



Inspection Report on

Brompton Lodge limited

**54 RHOS ROAD
RHOS ON SEA
COLWYN BAY
LL28 4RY**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19/01/2021

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About Brompton Lodge limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Brompton Lodge Residential home Ltd
Registered places	34
Language of the service	Both
Previous Care Inspectorate Wales inspection	30 July 2018
Does this service provide the Welsh Language active offer?	No

Summary

People are at ease with care staff, who are attentive and know people well. Care staff team feel supported. Management take a hands on approach and effectively oversee the care provided and management of the service. People seem comfortable and are happy in their environment.

Well-being

Care staff assist people to have control of their day-to day lives. People's wishes, feelings, choices and daily routines are reviewed regularly and are key to the planning of care. Care staff engage with people effectively and take time to interact and listen to them.

Management are passionate about the quality of the care provided and ensure oversight of all aspects of care. Providers have a good working arrangement with the manager. The environment is comfortable and spacious.

We found a health and safety hazard outside the back door which could have posed a risk to people. However, the manager took immediate action to remove the hazard and has taken measures to prevent this from happening again.

People's overall and individual wellbeing is a priority; people's wishes and routines are reviewed. People, their family and relevant professionals are involved in the review of care, in particular when care needs change. Care staff encourage people to be involved in interaction with each other and activities. Management know people well and take appropriate action in referring individual health needs to health professionals. The living areas are spacious and people can choose where they spend their time.

People are safeguarded from harm and neglect. Care records include information about care needs and possible risks to their health. Care staff know people well and know what steps to take if they are concerned for people's well-being; the manager takes appropriate action in response to concerns or risks to individuals. The manager ensures care staff receive training in safeguarding. The service safeguarding policies and procedures are up to date and accessible to all staff.

People live in a clean and comfortable environment. Care staff assist and enable people to make the most of the environment. People can choose where and who they spend their time with. Management have made and plan further improvements within the service environment.

Care and Support

A range of information and variety of views are taken into account when planning care to meet individual needs and planned outcomes. People are given opportunities to link with the manager and care staff before moving to the service. We viewed three care plans which showed individual needs, wishes, and daily routines are the focus when planning and reviewing care needs. We saw families and professionals are encouraged, by the manager, to be involved in the planning of care. There is effective oversight of the planning and review of care.

People are provided with the care and support they need. The providers ensure ongoing consultation with people, their family and professionals. We evidenced positive feedback and appropriate action taken by providers, in response to information gathered about care needs. We found evidence of referrals to specialist professionals and individual risk assessments which focus on individual need. We evidenced timely monitoring and review of individual care needs. We saw care staff are respectful and dignified in their approach to people in their care.

There are mechanisms in place to safeguard people. We saw care staff are trained in safeguarding and know what steps to take if a person may be at risk. There are effective systems in place to ensure care staff training is up to date. We saw appropriate and timely responses to safeguarding concerns. Individual risk assessments are in place. The provider ensures the service safeguarding policies and procedures are up to date and accessible to all staff.

Medication administration systems are effective. Medication records are monitored and reviewed effectively by management and an outside source. Senior care staff administer and are trained in medication administration. There are up to date policies and procedures available for care staff to access. To promote clarity on the policies and processes of visiting professionals, a review of these policies would be beneficial. We saw medication is stored safely and stocks regularly reviewed.

Environment

The service environment is homely and spacious. We spoke with four people who told us they enjoyed their time in communal areas and also their bedrooms. We saw care staff assist people in using telephone facilities within the home and assist people to move to where they chose to be in the home. We found communal corridors were clean and bright, with some signs of wear and tear; some room numbering on bedroom doors need to be clear for people living with dementia. The provider has taken significant steps to make substantial improvements to the service. These include the washing and laundry area and a visitors pod; both are developments situated outside of the building.

Entrance to the service is safe and secure. Care staff ensure visitors sign into the building after undertaking infection control prevention activities, including hand washing, temperature checks and tests for infection. Personal Emergency Evacuation Plans (PEEP) were accessible for all residents. Maintenance records show electrical, lighting and fire safety equipment are monitored and tested within timeframes. We saw people's walking aids, mobility aids and hoists were checked and serviced within required timeframes. We found the door to electricity cupboard was unlocked; this was rectified during the visit. We found the door to the outside laundry area was unlocked; immediate action was taken by the manager.

Leadership and Management

We viewed the Statement of Purpose (SOP) which was available onsite and via the service website. The document is up to date, reader friendly and is an accurate description of the service. We evidenced this document is reviewed annually.

The provider has effective oversight of the service via ongoing quality assurance processes, which review the standards of care and compliance with regulations. The quality report shows the responsible individual visits the service regularly and within required timeframes. They monitor the quality of care, inspect the premises, monitor, and respond to complaints and compliments. We viewed regular and positive feedback from people, their families and professionals. The manager and provider work efficiently in partnership to ensure efficient and effective oversight of the service.

There are governance arrangements in place to support the smooth operation of the service. Care staff files show there are safe vetting, recruitment, induction and training systems in place. Training certificates show care staff are up to date with required training; including end of life care. Care staff told us they felt they were well supported by the manager; the care staff we spoke with had worked in the service for several years.

Staffing numbers are adequate and sustained and there are arrangements in place to cover care staff sickness. The staff rota shows staff cover is good during the day and at night. We evidenced care staff were involved in undertaking a variety of training qualifications, including varying levels of (National Vocational Qualification) NVQ. We saw care staff were encouraging and kind towards people, and were available to assist people as and when required.

Areas for improvement and action at, or since the previous inspection

None		
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Areas where immediate action is required

None	
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Areas where improvement is required

None	
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Date Published 27/05/2021

No noncompliance records found in Open status.

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