



Inspection Report on

Brightside Manor

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

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Description of the service

Brightside Manor is registered with Care Inspectorate Wales (CIW) as a care home service to accommodate up to 28 individuals.

The home is situated in Rumney, Cardiff and is owned by Avan Limited. Sundarampillai Navaratnarajah is the responsible individual, with responsibility for the strategic oversight of the service. A manager was in place at the time of the inspection who was registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Residents' well-being is promoted by positive relationships with staff who care for them. Residents have some opportunities to experience meaningful interactions; however they could be developed further to help further promote people's social and emotional well-being. An appropriate choice of meals is provided and people are mostly content with the quality and choice offered. Residents have personal plans which identify their care needs, provide guidance to staff in how to meet those needs and are reviewed. There is limited evidence, however, that residents, relatives and the local authority, where relevant, are involved in those reviews. Residents benefit from a welcoming home environment which is suitably decorated according to the number and needs of people using the service. Residents have opportunities to share their views about the service they receive. The service provider has not ensured all staff have received up to date training and regular supervision so residents cannot feel fully assured that all of the staff working at the home will possess up to date knowledge and skills. Management maintain a level of oversight of the service by the systems and processes that are in place; but a system for determining the level and frequency of maintenance needed for portable appliances should be developed. People have access to information about the service but the written guide should be reviewed to ensure all of the required information is included.

2. Improvements

This was the first inspection since the service registered with CIW on 11 October 2018 under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered at the next inspection.

3. Requirements and recommendations

Section five sets out the areas in which improvement is required to fully meet the regulatory requirements, as well as recommendations we made to help develop the service. Please refer to section five for further details.

1. Well-being

Summary

Residents' well-being is promoted by positive relationships with staff who care for them. Whilst people have some opportunity to experience meaningful interactions, they are not as regular as they could be. Most residents are content with the quality and choice of meals provided.

Our findings

People benefit from a friendly and caring staff team. We observed staff interact with the residents in a warm, friendly manner, acknowledging their verbal and non-verbal gestures. Staff knocked on residents' bedroom doors before entering which indicated they were respectful of people's privacy. Staff used facial expressions and appropriate use of touch to help communicate with residents. For instance, we observed a member of staff use gentle humour with a resident who appeared upset and who had limited communication ability. The interaction helped to lift the resident's mood. Feedback we obtained from the people we spoke with was positive overall. Examples of comments we received included:

- *"Very nice, I like it here"* (resident).
- *"Staff are very good. Very approachable"* (resident).
- *"Carers are alright, some are nicer than others"* (resident).
- *"Friendly staff and management"* (relative).

We saw that staff anticipated people's needs and that they wore personal protective equipment, which showed they were mindful of safe infection control practices. People can, therefore, experience positive relationships with the staff who care for them.

There are some opportunities for people to experience meaningful interaction, but they are not as regular as they could be. One person we spoke with told us they would like to see more going on in the home to help stimulate them more of the time. Another resident commented: *"Socially there's not enough going on for me. A care coordinator comes here, puts on simple quizzes. We used to go out more"*. We noted that residents with higher levels of independence were able to leave the home to access the local community. This helped to promote their autonomy and well-being. An activity schedule was in place detailing the activities offered to residents; however we considered there was limited variety on the whole. For example, we saw that 'hangman' was an activity scheduled for one day, and 'monopoly' on another day. The schedule reflected some specialist activities, such as sensory games and reflection, aimed at residents with a cognitive impairment, which was in keeping with the home's statement of purpose. Feedback we obtained from people, and what we observed, indicated that opportunities for residents with higher levels of need, who were more dependent on the staff for stimulation and interaction, were more limited. The manager told us, and we saw in the staff rota, that the home employed an activities coordinator for three days per week, working three hours on each of those days. They were

not present on the day we visited. The manager informed us they intended to review the frequency recreational opportunities were provided and the number of days the activities coordinator worked. Therefore, whilst residents benefit from good interactions, their social and emotional well-being could be further promoted.

People have access to a choice of meals suitable to their individual needs. Lunch time meals were served to residents around the same time, which meant people could enjoy their meals together. People could choose where to sit and side tables were provided for residents who ate their lunch in the lounge area, together with place mats, cutlery and protective equipment, where needed. People's individual choices were documented by the staff and communicated to the home's chef and we saw they were accommodated in practice. People were offered a choice of condiments with their meals. We saw that an individual diet plan had been developed for one resident following a professional healthcare assessment regarding their nutritional needs. We received mixed feedback from people in relation to the choice and quality of meals provided. Some residents described the choice and quality of meals as "*basic*" and "*average*", whereas others were happy with the meals offered. We saw residents were served different meals over lunch time, according to their choice, and they appeared to enjoy them. We viewed a seasonal menu plan which reflected a variety of options available, operated on a four weekly cycle. We saw the home had been awarded a three star rating by the Food Standards Agency out of a maximum of five stars. This indicated that 'generally satisfactory' food hygiene levels were maintained. We conclude that most residents can feel content with the meal arrangements in the home.

2. Care and Development

Summary

Personal plans set out residents' individual needs and are reviewed; but there is limited evidence that key parties are involved in those reviews. People's safety is maintained, however further consideration should be given to residents identified as potentially lacking mental capacity to consent to their care to ensure the appropriate referral is made to the relevant supervisory body, where required. People have opportunities to share their views about the service they receive.

Our findings

People can feel confident their needs will be planned for and kept under review. Residents' had personal plans which identified their particular needs, together with the care objectives and desired outcomes. Some areas in the care plans were left blank, however, which the manager told us represented areas where no care needs had been identified for that particular resident. We considered the plans could have been clearer about this, to avoid any uncertainty for staff. The plans were kept under review; but there was limited evidence that residents, relatives and any relevant placing Local Authority were consulted as part of those reviews. We discussed review arrangements with the manager and they told us they would better document input from relevant parties. A system was in place for documenting incidents and accidents and we saw that areas of risk were assessed. The documentation was partly recorded on paper and partly on the computer system. The manager told us the home was in the process of transferring paper care records to the electronic system for the benefit of staff and residents. There was evidence that risk assessments were kept under review; however, the information in the reviews was limited and, again, it was not always clear whether relevant parties had been consulted with.

We looked at daily care records and charts which reflected appropriate care delivery to residents and monitoring of people's weight. There was evidence that residents accessed input from health and social care professionals and details were recorded in their individual records. This indicated the home liaised with other professionals to help promote residents' health and well-being. Whilst people's needs are, therefore, planned and monitored, there could be better evidence of consultation with key parties when reviewing the personal plans.

The safety of residents is promoted. Appropriate arrangements were in place for enabling residents with higher levels of independence to leave the home unsupported, whilst at the same time safeguarding residents for whom it was considered unsafe for them to do so. At the time the inspection took place, we were informed that approximately half of the residents experienced some form of memory impairment. We saw that appropriate applications had been submitted to the relevant supervisory body. However, following discussion with the manager, we recommended that further consideration was given to all residents' mental capacity to consent to their care arrangements, to ensure a deprivation of

liberty safeguarding (DoLS) request was submitted where appropriate. This is a legal process which ensures that care arrangements for people who lack mental capacity to make decisions for themselves in connection with their care are proportionate and in their best interests. The manager told us they would follow this up. There are therefore processes in place which help ensure residents' legal rights are upheld.

Residents have opportunities to share their views about the care they receive. Feedback we obtained indicated that the management team was visible and approachable in the home. We saw that residents' meetings took place which provided people with opportunities to have their say about the care provided. Residents and the manager told us that a new consultation surgery was due to commence in December 2018, to enable residents to give regular feedback to the management team about the home, to help it develop. There are therefore processes in place to seek feedback from people.

3. Environment

Summary

The environment is welcoming and suitable for the needs of the residents. However, some aspects of the home's environment could be reviewed. Management oversee health and safety in the home; however a system for determining the level and frequency of maintenance needed for portable appliances should be developed. An extension was being constructed at the time of our visit, which would create additional bedrooms and communal space for residents, once completed.

Our findings

The home offers residents a welcoming environment which is suitable for their needs. Communal areas were bright, colourful and decorated in different themes. For instance, one of the communal areas was decorated in a seaside theme, which created an interesting space for residents. Bedroom doors were painted in contrasting colours and personalised with residents' names to help people orientate themselves. Signage around the home helped residents and visitors navigate between the different areas. We considered that it could have been enhanced by also including Welsh language signage for the benefit of all who may use or visit the home now and in the future. We had a discussion with the manager regarding the management of malodours, after we noticed malodours on some of the cushions in the lounge. They assured us they were washed regularly and they would arrange for them to be re-washed. We discussed ongoing maintenance and repair arrangements, as walls and doors appeared worn in places. The manager told us those areas would be addressed as part of the home's ongoing maintenance and development. A large extension to the home was being constructed at the time of the inspection which would create an additional five bedrooms and two new communal lounges. We considered this would enhance people's well-being once completed, by offering new spaces for people to spend time in and enjoy. On the whole, people benefit from an accessible and comfortable living environment which is currently being further developed.

Management maintain oversight of health and safety in the home. We examined records in relation to health and safety and maintenance. Relevant checks and certification were in place which showed equipment and facilities were mostly maintained and serviced regularly. We considered records during and subsequent to the inspection visit regarding the passenger lift. The records indicated that regular checks had been undertaken to ensure the safety of the lift. We also saw that a maintenance contract was in place with a lift company and that a recent service took place in October 2018. The responsible individual told us they would liaise further with the lift company to ensure that the services took place in line with what was contractually agreed. During the inspection visit we discussed portable appliance testing (PAT) with the manager. This is a process which helps to ensure portable equipment in the home is safe for people to use. The manager informed us that PAT tests had not been undertaken for some time. They assured us, however, they had identified this

and that the home's maintenance staff were in the process of receiving training in order to carry out the required safety checks.

Fire records we viewed reflected regular testing of fire equipment. This included areas such as fire alarm tests and emergency lighting. The records indicated that only one inspection of the fire doors had been undertaken in 2018. A record of fire drills was in place which reflected involvement from residents and staff. This enabled the home to evaluate the effectiveness of the fire evacuation plan. People had personal emergency evacuation plans (PEEPs) in place, which identified the support they required in the event of an emergency evacuation. Whilst people can therefore feel mostly confident that the environment is a safe place to live, work and visit, a system for determining the level and frequency of maintenance needed for portable appliances should be developed.

4. Leadership and Management

Summary

The service provider has not ensured all staff receive up to date training and supervision to ensure they maintain sufficient knowledge and skills to deliver care. Management maintain a level of oversight of the service by the systems and processes that are in place. People have access to most of the legally required information in the home's literature, but the written guide should be reviewed.

Our findings

People cannot be fully confident all staff will maintain up to date skills and knowledge. Personnel records we looked at indicated that not all staff had received up to date training relevant to their roles. The manager informed us that a training matrix was in place but was out of date and they acknowledged some improvement was required regarding staff training. We saw that a training needs analysis had been undertaken for some staff. This showed that the manager maintained oversight of when training was last completed and was next due. We were assured that further training was being arranged for the staff who required it.

We looked at staff supervision records and received feedback from staff which indicated that staff mostly received regular supervision. Supervision in this sense relates to a confidential, one to one discussion between staff and their line manager. Supervision meetings enable staff to reflect on their practice, share any concerns and identify development goals. We discussed gaps in supervision records for two staff with the manager. They told us they were addressing these and we were shown evidence that further supervision for one of the staff had been arranged. Staff told us they had sufficient support to do their jobs competently, mostly felt valued and had opportunities to contribute their ideas to the running of the home. We saw that staff meetings took place. Whilst some staff may, therefore, have current training and receive regular supervision, this is not consistent for all staff who work in the home.

A recruitment system is in place and the required information is mostly present in respect of staff employed. Recruitment records we examined indicated that the required information was mostly present. This included information such as full employment histories and valid Disclosure and Barring Service (DBS) checks. Of the four records we viewed, however, there were discrepancies relating to references in two and the verification of the reason for leaving relevant previous employment, which we discussed with the manager. Whilst people can be mostly confident that the staff will be recruited by means of an effective process, full and satisfactory information needs to be consistently available for all staff.

There are processes in place for auditing aspects of service delivery. A staffing level assessment tool was used which was reviewed on a continual basis and took into consideration staff leave and absence. Residents and relatives we received feedback from

were satisfied with the staffing arrangements, except for the comments we received as above regarding limited social opportunities. Care records reflected appropriate care provision. Staff told us they generally worked well as a team; however we consistently received comments that the home would benefit from a full-time laundry person to help maintain and organise residents' clothes. We saw that medication audits were undertaken which cross-referenced physical checks of medication stock with the electronic medication administration system used. We spoke with a member of staff who demonstrated good knowledge about the system and we saw that appropriate arrangements were in place for the storage and handling of medicines. We had a discussion with the manager regarding arrangements for the quarterly visits by the responsible individual and the six monthly quality of care reviews. These were not due at the time of the inspection, given the period of time since the service had been registered under the current legislation. We will consider these at the next inspection. We were informed that a new feedback surgery was commencing in December for people to provide feedback about the service. A system was in place for dealing with complaints and a record of the outcomes was maintained. We were asked for identification and to sign a visitors' book when we arrived for the inspection visit. This indicated the identity of visitors was checked and a record maintained for the safety of the residents and staff. We judge that management maintain oversight of the service by the processes which are in place.

People have access to information about the service. A statement of purpose was in place giving people key information about the service which was recently updated. A written guide to the service was also in place dated November 2018. It contained most, but not all, of the information required under the regulations. We also considered that both documents could be enhanced by including more information about how the home could meet the Welsh language needs of people who use or may use the service now and in the future. We conclude that people can be clear about the service provided to an extent; however the written guide needs to be reviewed.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection since the service registered with CIW under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

This inspection identified that improvement is needed to fully satisfy the following areas of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations (2017):

1. *Written guide to the service (Regulation 19(3))*: The written guide must include all of the information in the 'Statutory Guidance for service providers and responsible individuals on meeting service standard regulations' (2018), page 28. This includes:-
 - the ethos, culture and priorities of the home including a summary of the statement of purpose;
 - key staff who will be responsible for supporting the individual;
 - contact details and role of the Public Service Ombudsman for Wales, Care Inspectorate Wales and Older Person's Commissioner for Wales;
 - access to, and support to access, relevant advocacy services;
 - arrangements for contributing views and participation in the running of the service;
 - terms and conditions including circumstances in which the service may cease to be provided and notice periods; and
 - how individuals can access their own records.
2. *Information in respect of persons working at the home (Regulation 35(2)(d))*: The service provider must ensure that full and satisfactory information or documentation is available for all staff who work at the home.
3. *Supporting and developing staff (Regulations 36(2)(c)-(e))*: The service provider must ensure that all persons working at the home receive appropriate training, including refresher training where relevant, and appropriate supervision.

Improvement notices were not issued on this occasion. We received assurances that steps were being taken to address the gaps in recruitment, training and supervision. There was no immediate or significant impact for people using the service at the time

of the inspection. We expect the service provider to take prompt action in respect of the above, which will be followed up at the next inspection.

We made the following recommendations to help improve the service:

- The programme of activities should be reviewed to ensure residents are provided with sufficient opportunities to experience meaningful interactions, to maximise their social and emotional well-being.
- Arrangements for retaining DBS checks should be reviewed to ensure they are in line with the relevant code of practice.
- A review of residents who may potentially lack mental capacity to consent to their care arrangements should be undertaken to ensure that an authorisation request is in place, where appropriate.
- There should be clearer, documented evidence that residents, relatives and the placing authority (where relevant) are consulted as part of each review of the care plan and risk assessment.
- The service provider should implement a system for determining the level and frequency of maintenance needed for portable appliances to ensure the equipment in the home is safe to use at all times.

6. How we undertook this inspection

We carried out a full, unannounced inspection of the home on 15 November 2018 in line with our inspection programme. The following sources of information were used to inform the report:

- Information we already held about the service. This included notifications, concerns and the registration report.
- Discussions with the manager.
- Feedback from four staff, comprising three questionnaires and one verbal discussion.
- Discussions with seven residents and questionnaire feedback from a relative.
- Care documentation for four residents.
- Personnel records for four staff, including their training and supervision records.
- We toured the home and looked at the general environment.
- An activity schedule for the week commencing 12 November 2018.
- Food menu over a four weekly cycle.
- Residents' and staff meeting minutes dated June 2018.
- Records relating to health, safety and maintenance.
- Use of a Short Observational Framework for Inspection Tool (SOFI2). This is used by inspectors to observe life in the home from the perspective of residents, taking into consideration their mood and quality of staff interactions.
- Staffing level assessment tool dated November 2018.
- Records relating to incidents, accidents, complaints and internal audits.
- Examination of the written guide to the service and the statement of purpose.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Manager	A manager was in place at the time of the inspection who was registered with Social Care Wales.
Registered maximum number of places	28
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service registered with CIW under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit	15 November 2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.
Additional Information:	



Adam Frewen Esq
Inspector
CSSIW South East Region
Welsh Government
Government Buildings
Rhydycar Business Park
Merthyr Tydfil CF48 1UZ

24th December 2018

Your Ref: INSP-0054839-PVXN
Our Ref: BSM /B3

Dear Mr Frewen

RE: Report in Inspection on 15/11/2018 – Publication date 27/12/2018

We acknowledge receipt of the above report and enclose a completed response form as requested.

Overall, the report is balanced and fairly reflects the feedback our manager received on the day of the inspection. Referring to Section 5 – Improvements and Recommendations under paragraph 5.2, we now respond as follows:

1. **Reg. 19(3)** - We are currently reviewing our statement of purpose and service user guide documents with a view to applying for variation in time for completion of the building works on the bungalow to provide additional 5 bedrooms.
2. **Reg. 35(2)** - Our staff members are provided with a detailed staff instruction manual and guidance book, which unfortunately the manager has not referred or shown you a copy. The guide is aimed at consistency and informing new staff. We are endeavouring to complete any shortcomings in compiling information required on the persons who work at the home.
3. **Reg. 36(2)(c)-(e)**
Training: The manager confirms that since inspection our staff training matrix has been updated and several staff members have attended external training in food hygiene, first aid and infection control. Further training requirements have been identified in the matrix and planned for the first quarter of 2019.

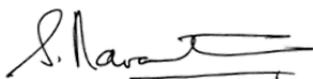
In addition we have engaged the services of a dementia specialist who has been conducting in-house training courses on Teepa Snow's "*Positive Approach to Care*". One member of staff has been booked to attend manual handling passport one week course and we are also planning to hold fire safety training and demonstration in March once the bungalow is completed in line with our planned fire risk assessment update.

Supervision: The manager has undertaken supervision sessions to minimise the gaps and she has been instructed to ensure that a matrix is completed and followed to ensure compliance with the requirements.

4. **Resident Activities:** We are currently in the process of recruiting an activity coordinator to ensure that activities are provided 6 days a week so that the quality and content can be structured and meaningful.
5. **DBS Checks:** I am given to understand that you were not happy with us retaining the DBS certificates on file. This is done with the consent of the data subject and I shall be seeking further clarification under GDPR and will act accordingly.
6. **DoLS Notification:** The manager has undertaken three further notifications and has requested that she notifies your office as required.
7. **Care Plan Reviews:** I have instructed the manager to ensure that a two stage formal notification with all concerned relating to reviews. First stage is to notify giving a timeline window inviting availability and secondly to notify date of review and extend invitation. Social workers rarely attend unless it is their statutory review but we will do our utmost to invite and maintain relevant records.
8. **Portable Appliance Testing:** PAT testing equipment is being sent back to the manufacturer for calibration and a set procedure is scheduled to be put in place before mid-February to conduct tests systematically.

I trust this will demonstrate that we have taken note of your recommendations and acting on them as speedily as possible.

Should you have any queries, please do not hesitate to contact me.



Nava S. Navaratnarajah
Responsible Individual

Care Inspectorate Wales Inspection Report: Response form

Comments on report

Name of registered service:	Brightside Manor
Reference number:	INSP-00054839-PVXN
Inspection date(s):	15/11/2018
Inspector:	Adam Frewen

Please tick as appropriate:

I/We agree with the factual information contained in the report

I/We do not agree with the factual information contained in the report

Please specify factual matters requiring consideration (continue on additional sheet if required)

Please see attached letter dated 24/12/18

I confirm that I have had an opportunity to consider the report to confirm factual accuracy and to make any additional comments I believe to be necessary.

Signature of registered person:



Print name:

Nava S Navaratnarajah

Date:

24/12/18