



## Inspection Report on

**Brondesbury Lodge**

**Brondesbury Lodge  
Heol Derw  
Cardigan  
SA43 1NH**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

13/02/2023

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## About Brondesbury Lodge

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brondesbury Lodge Limited
Registered places	32
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">23 May 2022</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive; an individual told us *“The culture at the home puts people first”*. Care workers are guided by accurate and up-to-date nursing plans but more work is needed to develop person centred information in them. Interactions between people and staff are positive and friendly.

The environment effectively meets people’s health needs and would benefit from an upgrade, which has been delayed because the availability of contractors.

People, their family members and staff value the leadership of the managers and have confidence in them. The Responsible Individual (RI) has good oversight of the service and completes detailed reports with clear action following their quarterly visits to the service.

## Well-being

People receive person centered support. The manager involves health and social care professionals to help people remain as healthy as possible. Up-to-date nursing plans are detailed and would be improved by adding extra information on things that matter to individuals. When discussing care staff, people told us: *“The staff here are wonderful, so caring”* and *“Staff are excellent and couldn’t ask for better”*. Individuals are respected, and interactions with the staff team are positive and friendly. Family members are positive about the service and one said, *“There is a lovely atmosphere and I’m always made to feel welcome”*. People live in a service that is working towards an 'Active Offer' of the Welsh language and we observed staff having conversations with people in Welsh.

People are protected because safe recruitment and training ensures people get the right care and support. Care workers receive induction and ongoing development. Nurses are registered with the Nursing and Midwifery Council (NMC) and Support workers are registered with Social Care Wales. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People know how to make a complaint if needed and have confidence in the manager to resolve issues.

There are different communal areas for people to use to do things they enjoy. Individual rooms are personalised by people as they choose. Upgrade work has been delayed due to the availability of contractors locally. The gardens are accessible for people to do things they enjoy and help them remain healthy.

Governance processes focus on developing the service by using information from surveys and internal audits. The Quality of Care Review is comprehensive but should be completed every six months rather than annually. The RI visits the home and talks to people, their representatives and staff about improving the quality of the service. This information is recorded in Regulation 73 visit reports with clear action plans.

## Care and Support

People are happy with the care and support they receive. Care workers spend time talking with people and we witnessed many warm and friendly interactions. Individuals who live at the service value the care and support they receive, people told us *“I have no complaints whatsoever”, “the staff are wonderful, so caring”* and *“Staff are excellent and very helpful, if you need anything they sort it out”*. Representatives of people are positive about the service, one said *“I’m really happy that he’s at the home, they look after him so well”*. Care workers speak enthusiastically about the people they support and one told us *“I just love them (people) and I love the job”*.

The nursing staff assess a range of information from the person, their representatives and external professionals. The manager has detailed and accurate nursing plans for individuals but more person-centred information around people’s preferences and choices is needed. Nurses regularly review plans, so they remain relevant but need to involve people and/or their representatives in this process. Daily notes record the nursing tasks completed but need to include an account of the day from the perspective of the individual. The manager intends to involve people more with their personal plans and will improve the way outcomes are recorded in daily notes. We will check for this information in our next inspection.

There is good evidence of health and social care professionals being involved with people documented. A visiting health and social care professional is very positive about the service and told us *“Absolutely no concerns at all, the staff are brilliant with the residents and they always make me feel welcome”*. Medication is stored and administered appropriately.

Sufficient staffing levels are in place to meet the needs of people living at the service. Staff have adequate time to spend with people and have a good understanding of individual needs and preferences. A dedicated co-ordinator arranges activities for people within the service, the grounds and community.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices throughout, staff wear the correct PPE and follow the latest Public Health Wales guidance.

## Environment

People appear comfortable and relaxed in the service. Individual rooms are personalised, with their own pictures, paintings, furniture and ornaments. People enjoy the views of the gardens and are looking forward to accessing them when the weather improves. Maintenance issues are resolved promptly and the domestic team are committed to keeping the building clean and fresh.

We identified issues with the décor, damaged furniture and some bathroom upgrades are required. This was identified in the latest Quality of Care Review and subsequent RI reports but progress has been delayed because of the availability of contractors to carry out the work.

Regular Health and Safety audits of the property are completed. The provider is addressing the issues identified in a recent inspection from the Local Fire Authority. The service is compliant with testing of fire safety equipment. Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a food hygiene rating of five. People can eat together or in their own rooms, a person who lives at the service told us *“The food is fantastic, varied and the chef is lovely”*. People make choices around what they eat and a family member told us *“The food is great and the kitchen work around her choices/preferences”*.

Additional COVID-19 measures were in place during the visit due to a high number of cases in the local area.

## Leadership and Management

The RI completes statutory Regulation 73 visits to the service every quarter. Staff describe him as easy to talk to and supportive. A care worker told us *“I get on well with him (RI) and I tell him what’s what, he always asks me how things are at the home”*. Arrangements are in place for monitoring, reviewing and improving the quality of the service. The Quality of Care Review uses information from audits and lists actions to improve the service. This is currently completed every year but will be completed every 6 months in future and we will check this in our next inspection.

The staff are positive about the leadership at the service, a care worker told us *“Can’t fault [Manager]. She is a great support is very accommodating, I can go to her easily and she listens and deals with things there and then”*. The manager is supportive of the people who live and work at the service and shares their time between administration and nursing duties. People talk to the manager and know how to raise concerns, an individual told us *“[Manager] is fantastic, she’s lovely. I had an issue, spoke to her and she sorted it out”*. A family member spoke positively about the leadership and said *“[Manager] is easy to approach and very sensitive in the way she deals with issues”*.

Up-to-date guidance procedures support good practice and staff have a sufficient understanding of key policies. Workers receive regular supervision meetings, including annual appraisals. Staff demonstrate a good understanding around safeguarding and follow appropriate infection, prevention and control measures.

Pre-employment checks take place before new employees start work. These include reference checks, right to work and Disclosure and Barring (DBS) checks. Training and ongoing development supports staff to meet people’s needs. The staff induction programme links to individual learning outcomes and the ‘All Wales Induction Framework for Health and Social Care.’ Staff are registered with Social Care Wales within six months of employment at the service. However, induction for new staff around moving and handling is not recorded sufficiently. The manager intends to resume using the previous detailed competency checklists to record compliance.

Adequate numbers of experienced care staff work on shift to meet people’s needs. Many of the care workers have built longstanding relationships with people and understand their individual circumstances.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
12	3 policies require updating , reviewing , and further information	Achieved

**Date Published** 14/03/2023