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

29/10/2019
Description of the service
Brondesbury Lodge Care Home is a purpose built home with well-maintained grounds located in a residential area, a short walk to shops. The home provides accommodation for twenty eight people who need nursing care, and four people who require personal care, a total of thirty two. At the time of the inspection there were thirty one people living at the home. The Responsible Individual is Gurdip Guram and there is a manager registered with Social Care Wales (SCW) with day to day responsibility for the management of the home. The home is registered under the Regulation and Inspection of Social Care Act (Wales) 2016, (RISCA).

Summary of our findings

1. Overall assessment
People who have made Brondesbury their home were cared for in a clean and highly effectively managed home. The environment was well maintained and was benefiting from an ongoing programme of investment and improvement.

People living in, or visiting the home were wholly complimentary about the care received, and there were opportunities for people to do things they enjoyed or which were important to them.

Care workers were valued by the managers; motivated and effectively recruited, trained and supervised. The managers of the home were also valued and respected by staff; people living in the home and their relatives.

2. Improvements
This is the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of the next inspection.

3. Requirements and recommendations
No requirements and non-compliances were issued from this inspection. Recommendations have been made and are detailed at the end of this report
1. Well-being

Our findings

There are processes in place to ensure people are protected from abuse and neglect. Staff knew and understood their responsibilities in respect of safeguarding. All of the people; their relatives and staff felt able to raise any concerns or ideas with the manager and were confident of a helpful; supportive and timely response. People were treated with dignity and respect, and their rights were upheld. All of the staff we spoke with knew and understood their responsibilities in relation to safeguarding and the manager was very visible within the home and were also contactable outside of working hours. Therefore, people are safe and the potential for harm is minimised.

People can enjoy a sense of belonging within the home due to the relationships they enjoy with staff. All of the staff we spoke with talked positively about their work and felt both valued and motivated. Staff were appointed following a robust recruitment process and training was delivered to ensure they had the required skills and knowledge. In addition, staff received regular supervision which gave them an opportunity to reflect on their work and gain feedback from their manager. People described staff as “really kind “, “nothing too much trouble “.

People’s well-being is enhanced as they have the opportunity to engage in a wide range of activities. We saw the weekly planner for activities within the home including:

- Thanks giving Service
- Pumpkin carving
- Bingo
- Hairdresser
- Friends of Brondesbury activities

We spoke to a relative who told us they really appreciated the Sunday service and the opportunity for their relative to receive communion. “It is what x is used to, it helps us “. People we spoke with appreciated efforts staff made to speak Welsh with them, and the recognition of important cultural events. “I have loved watching the rugby”, and “there is never a dull moment.” People also appreciated the quieter one to one chats and time staff spent with them. People’s relatives told us there were no restrictions on when they visited, and they were always made to feel welcome at the home. We therefore consider that the service is ensuring well-being through enabling people to participate in local, social and community activities.

People receive good nutrition and hydration. The home had been awarded the maximum five stars from the Food Standards Agency. People can expect to be provided with a good diet of home cooking by the catering team. We saw people were offered a well-balanced lunch, which was well presented and smelt appetising. We noted the use of curved designed plates to enable people to easily eat their meals. Through our observations we noted people were offered alternatives if they did not like the meal offered. The nursing staff were quick to ensure the alternative was of sufficient protein intake. People were highly complementary about the food, comments included “I really like the food, it is all good but the highlight is the red cabbage”. We heard people asking for their compliments to be passed to the chef. We saw that drinks and snacks were offered throughout the day and afternoon tea was served individually. Most people had meals in the dining room, although one or two had chosen to eat in their individual rooms. We consider people are provided with choices and options,
and people’s dietary needs are being met by staff who understand the importance of good nutrition and also the importance of a good dining experience.
2. Care and Support

Our findings

There are safe systems in place to ensure people’s physical health needs are met. We looked at procedures for managing and administering medication. We saw there was a system in place for ordering and recording the administering of medication. Medication administration record (MAR) charts were printed by the pharmacy and had photographic identification attached to ensure medication was administered to the correct person. We saw medication was safely stored and only administered by registered nursing staff. We observed staff taking medication to people and saw they ensured it was safely administered. Nobody within the home was administering their own medication but there were processes in place to enable them to do so if it had been assessed as safe. Clear records were maintained of when medication was received into the home and also controlled drugs were reconciled. People’s physical healthcare needs were met. We spoke with a healthcare professional who visited the home on a regular basis and they expressed a high level of satisfaction and confidence in the nursing and care staff to ensure people’s care needs were effectively met. Comments included “they are very good, they work as a team, and I have no concerns.” People had been reviewed by a local GP and there was evidence of appointments with a podiatrist; optician and dentist. Nursing and care staff were able to identify when people were at risk of pressure damage and told us pressure relieving equipment was readily available. We observed prompt GP advice being sort. From our observations together with the information provided, we consider people can be confident staff have the skills and resources needed to meet their range of healthcare needs.

People can feel confident the service providers have an accurate and up to date personal plan for how their care is to be provided in order to meet their needs. We saw paper records were maintained which were easy to navigate. We saw pre admission assessments were thoroughly completed in order to establish the service was able to meet the needs of the individual. Care plans were in place on admission to the home, and we noted one individual had a review by the tissue viability nurse the day after being admitted and a second GP review within the week. People can be confident staff act quickly and appropriately to ensure high quality care. Care is person centred. We saw that care plans were personalised to each person living in the home. People’s history, likes, dislikes and preferred routines were detailed in care files. Care plans were updated as people’s needs changed and were reviewed monthly. Where able, we saw that people with capacity signed their plans of care to demonstrate partnership in care and good communication. People told us they had daily choices and could influence their care. People benefit from care which is central to their individual needs.
3. Environment

Our findings

People can be reassured their safety and security is protected because the home promotes good practice in terms of preventing unauthorised access and monitoring people’s whereabouts in the home for fire safety purposes. Entry to the home was via a door bell which required a staff member’s response before the main door could be opened. We were asked for identification and to sign into the visitor’s book on arrival at the home and also when we left for security and fire safety purposes. People can be assured that they are cared for in an environment that is safe and free from hazards. All fire exit routes were clearly marked and clutter free. We saw details of fire equipment checks, evacuation, drills and Personal Emergency Evacuation Plan summary. We saw the home had insurance cover and saw copies of safety certificates. We saw that chemicals were stored correctly. We saw equipment used to support people’s mobility had been serviced (April 2019). We consider people are living in a well maintained environment and have access to equipment that supports their safety.

People’s well-being is enhanced by the home’s environment and facilities. The home is clean with no malodours, and provides a homely environment for people to live in and enjoy. People we spoke to told us they liked their room. Rooms were personalized with photographs, furniture and ornaments of people’s choosing. We saw new flooring and replacement doors had been installed and as part of a rolling refurbishment plan, the dining area was to be decorated the following week. We noted areas of flooring in a wet room which were scuffed and rising up by a drain cover. We discussed this with the RI who told us of plans to update and replace flooring in the wet room and review ensuite facilities. The main lounge was configured to break up the seating to allow smaller seating groupings. The smaller lounge enabled people to engage in quieter activities or have access to meet privately with relatives and friends. The outside grounds were well maintained and the approach to the home was welcoming. There is ample parking. We therefore consider that people are able to enjoy the facilities the home can offer and that they are supported to live in a clean and well maintained home with a rolling refurbishment programme.
4. Leadership and Management

Our findings

People receive support from a staff team who are safely recruited. We reviewed four staff files and saw information about staff recruitment was kept in people’s files. The files were clearly laid out and easy to navigate. Appropriate pre-employment checks had been undertaken to safeguard people using the service, together with records of the decision making process when people were employed. Evidence suggests people can be assured staff are recruited in a way that protects their safety.

People are supported by a competent and skilled staff team, who in turn are well led by a highly competent manager. We observed the manager to be visible throughout our inspection, providing guidance and support where necessary. The manager displayed good people management skills, and had good rapport with people and staff. We were told by staff the manager was fair, approachable and kind. People living at Brondesbury can expect training needed by staff will be identified and provided. We looked at training records and saw that staff attended a range of training in topics such as health and safety, moving and handling, first aid, food hygiene, infection control, dementia awareness and fire training. The service has recently recruited new nursing staff and we were told how their skills and ideas would be much appreciated. We consider people benefit from good care delivery by competent staff, who are in turn well trained and supported.

People benefit from a service and team that is committed to high standards of care and strives to continually improve. We saw the latest quality assurance report 2019, and the latest RI visit report. The methodology for the report included interviews with service users;

- Staff questionnaires;
- Questionnaires from relatives and visitors;
- Inspection of the premises;
- Conduct of the service.

There was a 90% return rate for questionnaires, all responses were positive in relation to the care provided. An action plan had been developed to address any issues arising from comments, for example Wi-Fi to be available in all rooms. This has been completed. This is a service which values people’s opinion.

The service provider has prepared a Statement of Purpose which accurately reflects the services being provided. We reviewed the Statement of Purpose and found it to be accurate, up to date and in line with requirements outlined in the regulations. We found the model of care documented in the Statement of Purpose accurately reflected the approach being followed during the inspection. This was evidenced through reviewing people’s personal plans, discussing people’s care and support with them and through discussions with care workers regarding the care and support they provide to
people. People benefit from receiving a service which is provided in accordance with the Statement of Purpose.
5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None

5.2 Recommendations for improvement

The provider continues to undergo refurbishment programme particularly in regard to wet room flooring and review of ensuite facilities.
6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 29 October 2019 between 09:30hrs and 15:00hrs. The following methods were used:

- We toured the home;
- We spoke with people living in the home and observed their interactions with staff;
- We spoke to visitors to the home including a health professional;
- We spoke to staff; the manager and the RI.
- We viewed five people’s care records (including care plans and medication administration charts);
- We viewed the records of four members of staff, including records related to recruitment, training and formal supervision;
- We looked at a range of other documents, such as the home’s Statement of Purpose; quality monitoring procedures and maintenance records.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.

Further information about what we do can be found on our website: www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<tbody>
<tr>
<td>Service Provider</td>
<td>Brondesbury Lodge Limited</td>
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<tr>
<td>Manager</td>
<td></td>
</tr>
<tr>
<td>Registered maximum number of places</td>
<td>32</td>
</tr>
<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>31 July 2018</td>
</tr>
<tr>
<td>Dates of this Inspection visit(s)</td>
<td>29/10/2019</td>
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<tr>
<td>Operating Language of the service</td>
<td>Both</td>
</tr>
<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>This is a service that is working towards providing an 'Active Offer' of the Welsh language.</td>
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**Additional Information:**

**Date Published** Insert_Report_Published_Actual_Do not_Delete