



# Inspection Report on

**Baglan Lodge Care Home**

**Baglan Lodge Nursing Home  
84 Old Road Baglan  
Port Talbot  
SA12 8LH**

## **Date Inspection Completed**

16/01/2023

*16<sup>th</sup> of January 2023*

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## About Baglan Lodge Care Home

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults With Nursing  |
| Registered Provider  | Bevan & Clarke LLP  |
| Registered places  | 30  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | 29/04/2021  |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

Baglan Lodge is a privately run, large extended house offering a suitable service supporting up to thirty people with residential and nursing needs. The home has a happy and relaxed atmosphere and people spoke openly and freely of their experiences living there. People have personal plans and risk assessments in place to meet their needs. Baglan Lodge is a spacious home with a variety of communal areas, simply decorated. There are maintenance procedures in place to maintain health and safety of people. Care staff have received training and know the people well and understand their needs. There is an approachable responsible individual (RI) and manager giving suitable oversight of the service.

## Well-being

People have a voice and are listened to. People are supported to make choices about the things they do and things that are important to them to support their wellbeing. People told us; *“I have a lovely bedroom with plenty of room and a television.” “I brought my own clothes and pictures of my husband and my great grandchildren.”* Care records contain information on people’s personal preferences but lack personal history. The responsible individual (RI) makes themselves available to speak to people in the service.

People are happy, active and as healthy as they can be. There is a relaxed atmosphere in the service that helps people feel at ease. People told us they have confidence in care workers and feel comfortable to discuss any issues. There is a stable staff team in place, with some having worked in the service for a long period. People told us they were happy with staff and the environment.

People are protected from abuse and harm. Staff receive training and are aware of their responsibilities to report any concerns about people they support. The provider has a suitable safeguarding policy in place. The manager and staff understand the safeguarding referral process.

People are supported in a safe, homely environment. People were sitting together in communal areas having conversations with each other and with staff. Communal and private areas are clean, free from clutter and nicely decorated. There are clear infection control measures in place, and safe visiting arrangements. Individual risk management and weight monitoring is in place and there is separate clear skin integrity documentation to support the health and wellbeing of people. Medication is being well managed in the service.

## Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. Pre-assessment policy and procedures are in place, which show staff the needs and outcomes of people. The home has a Statement of Purpose (SoP); a document which shows people what they can expect from the service. It is clearly written and can be available in alternative, easy read formats on request. The statement of purpose is reviewed regularly by the manager. The provider has produced a general guide to services along with welcome information. The guide is reviewed on a regular basis and can be available in alternative, easy read formats on request. The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly. However, the review process does not include contributions from the person or appropriate representative. People told us; *“There's no review or meeting but if I want something I'll tell them.”*

While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported well, with personal plans and risk assessments reflecting people's needs. The standard of care and support is good and is reflected in the responses from staff and relatives. People told us; *“I really enjoyed my time here, we're always laughing.”* We saw staff contributing to the well-being of people through warm interactions.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. Staff told us; *“We have to maintain safety, take effective measures to keep people safe. Report to the manager.”* And *“Protection of vulnerable people, protection of staff, report any issues that might arise. I would feel confident in reporting.”* The training planner shows staff have received safeguarding training. The health and well-being of people is supported.

Staff know the people well and recognise any deterioration in health and seek medical attention when needed. We saw staff are familiar with the likes and dislikes of the people they support. People are supported to maintain relationships with relatives. We were told by relatives *“Before COVID it was very good, but because of COVID it's been difficult, but I do feel the staff had it difficult, but my relative never went without care, they all tried their best and made it friendly.”* *“I feel my relative is safe here, the staff need a medal for what they did here during COVID, they've all been really lovely.”*

## Environment

The property meets the needs of people. The atmosphere is warm and welcoming with people seen moving around freely with purpose. People told us; *“The place is beautiful, I eat like a horse now and when the staff have got time we play games, exercise, quizzes or bingo.”* We saw people comfortable in their surroundings and communal space. People told us; *“I have a best friend, we sit together in this lounge, there is a little lounge upstairs, but you see more people when you're downstairs.”*

The home is a large property, people have the choice either to socialise or spend time alone. People appear happy in the communal areas and are encouraged to personalise their bedrooms. Staff told us; *“They have done improvements, painting etc and the people can put their own personal touches, flowers, pictures and if they want, they can get permission to paint their room.”*

The provider has systems in place to identify and mitigate risks to the health and safety of people. The maintenance file was seen, and provision is in place for the maintenance and safety of the home. Risk assessments around water temperatures and Legionella are in place. All safety checks are carried out. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation plans (PEEP's) for people. Evacuation procedures are specific to the individuals to ensure their well-being. The service is secure with a key code entry system. The management of infection control and hygiene practices within the service are good. We saw systems in place for the safe disposal of personal protective equipment (PPE) and clinical waste. We saw the kitchen had a food hygiene rating of five (very good), and we found the kitchen to be clean and well equipped. People told us; *“I settled the day I arrived, the staff are all marvellous and there's plenty of food.”* *“Nothing is too much trouble for them, if you don't like what they have to offer they will give you something else, I ask for egg on toast.”*

The maintenance staff are attending to the day-to-day repairs and updates. Maintenance records seen show a new structured plan devised by the handy man to facilitate the ongoing repairs and updates. We saw there are areas away from people which need refurbishment, repair and updating. These are not impacting on the wellbeing of people now, however if not dealt with they could. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Leadership and Management

The provider has systems in place for the smooth running of the service. The RI regularly visits the service, speaks to people living at the service, relatives and joins team meetings with staff. However, the visits to the service reports and the quality of care reports do not reflect the full involvement of the RI. Staff told us; *“Yes, the RI visits the home and walks around and talks to staff and if you need to talk outside the home their number is on the board in the office.”* *“They come to our team meetings as well.”* *“All the managers are very supportive.”* The quality-of-care reports and quarterly visits documents should include views of staff, people and relatives, documented actions required of the manager to maintain and improve the quality of care and the environment.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual needs and outcomes. Staff told us; *“Brilliant I have never worked in a nursing home; the training was really detailed, and for about a month I shadowed.”* The training plans and discussion with the manager support this statement.

We looked at four staff personnel files and saw that all recruitment documentation is in place. Overall, staff feel supported and valued in the service. However, the frequency of staff supervision and appraisal needs improving. Supervision and appraisal records show staff are supported on a regular basis but not in line with regulatory requirements. The manager acknowledges the service is not compliant but stated that they and the team are working hard to bring the service back into compliance. The supervision and appraisals seen and discussions with staff suggests their well-being is considered. Staff told us; *“Management, they have been amazing I can’t fault them.”* And *“They are a good team, and they look after each other.”*

While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff have a good understanding of the safeguarding process. There is a clear Safeguarding policy and procedure in place which is accessible to staff. All staff complete safeguarding training as part of their induction and follow-up training is also arranged. Staff feel they have the skills and knowledge to report issues due to the quality of their training and induction.

### 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 |
|------------|---------|--------|
|------------|---------|--------|



|    |  |          |
|----|--|----------|
| 36 | CIW carried out an inspection on the 16.1.23 looking at 5 staff files, supervision matrix and speaking with the manager and staff. Supervisions are not carried out inline with the regulations. | New      |
| 43 | We saw there are areas away from people which need refurbishment, repair and updating. At the back of the service and upstairs hallway carpet and wall.  | New      |
| 16 | Regulation 16 (4) people or their representative are not part of the review process.   | New      |
| 36 | Staff must receive appropriate supervisions and appraisals.  | Achieved |
| 36 | Staff must receive appropriate training  | Achieved |
| 12 | Policies and procedures must be in place and reviewed  | Achieved |

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