Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Baglan Lodge Care Home

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

01639813135

www.baglanlodge.co.uk

The inspection visits for this service took place between 23/09/2026 and 24/09/2026

Service Information:

Operated by:	Bevan & Clarke LLP
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care and support for people living with dementia, Care and support for people requiring short-breaks or respite care, Care and support for people with a physical disability
Registered places:	30
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Good
Care & Support	Good
Environment	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Wellbeing is rated good because people felt safe, respected and supported to make choices about their lives. Residents, relatives and professionals provided consistently positive feedback about care, relationships and wellbeing. People maintained family and community connections and experienced kind, person-centred support.

Care and support are rated good because people received safe, person-centred care that met their assessed needs. Care records evidenced effective risk management, healthcare involvement, medication management and monitoring of nutrition, hydration and skin integrity. Positive interactions were observed throughout the inspection. Improvements were required to strengthen outcome-focused care planning and meaningful activity provision.

Environment requires improvement because inconsistent health and safety monitoring, gaps in fire safety checks and an unresolved patio trip hazard reduced assurance that environmental risks were being effectively managed. However, people lived in a clean, comfortable and well-maintained environment. Bedrooms, communal areas and facilities supported wellbeing outcomes.

Leadership and management require improvement because governance systems were not

consistently effective. Recruitment file deficiencies, gaps in staff supervision and appraisal, and weaknesses in audit and health and safety oversight require improvement to ensure sustained regulatory compliance. However, people benefited from approachable leadership, positive feedback from relatives and staff, and evidence of service improvements since the previous inspection.

Findings:

Well-being — Good

People experience positive wellbeing outcomes and tell us they felt safe, supported and treated with dignity and respect. Residents described the home as "*nice and homely,"* stated staff were helpful and reported they felt safe living at the service. Relatives consistently expressed high levels of satisfaction and described staff as caring, approachable and responsive to people's needs.

People are supported to maintain control over their daily lives and make choices about routines, care and activities. Staff questionnaires indicated people choose when they get up and go to bed, and relatives confirmed the service promotes independence and respects personal preferences.

People are kept safe and protected from abuse through established safeguarding arrangements. Staff had access to safeguarding policies, training and whistleblowing processes and demonstrated an understanding of their safeguarding responsibilities. Records evidenced safeguarding referrals were monitored and appropriate action was taken when concerns arose.

Positive relationships are promoted. Feedback from relatives and professionals highlighted warm, respectful interactions between staff and people using the service. People were supported to maintain family relationships and had access to social opportunities, activities, visiting entertainers and community involvement. Residents' meetings were held to gather views and inform service development.

We observed a calm and relaxed atmosphere throughout the inspection. People appeared comfortable in the company of staff and interactions were caring, respectful and person-centred. Mealtime observations demonstrated good engagement, sensitive support and positive communication between staff and residents.

Some areas for improvement were identified. Opportunities for meaningful activity and stimulation could be further strengthened and some relatives commented that parts of the environment appeared dated. The service is currently working towards providing the Welsh language active offer, there was evidence of some bilingual signage, Welsh language resources and Welsh-speaking staff.

Overall, evidence demonstrated that people are safe, treated with kindness and respect, supported to maintain relationships and enabled to make choices about their lives. Feedback from people, relatives and professionals was overwhelmingly positive and provided assurance that wellbeing outcomes are being achieved.

Care & Support — Good

People receive care and support that meets their assessed needs and promotes positive outcomes. Residents told us they felt safe, were supported by kind staff and received care in the way they preferred. Relatives were highly satisfied with the service, describing staff as caring, family-orientated and responsive to changes in people's needs. Visiting professionals confirmed staff knew people well and delivered person-centred care.

Care records evidenced comprehensive assessments, risk management plans, regular reviews and effective monitoring of health needs. People at risk of skin damage, dehydration, weight loss or falls were appropriately assessed and monitored. Records demonstrated timely referrals to healthcare professionals and ongoing clinical oversight. Medication management arrangements were safe, with secure storage, appropriate auditing and accurate administration records.

We observed positive and respectful interactions between staff and people using the service. During mealtimes, staff provided sensitive support, promoted dignity and encouraged independence. People appeared relaxed and comfortable and received support in a timely manner. Nutritional and hydration needs were monitored effectively and specialist advice was sought when required.

People had access to activities and opportunities for social engagement through resident meetings, group activities and community involvement. However, the service did not employ a dedicated activities coordinator and activity provision relied on care staff. The provider had recognised this and planned to recruit an activities coordinator to strengthen meaningful occupation opportunities.

Some improvements were required. Care plans did not consistently identify clear personal outcomes, reducing assurance that care planning was fully outcome focused. Staff training relating to outcome-based care planning and meaningful engagement would further strengthen practice. Despite this, the evidence demonstrated that people received safe, compassionate and responsive care which met their health, wellbeing and support needs.

Environment — Requires Improvement

People live in a clean, comfortable and well-maintained environment that supports their wellbeing. Residents told us they felt safe living at the home, and relatives consistently described the environment as clean, comfortable and supportive of wellbeing. People benefit from accessible communal areas, personalised bedrooms, suitable equipment and pleasant outdoor spaces including seating, planting and garden features.

The home was observed to be clean and orderly, with good infection prevention and control practices, secure medication storage, appropriate COSHH arrangements, safe laundry facilities and sufficient equipment to meet people's needs. Bedrooms reviewed were personalised, clean and free from hazards, with equipment matching assessed needs. Environmental health standards were positive, with a five-star kitchen rating and appropriate clinical waste disposal arrangements.

There was evidence of ongoing investment in the premises, including replacement carpets, improvements to shower room panels and planned future refurbishment works. Relatives described the home as welcoming and homely, although some commented that parts of the environment appeared dated and would benefit from modernisation and additional space.

Despite these strengths, improvement is required regarding the provider's management of health and safety risks. Records showed inconsistent monitoring of smoke detector testing, hot water checks and legionella controls. Monthly emergency lighting checks, escape route checks and routine fire extinguisher inspections were either absent or not consistently recorded. The fire logbook required improvement and evidence of ongoing compliance could only be partially demonstrated. This is an area for improvement, and we expect the provider to make improvements before the next inspection.

A significant concern related to the front patio area. Uneven paving and trip hazards had been identified previously and remained unresolved at the time of inspection. The provider had not addressed this known environmental risk despite previous feedback. While the outdoor area was attractive and supported wellbeing outcomes, the unsafe patio created an avoidable risk of falls and injury for people using the service.

Overall, people benefit from a comfortable, clean and suitable environment that promotes wellbeing. However, improvements are required to strengthen health and safety monitoring arrangements and ensure identified environmental risks are addressed promptly to maintain a safe environment for all.

Leadership & Management Requires Improvement

People are supported by an established management team that is visible and approachable. Most staff reported that managers listen to concerns, provide support on the floor and are available when needed. Staff described leaders as approachable and responsive, and relatives consistently praised communication and management responsiveness. Outcomes for people were positive, with relatives reporting satisfaction with care and feeling informed about changes to their family members' wellbeing.

The provider has governance arrangements in place including RI statutory visits, Quality of Care Reviews, staff meetings, audits and oversight by the Responsible Individual. Evidence demonstrated ongoing review of service quality, investment in environmental improvements and monitoring of care practices.

There was evidence of a positive culture and willingness to improve. Team meeting records demonstrated that management identified concerns regarding communication, documentation quality, activities provision, equipment monitoring and training, and had implemented actions to address these issues. Staff questionnaires indicated staff felt valued, supported and able to access training opportunities.

However, quality assurance arrangements were not consistently effective. The provider was unable to provide the requested audit schedule and audit reports during inspection. Health and safety monitoring records were incomplete, and identified environmental risks, including the uneven patio area, had not been fully addressed despite being raised previously. Evidence also identified recruitment file deficiencies and gaps in supervision and appraisal arrangements for some staff members. These issues indicate that management oversight had not consistently identified or resolved compliance concerns in a timely manner.

Improvement is required with ensuring full and satisfactory recruitment information is available for all staff. Sampled staff files contained missing references, incomplete employment histories and absent recruitment documentation. Consequently, the provider could not demonstrate compliance with legislative requirements or assure that all staff had been appropriately vetted prior to employment. This is an area for improvement, and we expect the provider to make improvements before the next inspection.

Improvement is also required with consistent supervision, appraisal and development opportunities. Sampled staff files contained missing appraisals and supervisions, staff reported infrequent supervision, and training gaps were identified. This is an area for improvement, and we expect the provider to make improvements before the next inspection.

Overall, leadership arrangements provided people with continuity, stability and positive day-to-day experiences. Nevertheless, improvements are required to strengthen governance systems, quality assurance processes, recruitment oversight and workforce development arrangements to ensure regulatory compliance is consistently achieved and sustained.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
Outcomes for people require improvement because the provider has failed to effectively identify, monitor and mitigate health and safety risks. Fire safety checks and records were incomplete or inconsistent, maintenance monitoring lacked effective oversight, and a known patio trip hazard identified at the previous inspection remained unresolved, placing people at ongoing risk of harm.	23/09/26
People experience poor wellbeing outcomes because the provider failed to ensure full and satisfactory recruitment information required by Schedule 1 was available for all staff. Sampled staff files contained missing references, incomplete employment histories, absent recruitment documentation and recruitment records requiring further verification. Consequently, the provider could not demonstrate all staff were appropriately vetted and fit for their roles.	23/09/26
People experience poor wellbeing outcomes because the provider failed to ensure staff received consistent supervision, appraisal and development opportunities. Sampled staff files contained missing appraisals and supervisions, staff reported infrequent supervision, and training gaps were identified. Consequently, the provider cannot demonstrate compliance with Regulation 36 in supporting and developing staff.	23/09/26

CIW has not issued any Priority action notices following this inspection.

Welsh Government © Crown copyright 2026.
You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk
You must reproduce our material accurately and not use it in a misleading context.