



Inspection Report on

Brondesbury Lodge

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

Date Inspection Completed

04/06/2024

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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	English
Previous Care Inspectorate Wales inspection	13/02/2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are happy with the care they receive at Brondsbury Lodge and are supported by warm and friendly staff who know them well. Care staff provide positive reassurance and interaction in a thoughtful way. People are assisted to make choices about their daily lives where possible. Personal plans are person-centred, detailed, reflect people's needs and are reviewed and changed accordingly. Staff feel well supported by management and are provided with training to meet people's needs. There are effective governance arrangements in place. The Responsible Individual (RI) visits regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. The information gathered is reflected in quality of care review reports. The environment is clean and well maintained and the service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives and feel they are listened to and their views are considered. Care staff work from personal plans that are written with the person and cater for people's preferences. People and their relatives are involved with the improvement and development of the service through regular consultation. Choices are given around food and activities on offer and care staff listen to people's wishes. Call bells are answered in a timely way. Rooms are personalised, cosy and well-maintained. Care records give staff the instruction required to support people accurately and reviews are carried regularly. Staff know people well and support them in a pro-active way, ensuring they move around safely. Visitors are encouraged to come to the home and people have good relationships with other people they live with, as well as the care staff supporting them.

People are protected from abuse and neglect as care staff attend training in safeguarding, and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner to specialist services, ensuring people receive the right care and support, as early as possible.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent and can get to all the rooms in the home safely. Strategies for reducing the risk to people while they move around are sufficient and the person in charge has identified potential hazards and taken steps to minimise risks to people.

Care and Support

The provider has an accurate and up to date plan for how the care and support needs of people living in home should be met. People are encouraged to contribute to their personal plans and have choice over everyday decisions such as what and where they eat, clothes they wish to wear and times they get up in the morning. Personal plans are person centred, accurate and regularly reviewed. They include individual likes, dislikes and preferences. Robust risk assessments are in place and are reviewed appropriately. Pre-assessments take place before people move to the home and these gather details of people's history, key health needs and what is important to them. People receive care in line with their personal plans and risk assessments and care staff are kept informed of important updates from thorough daily handovers. There are detailed manual handling plans in place with appropriate numbers of staff used for manual handling and repositioning. Support is provided in a patient and dignified way by responsive staff. Relationships between care staff and people are positive and people appeared relaxed and comfortable with staff. Mealtimes are sociable and enjoyable, with dining spaces set up nicely. People have choices of what to eat and can have more if they wish, and food is well-presented and appetising. Dietary choices are passed to the kitchen. Kitchen staff know about specialist dietary requirements and people's specialist dietary requirements are adhered to. We observed appropriate manual handling and equipment being used during our visit.

Records show people have access to specialist advice and support from health and social care professionals when they need it. Changes in health conditions are identified and referred to the appropriate professionals in a timely way and personal plans and risk assessments are updated to reflect professional advice. Care staff access appropriate and specialist training to meet the needs of people and feel they can approach the manager if they have any concerns.

Medicines administration and storage practices in the home are good and keep people safe. Trained staff administer medication and their competency to do so is regularly assessed. Regular medication audits are carried out by different levels of management with actions identified quickly dealt with.

Environment

People live in an environment suited to their needs. The service provider invests in the decoration and maintenance of the home to ensure it continues to meet the needs of people living within it. The garden area is secure, well-maintained and easily accessible with a new paved area suitable for wheelchair use. Décor in the home is fresh and well-maintained, with bedrooms and communal areas in good condition. People can choose to socialise in communal areas or have privacy in their own rooms if they wish. People's rooms are clean, tidy and personalised with their own belongings, such as photographs, ornaments and small items of furniture. Moving and handling equipment is stored accessibly and safely. People access the main home through a securely locked door and visitors are required to sign in and provide identification on arrival where appropriate. We saw cleaning staff around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show regular health and safety audits are completed and actions are dealt with swiftly by maintenance staff. This is monitored by management and the RI. Routine health and safety checks for fire safety, water safety and equipment are completed and maintenance, safety and servicing checks are up to date.

Leadership and Management

People can feel confident that good systems for governance and oversight of the service are in place. Regular management audits across all key areas are completed and we saw evidence of actions taken as a result. There are clear lines of responsibility in place at the service. The RI visits regularly to inspect the property, check records and gather the views of people and staff. Reports are created to document the RI visits and show aspects of the day to day running of the service, with clear actions and timescales given as part of this process. Residents and relatives give feedback through direct consultation and the completion of quality assurance questionnaires. A quality of care survey is conducted by the home every six months and the outcome of the surveys are documented in quality of care review reports, which are detailed and reflect on feedback given. The RI gathers feedback directly from people using the service and people say they can speak to the manager about changes to their care and action is taken.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Records show there are suitable numbers of staff on duty to support people's needs and new staff undergo thorough vetting checks prior to starting work in the home. Staff receive an induction specific to their role, annual appraisals and regular one to one supervision meetings. Care staff say they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided to staff through a combination of face to face and electronic learning. Training records are reviewed and updated to make sure they accurately reflect training compliance, with compliance levels being good.

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
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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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