Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Brondesbury Lodge

Brondesbury Lodge, Heol Derw,  Cardigan, SA43 1NH

01239615427

**The inspection visit took place on 29/04/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Brondesbury Lodge Limited |
| Care Type: | Care Home Service<br>Adults With Nursing |
| Provision for: | Care home for adults - with nursing, Care home for adults - with personal care |
| Registered places: | 32 |
| 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 | Good |
| Leadership & Management | Good |

## Summary:

Brondesbury Lodge is a purpose built nursing and care home in Ceredigion. It is set within its own grounds but within walking distance of the town centre with its many shops, cafes and amenities.

People benefit from good wellbeing outcomes. They are treated with respect and dignity and their voices are heard. Staff are caring and compassionate in their approach, people and their representatives told us they are happy and able to raise any issues they may have.

Care and support are good. People's needs are met and personal plans are accurate, informative and kept up to date. Person centred plans contain details on people's history, family and their interests. Care is consistently delivered to a good standard from staff who are mostly long standing.

Leadership and management are good and there is effective oversight of the service. The manager is approachable and available and staff feel valued and appreciated, fostering a healthy and positive culture. Recruitment systems are robust ensuring that care staff are suitable for their role.

# Findings:

## Well-being — Good

People living at Brondesbury Lodge are happy and report positive experiences of care. During the inspection, we saw people being treated with dignity and respect and interactions between staff and people were warm, caring and unrushed. Relatives spoke positively about the kindness and compassion shown by staff. One person said, "*It's marvellous here*". A representative said*, "It's very good here, they get plenty of attention, I can't fault it, I have peace of mind".*

People are supported to make choices about their care and daily routines, including food preferences and personal space. Residents' meetings are held where any issues can be raised and these are addressed promptly by the manager, for example regarding seating or meal options.

People are supported to maintain relationships with family and friends. Visitors are welcomed and people can receive visitors at times that suit them. Some people access the local community, supported to attend cafés and amenities.

The service promotes people's communication needs. While there are limited Welsh-speaking staff, arrangements are made to ensure a Welsh-speaking member of staff is available during residents' meetings. People with specific communication needs, such as hearing impairment, are supported appropriately.

People have access to healthcare professionals and are supported with their health needs. Dietary needs are met, including modified diets and cultural or medical requirements such as lactose intolerance.

Systems are in place to keep people safe and protected from harm and abuse. Staff are aware of their safeguarding responsibilities and know the process and procedure to report if they have any concerns. The main entrance is locked and a signing in and out book is used. One person said, "*I like living here, it's great, I get the freedom and not the fear of living alone*".

## Care & Support — Good

People receive care and support that is largely person-centred and responsive to their individual needs. Personal plans contain detailed information about people's backgrounds, preferences, routines and care requirements, helping staff to deliver consistent support. Risk assessments are in place for a range of areas, including mobility, nutrition and skin integrity, and these reflect people's current needs.

We observed staff interacting with people in a calm, respectful and reassuring manner. Staff demonstrated knowledge of people's preferences and provided support in a way that promoted dignity and choice. For example, people were offered choices around daily routines and supported to make decisions about their care where possible.

Personal plans are regularly reviewed to reflect changes in people's needs. However, while review processes are taking place, records do not always clearly demonstrate how people and their families have been involved in these discussions or what outcomes have been agreed. This reduces the ability to evidence fully person-centred practice. The Registered Manager acknowledged this and took steps during the inspection to reinforce expectations regarding recording.

People are supported to access healthcare services as required. Records demonstrate involvement from a range of professionals, including general practitioners, speech and language therapists, physiotherapists and chiropodists. Staff follow advice from healthcare professionals, and we saw that outcomes of interventions are generally documented and monitored.

Nutrition and hydration needs are assessed and monitored. People are provided with meals that reflect their dietary requirements, and staff offer support where needed. Although we saw that people were provided with appropriate support, further attention to the dining experience and environment would enhance overall well-being.

Medicines are managed safely. We observed good practice in the storage, administration and recording of medicines. Staff administering medicines have received appropriate training and demonstrated competence. Where people are supported to take medicines more independently, staff provide supervision to ensure safety. Regular audits are undertaken to identify any issues and ensure ongoing compliance with safe practices.

## Environment

Good

The environment at Brondesbury Lodge is safe, accessible and suitable for the needs of people living at the service. The single-level layout supports ease of movement and reduces barriers for people with mobility difficulties.

Bedrooms are personalised and provide people with private space that reflects their identity and preferences. Communal areas, including lounges and dining spaces, are accessible and enable people to spend time with others or participate in activities. The service also provides access to an outdoor area, which is well maintained and offers a safe space for people to spend time outside. We saw one person being supported to enjoy a walk outside during the inspection. We were told it is used by many more people when the weather gets warmer.

Appropriate equipment is available to support people's needs, including mobility aids and specialist equipment. Records show that equipment is regularly serviced and maintained in line with requirements. Environmental risk assessments are in place and contribute to maintaining people's safety.

Fire safety arrangements are robust. Systems are in place for fire detection and emergency response, and regular checks and drills are undertaken to ensure preparedness.

Some areas of the environment would benefit from updating. The corridors are tired looking and we observed that sections of the dining area and some bathroom flooring appeared worn and, in places, dated. While these issues do not present immediate risk, they impact on the overall quality and presentation of the environment. The Registered Manager informed us that refurbishment works are planned, including improvements to bathrooms and kitchen areas, which should enhance the living environment for people.

## Leadership & Management — Good

There is a strong and well established management team at Brondesbury Lodge which supports the effective delivery of care. The Registered Manager is experienced, visible within the service and approachable. People, relatives and staff spoke positively about the management team and the support they receive. One person said, "*Os oes rywbeth yn wrong, dwi'n ddweud wrth X (manager)".*

Staff told us they feel valued in their roles and are confident to raise concerns or seek guidance when needed. There are systems in place to support staff development, including regular supervision, annual appraisal and access to training. Care staff are appropriately registered with Social Care Wales. One staff member said, *"Management are very good, X (manager) is lovely, a pleasure to work for, they really care about the staff".*

Robust recruitment processes are in place to ensure suitable staff are employed, and induction processes support new staff to understand their roles and responsibilities. Thorough vetting and checks are undertaken prior to staff commencing. Staffing levels are sufficient to meet the needs of people using the service, and rotas reflect appropriate deployment of staff.

Governance arrangements are well developed. The Responsible Individual (RI) visits regularly and produces detailed reports that include feedback from people, relatives and staff. These reports identify areas for improvement and include action plans to support progress.

Quality assurance systems include regular audits of care records, medication, health and safety, and other key areas. Feedback is gathered through surveys and informal discussions, helping to inform service development. These systems demonstrate a commitment to continuous improvement.

We noted that some policies, including the complaints procedure, require minor updates to ensure they reflect current guidance and best practice. The management team acknowledged this and confirmed that updates would be completed.

# 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.

**CIW has no areas for improvement identified following this inspection.**

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

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