



Inspection Report on

Brightside Manor

**BRIGHTSIDE MANOR
637 NEWPORT ROAD RUMNEY
CARDIFF
CF3 4FB**

Date Inspection Completed

03 July 2020

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About Brightside Manor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Avan Limited
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	15 November 2018
Type of Inspection	Full
Does this service provide the Welsh Language active offer?	This service intends to work towards providing an 'Active Offer' of the Welsh language and become a bilingual service.

Summary

People told us that the care staff are kind and caring. They benefit from good relationships that are respectful. People receive information about what the home offers. They are encouraged to express their voice and views through review meetings and residents' meetings.

Care documentation requires improvement to reflect the care and health needs of people. Health care services are available, but arrangements to be in place to ensure they receive the service in a timely manner. A staffing review is required to confirm that there is a sufficient amount of staff available to meet people's care and support needs, at different times of the day. The registered person assured us they would invest in staff training to ensure they fully understand the needs of people living at the home.

Care staff positively build on friendships and share new experiences through activities and events at the home.

The home requires improvement to its decoration. There is a full refurbishment plan in place for 2020 to 2021 to address this. People confirmed that they are able to approach the manager and that they receive regular support. The registered person maintains oversight of the service and of the quality of care.

Well-being

People's contribution is valued but aspects of care planning need improvement. There is an assessment process in place to ensure the home is able to meet the individual's needs, but care plans and risk assessments should be in place prior to the admission. People and their representatives are involved in their care plan and their contribution is valued. The home has written information that details what people can expect to receive from the service, but it requires updating. People receive written confirmation of the home's terms and conditions when they arrive at the home. There are arrangements in place for people to raise a concern. The registered provider responds appropriately, in line with the complaints and complements procedure. People and their representatives are encouraged to influence their care plans and attend review meetings to confirm how they would like to receive support and their preferences. However, we found that personal outcomes and choices are not always reflected at the time of the review.

People are encouraged to be involved in activities and their involvement is recognised as important. There is an activities coordinator employed at the home for four hours per day, six days per week. The home enjoyed a recent barbeque and we saw some arts and crafts displayed on the walls. People told us that, over the recent months (during the COVID-19 pandemic), they had been able to maintain regular contact with people that matter to them through virtual technology and telephone conversations. The provider has recently re-introduced relative outdoor visits to the home and people are experiencing fulfilled lives. In addition, we found that meetings take place at the home to discuss any new ideas or suggestions in relation to the running of the home or future events. The manager intends to arrange the meetings on a more regular basis.

Care staff treat people with respect and have good relationships. During our visit, we saw staff interacting positively and people told us they had a good working relationship that was respectful. We saw staff putting people at ease through conversation and humour. People told us that they benefit from good relationships with the manager and staff.

Care and Support

People have a “This is me” document in place to provide care staff with information about what is important to them. This information should be developed further, to include people’s previous employment, hobbies, places of interest, and people that are important to them. We found that care plans are in place that inform care staff how to support a person, but are not very personalised and do not fully identify the associated risks.

We found some disparity in care plans. Care staff should update the plans when there are changes in people’s support or health. In addition, some care plans were not in place for key areas that require support and monitoring. Without good care planning, there is a risk that people’s needs will not be fully anticipated and understood by staff. Some risk assessments are in place, guiding staff on how to minimise risk, but we found many risks, which are not adequately assessed or mitigated.

Incidents at the home are appropriately addressed. However, the registered provider has not always informed the regulator of the occurrence. They assured us that they would follow due process in the future, in accordance with the regulatory requirements.

People are actively involved in their review but their preferences not always reflected to ensure they receive the right care at the right time, in the way that they want. We will consider this further at the next inspection.

Overall, people access healthcare services, which promotes their well-being, but further improvement is required. We found that people receive support to access appropriate healthcare services, although access to oral care services needs attention. In addition, we found a few occasions when there was a possible delay in seeking medical intervention in a timely manner, which could compromise people’s health and well-being. The registered provider gave us assurance that they would review this situation and take action accordingly.

There are safe systems in place to ensure people receive the correct medication and there is good oversight by management. Since the last inspection visit, there is a new electronic medication system in place and all staff are trained. The manager, or deputy, assesses care staff to ensure they are competent and confident to administer medication. Each person has a medication profile containing important information. This information should also include the person’s preference on how they like to take their medication. There is oversight of the system through regular audits.

Environment

The environment is safe, homely and warm. The entrance of the home is locked and care staff checked our identity before entering. Some people were relaxing and socialising in the lounge and others made the choice to spend time in their rooms. People are encouraged to personalise their room with things that are important to them. There was a spacious lounge and an activities room available for people to enjoy. At the time of our visit, the passenger lift was out of use and some people were unable to use the stairs. The registered person provided written assurance that the lift was due to be repaired. In the meantime, we examined personal emergency evacuation plans. These confirmed that people who were able to use the stairs were encouraged to do so. We saw staff spending time with people in their bedrooms to reduce the risk of isolation.

There are robust servicing and maintenance arrangements in place to ensure the environment and equipment in the home is safe. We identified that the home would benefit from redecoration. This related to bedrooms, communal toilets, bathrooms and corridors. The registered provider is committed to investing in the home to improve these areas; there is an improvement plan in place for 2020. We will consider the progress at the next inspection visit. People benefit from a pleasant and well presented outside space. The garden is well maintained with a large lawn, shrubs and bedding plants, which provides an interesting space for people to enjoy.

People can be confident that there are effective infection control arrangements in place. There is an infection control policy for all staff to follow and the majority of staff have received infection control training. We saw that the home was clean and free from any malodours. There are cleaning regimes in place to minimise cross contamination to maintain infection control. There are contracts in place to ensure contaminated waste is disposed of appropriately. Substances that may be hazardous are stored securely to protect people from harm. We observed staff wearing PPE (personal protective equipment) and disposing of them appropriately in accordance with relevant guidance.

Leadership and Management

There are systems in place to measure the performance of the service and the quality of care people receive. The registered person visits the home on a regular basis to speak with people and report on their findings. Following the visits, a report is produced which evidences that they consider the information in place, the home's performance, and speaks to people living and working at the home to measure their experience. The registered provider should reflect on the actions from the last visit to ensure they are met. There are arrangements in place to obtain views of people using the service, their representatives, staff and stakeholders. However, at the time of our visit this was overdue. The provider addressed this during the inspection. The manager receives regular supervision sessions from the registered person and they felt supported and well led.

People are safeguarded from harm, but a dependency review is required. The registered person should assess the dependency of the people using the service to ensure there is suitable staffing available to meet their needs. We examined the accident and incident records and found that there were times when unwitnessed falls occurred during periods when the staff levels were reduced. In addition, the manager and deputy often recorded this on the daily records. Care staff told us that this occurs when they are busy supporting people. There is a safeguarding policy in place, but all staff should undertake safeguarding training to assure people that they are able to identify when improper treatment is suspected in line with the guidance. The registered person gave assurance that this would be actioned.

Care staff are appropriately recruited and all employment checks are undertaken prior to the commencement of their post. New care workers are given the opportunity to shadow other care workers to get to know the people living at the home, and develop a relationship based on trust. The manager should ensure that they assess the competency of care staff, prior to undertaking a task when awaiting training.

People benefit from care staff who receive support from management. The care staff receive regular opportunities to meet with the manager to discuss their performance and set their personal goals. Care staff told us that the manager and registered person is visible, approachable and supportive. In addition, regular team meetings take place that gives the opportunity to meet collectively with their colleagues to share their experiences and discuss any issues.

When we looked at the staff training information, it identified that they do not always receive the level of training required to perform their role. This could compromise their understanding of how to support people in a way that improves their personal outcomes. We spoke to the registered person and they gave assurance that they will address this. We will consider this further at the next inspection visit.

Areas for improvement and action at the previous inspection

Information in respect of staff employed. The service provider must ensure that full and satisfactory information or documentation is available for all staff working in the home.	Regulation 35 (2) (d)	Achieved
Written guide to the service. The written guide must include all of the information in line with the 'Statutory Guidance for service providers and responsible individuals on meeting service standard regulations 2017	Regulation 19 (3)	Achieved
Developing staff. The service provider must ensure that any person working in the home receives appropriate training, to fully understand the needs and diagnosis of individuals using the service.	Regulations 36(2) (d)	Not Achieved

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

None

Areas where improvement is required

Regulation 15 (3): The service provider must prepare a plan for the individual that sets out – (3) The personal plan must be prepared prior to admission	15(3)
Regulation 21 (1): The service provider must ensure that care and support is provided in a way which protects, and maintains the safety and well-being of individual's – We recommended a full staffing review in accordance with the dependency needs of the people living at the home.	21(1)
Regulation 21 (2): The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan – We recommended that the care and support plans are revised to ensure the information	21(2)


recorded reflects the individual's care/health needs and management of risk.	59 (3)(a)
Regulation 59 (3),(a): In relation to records - The service provider must ensure records relating to individual's are accurate and up to date – This is in relation to records being incomplete and inappropriate record practices	60(1)
Regulation 60 (1) – The service provider must notify the service regulator of events specified in Parts 1 and 2 of Schedule 3 - We found that the provider has not always submitted a duty to report in accordance with the notification 60 requirements.	
Regulation 76 (1): The responsible individual must put suitable arrangements in place for obtaining the views of: (a) Individuals who are receiving care and support, (b) Any representatives of the individuals, (d) stakeholders and (e) staff.	76(1)

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 27/10/2020

Form for responding to inspection reports

This form can be submitted by one of the following: service provider, registered person, responsible individual, relevant person. For description of these terms and for information on how we publish inspection reports and handle provider responses to inspection reports, please see our '[Policy for publishing inspection reports](#)' and our '[Responding to inspection reports policy](#)'. These are available online at www.careinspectorate.wales, or in print format on request.

Name of registered service:	Brightside Manor
Reference number:	INSP-00055920-FYCP
Inspection date(s):	03/07/2020
Inspector:	Tracey Thomas
<p>Please use the space below if you wish to comment on the factual accuracy of the report, the completeness of the evidence cited in the report, and/or the findings on which our judgements are based.</p> <p>Specify which part(s) of the report that are contested and provide details and supporting evidence about the reason. Continue on an additional sheet if necessary.</p>	
<p>1) Front Page – date of inspection should be amended to read 03 July 2020 (not 15 November 2018)</p> <p>2) Final paragraph of page 1 – the statement “<i>The home requires improvement to its decoration</i>” is somewhat misleading as it tends to imply the overall décor of the home requires attention. Appearance and standard of decoration is open to interpretation and varies from person to person. Our decoration and maintenance programme is ongoing. You will appreciate that due to Covid-19 there are two aspects to consider:</p> <p>a) All building services and supply of materials have been severely curtailed during the period Feb. to August and only now limited supplies are beginning to come through</p> <p>b) our enhanced infection control regime requires all door handles and push plates to be sprayed 4 times per day and this has deteriorated paints on doors. We have also noted some toilet area requiring attention/decoration but this work is deferred due to Covid-19. In addition we have planned major reconfiguration of toilets/bathroom in our programme. We would therefore request that the statement be reworded so as not to give a false impression to the public who may read our report.</p>	
<p><i>This response form should be read in conjunction with our letter dated 24/09/20</i></p>	
Signature:	
Print name:	Nava S Navaratnarajah
Role:	Responsible Individual
Date:	24/09/2020



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24 September 2020

Your Ref: INSP-00055920-FYCP
Our Ref: BSM /B3

Dear Ms Thomas

RE: Report of Inspection on 03/07/2020 – Publication date 28 September 2020

Thank you for arranging to resend the e-mail as we had deleted your original e-mail attaching the draft report inadvertently. Factual accuracy corrections/comments have been included in the attached response form and we now respond to other matters raised in the report as below:

1. Supporting and Developing Staff

Regulation 36(2) (c) – SUPERVISION AND APPRAISAL

All our staff receive supervision and appraisal in a timely manner. I believe this was demonstrated to you when inspected and in subsequent documentation. You will have also confirmed this during your interview with staff members. Perhaps you will give consideration to removing any reference to this sub clause 36.2.c in the report

Regulation 36(2)(d) - TRAINING

We accept staff training in general was weak. In mitigation, we submit that from February 2020, most training events were cancelled or curtailed and later suspended by external providers. This also includes the local authority provided training. You will have observed during inspection that our training matrix which identified training needs for all staff members. We can produce evidence that the manager had, prior to inspection, completed individual training needs analysis identifying their needs signed by both individual staff members and the manager. Final paragraph under “leadership and management” could therefore be improved.

Regulation 36(2)(e) – SPECIALIST TRAINING

Former manager, deputy manager, dementia lead and the responsible individual had all attended advanced dementia 5 day training sessions. In addition the current manager, dementia lead and the RI had attended Positive Approach to Care (PAC) courses. We subsequently enlisted the services of the specialist trainer to provide one day PAC training to all care staff. Refresher training will be arranged as soon as they become available.

2. Areas where improvement required

Regulation 15(3) – CARE PLAN PRIOR TO ADMISSION

We take on board your advice and our policy has been updated to ensure care plans are in place prior to admission and updated as we get to know the resident over the first few weeks and a comprehensive review after 28 days.

Regulation 21(1) – STAFFING REVIEW

We have identified a dependency tool and our manager is working through this and hope to conduct a formal review at my formal quarterly meeting in October. We have already identified and propose to increase working hours for our activity co-ordinator to assist residents, particularly those with dementia.

Regulation 21(2) – CARE PLAN

Care plans have now been updated by the manager ensuring personal outcomes and choices as well as taking into account of your recommendations to personalise care plans with information such as employment, hobbies, personal interest. Overall, care plans have been improved to identify associated risk identifying key areas which require support and monitoring.

CARE AND SUPPORT

With regard to your recommendation for further improvements for seeking oral care advice annually for all residents I can confirm that community dental team will not deal with non-emergency cases. Even those residents who are registered with private dentist, the service is no longer available routinely.

Our procedures have been improved to ensure that medical interventions are sought in a timely manner to promote health and well-being. However, you will be aware of a recent incident where we had to wait almost 8 hours to receive emergency medical treatment which is beyond our control. We appreciate CIW does not regulate ambulance service or hospitals but we do feel a sense of unfair expectation on the care home providers for near perfection whilst the NHS and public service is struggling to cope and falls short on what the public expect to be a minimum standard.

Regulation 59(3)(a) – RECORDS

We now ensure that each staff complete their care records themselves. Care staff have also been trained on the importance of proper record maintenance.

Under leadership and management section you refer to the number of unwitnessed falls occurring during the period when staff levels are reduced. We have to accept that falls will happen when residents are agile in their own rooms or in the communal areas as we can not possibly offer one to one care and support to everyone at all times. We have however installed alarm mats and PIR movement sensors in the bedrooms where deemed necessary. Whilst these can help they do not guarantee prevention of falls.

Regulation 60(1) – NOTIFICATION

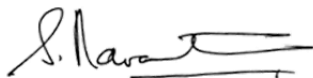
The manager was unaware of the requirements fully as she was under the impression that notification is only required in the event of death. This has now been rectified.

Regulation 76(1)– QUALITY CARE REVIEW

This is currently under analysis and ongoing. We have already informed you as to why previous review was delayed due to change of manager and subsequent Covid-19 crisis.

In conclusion the report and your assessment does not reflect on the last six months which is a critical period during the pandemic. Allowance has to be made for such unprecedented times and it will be helpful if this can be reflected whilst we readily acknowledge there were areas for improvement and we are grateful for your advice, guidance and support.

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



Nava S. Navaratnarajah
Responsible Individual