



Inspection Report on

Baglan Lodge Care Home

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

Date Inspection Completed

15/03/2024

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About Baglan Lodge Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Bevan & Clarke LLP
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	16/01/2023
Does this service promote Welsh language and culture?	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. There is a homely atmosphere, people and relatives spoke fondly of the service and the management team. People have personal plans and risk assessments in place to meet their needs. These plans need strengthening as the same plan has been reviewed for some considerable time. Baglan Lodge is a spacious home with a variety of communal areas, simply decorated. Parts of the home have been refurbished with some areas to be completed soon. There is a good maintenance team in situ with procedures in place to maintain health and safety of people. Care staff have received training and know the people well and understand their needs. Not all staff have received refresher training. Not all recruitment checks are carried out in a timely manner. There is an approachable responsible individual (RI) and manager giving adequate oversight of the service.

Well-being

People get the right care and support. Care and support plans and associated risk assessments are in place, plans are not rewritten when changes occur or on a regular basis, with some having old original assessment dates.

People are protected from abuse and harm. The provider has an adequate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The manager is aware of the regulatory requirements around safeguarding and understands the need for staff to have the skills necessary to support people. All staff have completed safeguarding training, not all have completed refresher training. Staff spoken with are aware of their responsibilities to safeguard the people they support.

People can do the things that matter to them when they want to do them. We saw individual activity plans reflecting the choices, likes and dislikes of people. Throughout our visit we observed people undertaking activities. People told us of visiting performers who they enjoyed and would sing along with. People are supported in the local community. A relative told us; *“Every 6 weeks they take her to her own hairdresser; this has helped her wellbeing”*.

People live in suitable accommodation, which supports their well-being. People’s bedrooms reflect the individual, with personalised items of their choosing and are important to them. Communal areas are decorated, with enough space for people to socialise. Some areas are in need of refurbishment and updating, such as the lounge carpet. Some refurbishment has been completed and other areas will be addressed soon. The building is well-maintained and safety checks are completed regularly, to ensure the safety of people and staff.

Staff recruitment is not always safe as pre-employment checks are not always completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people. Disclosure and barring checks (DBS) are carried out at the employment stage, ongoing staff DBS checks are not always taking place. Staff are supported in their roles, through irregular supervision and impromptu discussions. Appraisals are not carried out. Not all staff are registered with Social Care Wales (SCW) the care force regulator. Even so staff did state they feel supported by the manager. This is an area for improvement.

Care and Support

The standard of care and support is good. People are supported well; and this is reflected in the responses from people, relatives, and professionals. Comments include, *“I can’t say enough good things about them”*. *“The staff are excellent, it’s a wonderful place, my bedroom is outstanding”*. And *“A good service, residents seem cared for and generally happy”*. Satisfactory care and support plans and associated risk assessments are in place, plans are not rewritten when changes occur or on a regular basis, with some having old original assessment dates. This may result in people not receiving the correct care and support from nursing staff. This was discussed with the clinical lead who agreed a full review of personal care plans will be carried out. Reviews will be strengthened by documenting who was involved in the review process within the existing documentation. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The health and well-being of people is supported well. Documentation seen and speaking with staff, show staff can recognise any deterioration in people’s health and report to the nurse in the first instance who will seek medical attention when needed. The GP carries out a weekly round in person or virtually as needed to support the health and wellbeing of people. External medication audits have taken place. Not all recommendations have been implemented. The manager, RI and provider have assured us the remaining recommendations will be put in place.

The service has mechanisms in place to safeguard people they support. We saw safeguarding policy and procedures in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *“My safeguarding training is due this month, the manager has done the train the trainer so she can deliver the safeguarding training herself”*. We saw a training certificate showing staff receive safeguarding training as part of their induction, online refresher training is out of date for the five staff case tracked. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

Environment

The property meets the needs of people. Staff have made every effort to make the environment homely, warm, and friendly. The decor and furnishings are in need of refurbishment or a refresh, and old worn chairs need removing and replacing. We saw people comfortable and actively engaged within their surroundings. People informed us they feel safe in the service and enjoy activities, they particularly complimented the food and the cook who will go to special efforts if people ask for something different. The property is large enough for people to socialise or spend time alone in their room. Bedrooms are clean, simply decorated and personalised to the taste and wishes of people. People enjoy the small lounge but can feel a little isolated as it is away from the main thoroughfare.

The provider has good systems in place to identify and mitigate risk to the health and safety of people. The maintenance team ensure the routine servicing of utilities such as gas and electricity take place and certificates were seen. Along with safety checks, such as water, we saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. Evacuation procedures are specific to the individual and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. The service is secure, with key code entry, we were asked to sign the visitors book in line with fire regulations. Clear infection control procedures are in place. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002. We saw the kitchen had a food hygiene rating of five (very good). We found the kitchen to be clean, well-stocked and well equipped. Kitchen staff had good knowledge of people's dietary requirements to support their health and well-being.

Leadership and Management

People are supported by care staff who are not always recruited safely. We looked at five staff personal files and saw recruitment and pre-employment checks are not always carried out. The number of references for four out of five staff sampled are not in line with current regulations. Disclosure Barring Service (DBS) checks are undertaken at the employment stage, renewals are not carried out within the appropriate timescales. This was discussed with the manager, and they assured us this would be addressed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Staff told us they feel supported by the manager, who has an open-door policy and is always available to speak with. Ten staff are not registered with Social Care Wales, the workforce regulator, the manager has provided documentation to show the application process has started. Staff are supported with impromptu conversations, supervisions are irregular, not carried out within regulatory timescales and appraisals could not be evidenced, the manager confirmed appraisals had not been carried out. The manager, RI and provider have reassured us by providing a plan to support staff in a more structured way moving forward. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has systems in place for the running of the service. The RI regularly visits the service, speaks to people, relatives and joins team meetings with staff. However, the visits to the service reports and the quality-of-care reports do not reflect the involvement of the RI nor evidence any auditing or analysis of the service. This is reflected in area of improvement around recruitment checks, supervisions / appraisal, and the non-registered staff with SCW not being actioned in a timely manner. We have discussed this with the provider, RI and manager and they assure us efforts will be made to strengthen systems and processes to support the quality monitoring of the service.

Staff have the knowledge and skills to support people. Staff have completed mandatory training, refresher training is out of date, this was confirmed when speaking with staff and in the documentation seen. The manager has provided an example of a training plan which will be used to monitor the training of care and nursing staff. The RI will monitor this in future visits. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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. 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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35	Not all staff have an up-to-date DBS check in place. Update service, annual checks are not carried out or we did not see documentation to evidence the check has been completed.	New
36	5 staff files sampled, supervisions are being carried out but not within regulatory time scales. Appraisals are not carried out. Not all staff have the required refresher training.	Not Achieved
16	We could not evidence People or their representative are part of the review process.	Not Achieved
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.	Achieved

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