Support workers have training, and there are policies in place, so they know what to do if someone they support is at risk. Support workers told us they have no problem reporting issues to management and are confident that the manager takes appropriate action. Staff can access policies and procedures easily.

There are appropriate infection control measures in place, to help keep people safe from the transmission of COVID 19. Support workers know about the requirements of Personal Protective Equipment (PPE).

Environment

Measures are in place to minimise risks associated with infection. An infection control policy supports practice at the home, which outlines the responsibilities of the staff. Various systems are in place for promoting safe hygiene and food safety practices. Daily checklists are in place to prompt staff to undertake a range of health and safety checks and for sharing key information between them during shift handovers. We saw potentially harmful substances and items are stored securely. During a tour of the home we saw that it is clean, tidy and free from malodour. This evidences that the home has robust systems to minimise risk.

The service is committed to a good standard of cleanliness and hygiene. Substances hazardous to health are stored safely. Medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety. The maintenance records show that utilities, equipment and fire safety features are regularly checked, and serviced by authorised contractors. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency. Staff receive fire training.

The home is suitable for people using the service. The location and layout of the home is as in the statement of purpose, with four bedrooms, one of which is a fully accessible ground floor room with ceiling tracking hoists. People are encouraged to bring personal items, such as photographs and other belongings to personalise their room during their stay. Window restrictors are in place to promote safety. We saw that people make good use of the different communal areas, including the kitchen and lounge area. There is also an enclosed accessible rear garden area with seating space.

Leadership and Management

The provider ensures care staff are fit to work with vulnerable people. The staff files we saw evidence correct recruitment practices. However, some recruitment information is held centrally by the Local Authority's Human Resources department. We were emailed evidence that staff files contain all the required information.

New staff have comprehensive induction and mentoring. Staff hold relevant qualifications and receive on-going mandatory, and specialist training. Staff we spoke with are positive about their training and said it supports them to feel confident and at ease in their roles. Whilst the pandemic had an impact on staff receiving training, we saw evidence that the range of training being offered provide staff with skills necessary to meet people's needs.

Staff have supervision to identify support they might require, discuss any issues and reflect on their performance. They told us they feel supported and appreciated by the management. They said *"I am very happy working here"*, *"the manager listens to us and is very supportive"* and *"we have a great team"*.

A selection of relevant reports and documentation showed us that measures and policies, such as for complaints, incidents, medication and safeguarding, are in place. They are regularly reviewed and updated. The service has up-to-date infection control measures procedures in place.

The standing arrangements for governance, auditing and quality assurance help the home to run well and deliver good care. These systems also allow the service to self-evaluate, and identify where developments might be beneficial. The RI has good oversight of the service. The regulatory requirements of the role concerning three monthly and six monthly service visits are met. The service provides good information to the public. A detailed Statement of Purpose sets out the service's aims, values, and delivery of support. A written guide is available containing practical information about the home, and the care provided.

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

. Fitness of staff (Regulation 35(2)(d)): The service provider must not allow any person to work in the home unless there is full information or documentation in respect of them in place relating to each of the matters specified under Part 1 of Schedule 1 of the Regulations. This information must be available at the service for CIW to inspect.

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

None

Areas where priority action is required

None

Areas where improvement is required

None

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