



Inspection Report on

Bellavista Care Cardiff Limited

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

Date Inspection Completed

17/11/2022

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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	09 March 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.

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 requirement.

Systems are not always in place to ensure the quality of care and support provided. Care documentation, although improved, needs to better reflect the care and health needs of people living at the home, daily. People mostly receive care and support from a friendly staff team; and we were told there are enough staff to help with arrangements in place to cover any shortfalls. People sometimes receive a range of social and recreational support in accordance with their interests, however this area requires consistency and improvement.

The home environment is secure but urgent attention and oversight is required throughout the entire home to maintain people's safety. There are ongoing building works being undertaken externally. Attention is required to prevent any adverse impact for staff, visitors and people living at the home.

Infection control arrangements require improvement to reduce the risk of infectious diseases being spread throughout the home.

We have issued a priority action report to the service provider and we expect immediate action to be taken.

Well-being

People do not always have a voice to make choices about their day-to-day care. We saw staff did not always respond promptly to people's needs throughout the visit. Personal plans have improved ensuring information is up to date. However, care and support needs are not always met by care staff and plans are sometimes not reflective of individuals' needs. We saw evidence in care files of support from other professionals such as GP and dietician. People are encouraged to have visitors to the home and supported to stay in touch with important contacts by telephone. During our visit we spoke with a few visitors who told us *"We are happy with the care provided"*.

People have a choice of meals and drinks to suit their nutritional needs. Consideration needs to be given to ensure support is provided for people who remain in their own rooms during mealtimes. People's dining experience is sometimes functional rather than social. The home has been awarded a 5-star food standards agency rating.

People sometimes benefit from variety of social activities and there are two activities coordinators employed at the home. During both visits, we saw some people isolated in their own rooms for long periods of time with no or little interaction from activity staff. Care staff provide some social stimulation on an ad hoc basis. We saw evidence of planned and previous activities on the notice board, but improvements are required to ensure people are engaged, stimulated and happy throughout the day.

The premises are secure. Environmental arrangements for general maintenance must be addressed as a matter of priority. We were told the home has an ongoing schedule of planned refurbishments including painting and new flooring throughout; but the home is worn with several areas malodorous. The provider needs to ensure environmental risk assessments are carried out appropriately. The RI acknowledged the improvements required.

Care and Support

People living at the home cannot always be assured that they will be cared for in a way that promotes their health and wellbeing. Although we were told sufficient staff were available each shift, we did not see well managed deployment of people to assist and supervise residents during both our visits. We saw people were not always acknowledged and engaged with to ensure their emotional needs were met.

We saw several people calling out to staff from their rooms, being largely ignored and many did not have access to a call bell. Several people required assistance to maintain their dignity and cleanliness. One resident had re positioned themselves awkwardly in bed and we had to find someone to come and assist the person. Several other residents had soiled clothing which we had to notify the manager of. We saw several residents were having difficulty reaching the meals provided on bedside tables and almost no drinks were provided. These incidents had not been identified by staff working in the areas at the time.

Whilst personal care documentation contained all the required information, it did not always accurately reflect the day to day needs and wishes of individuals living at the home. We saw some people's plans stated that the individual likes to spend time sitting in the lounge areas and interacting with staff/people. However, we observed several people to be isolated in bed in the afternoon during our visits. Where individuals express a wish to sit up in communal areas and are not enabled to do so, this could be regarded as a restrictive practice.

We found care documentation in relation to cognition and behaviour regarding triggers of distress for some people living with dementia. However, we saw care staff did not always interact with people to reduce distress and disorientation experienced by some people. We saw several instances care staff walked past individuals where it was evident assistance was required. This does not ensure care is person-centred and to meet people's needs and expectations.

We highlighted this area to the management team during our visit who told us they would carry out spot checks at various times of the day.

We have issued a priority action notice and expect immediate action to be taken

Environment

There are three floors to the home, each accessible via a passenger lift. The home has received a food hygiene rating of 5 (indicative of 'very good hygiene practices'). Currently the home is undergoing extensive building works to extend the lounge areas and to add an additional meeting room. Whilst this will be of benefit to residents in the long term, consideration needs to be given to ensure this does not impact on people in the shorter term.

People are not always cared for in a clean and homely environment and the need for privacy is not always anticipated and respected. We saw various areas of the home looked worn, unclean and in need of repair.

Although management has processes for overseeing the home's health and safety requirements, urgent improvements are required. We identified several hazards throughout the home and reported these to the manager who reassured us they would address the issues and remove the hazards and inform staff to monitor to prevent further concerns. The manager told us they complete environmental audits to ensure areas are clean and safe, but several concerns highlighted to management had not been identified during their day-to-day observations throughout the home. This included, for example, the floor covering in the passenger lift which was a potential trip hazard to staff, visitors and people living at the home. We were told the additional floor covering had been placed there to protect the lift whilst the building work was being carried out. However, we asked this be made safe immediately.

Communal areas are spacious and the home benefits from a choice of areas to sit and enjoy activities taking place or enjoy quiet time. All confidential files including staff and care documentation were stored securely in lockable areas. The statement of purpose describes the home and its facilities, but the provider needs to submit an updated copy to Care Inspectorate Wales (CIW).

We requested the provider accompany us around the entire building to see and discuss the concerns we identified throughout the home. The provider acknowledged our findings and informed us that they would take the appropriate action to resolve these issues immediately. These environmental improvements by the service provider need to continue and will be followed up at the next inspection.

We have issued a priority action notice and expect immediate action to be taken

Leadership and Management

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.

Staff recruitment is mostly satisfactory in the service. We saw staff files have the necessary safety checks in place but identified in two files where improvement could be made. We discussed this issue with the manager to ensure staff's suitability to work with vulnerable adults.

The manager has a visible presence in the home and was described by staff as "*approachable*". Staff contributing to this inspection told us they felt able to discuss any concerns they may have with the manager or provider.

People cannot be confident that the provider monitors the quality of the service they receive. Systems and processes are not 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 highlighted additional matters to the provider which they should consider ensuring proper oversight of the management, quality, safety, and effectiveness of the service. We cannot be confident that the home is operated with people's best interests at the forefront of care provision. We have issued a priority action notice and expect immediate action to be taken

Systems and process in place do not always promote the smooth running of the home. The provider oversees incidents, accidents, and complaints. Whilst the RI carries out internal audits to monitor standards, consideration needs to be given to ensure this process is robust enough to identify where improvements are required and acted upon.

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
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	New
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.	New
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	New

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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