



Inspection Report on

Brigadoon Care Home

Brigadoon Residential Home

24-26

Bryniau Road

Llandudno

LL30 2EZ

Date Inspection Completed

07/10/2024

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About Brigadoon Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaivaa Care Limited
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	14 June 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Personal plans to guide care staff are in place and risk assessments are reviewed when required. People are offered daily choices and relationships are warm and caring. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for. Care staff are kind, attentive and well trained. They treat people with dignity and respect and know people well. New staff are recruited safely, and staff are well supported by the manager via supervision, and annual appraisals.

The oversight and governance of the service needs improvement to make sure the best possible outcomes for people are achieved and the requirements of the regulations are met. We identified areas where the provider is not meeting the legal requirements including, health and safety risks, overall leadership and management of the service, medication management and CIW are not notified of all notifiable events.

Well-being

People have control over their day-to-day lives. We saw people are settled and comfortable with the care staff supporting them; people are treated with courtesy and kindness. We observed positive relationships and warmth between care staff and people living at the home. The menu offers healthy, nutritious, and freshly prepared meals; an alternative is prepared for those who do not want what is being offered on the menu.

People are treated with dignity and respect and know what opportunities are available to them. They experience person-centred care which enhances their physical and mental well-being. Care staff ensure people receive the right level of care and support, in line with their personal plans. They make prompt referrals to medical and specialist services to promote people's health and well-being. Improvements are required in people consistently receiving their prescribed medicines, and the management of medication requires strengthening. People enjoy a varied programme of activities and events. They have meaningful interactions with care staff, who they have developed positive relationships with. Staff complete a range of relevant training to ensure they practice safely.

The systems in place to help protect people from harm require improvement. Care staff deal with accidents and incidents confidently and know how to report concerns about people's welfare, however the oversight and management of falls requires improvement. Staff have access to up-to-date policies and procedures to guide their practice. People are cared for by a suitable workforce that is vetted by the Disclosure and Barring Service (DBS). The manager monitors staff practice through formal supervision and works on the floor along staff. The RI's supervision of the service requires improvement and a system to closely monitor and regularly analyse the findings of internal audits needs to be implemented.

Improvements are needed in the environment to ensure risks to people's well-being are managed. There are comfortable communal areas where people can socialise and enjoy daily activities. The environment is homely, welcoming, and clean and the atmosphere within the service is calm and relaxed. Equipment and utilities are regularly serviced, although improvements are needed to ensure the environment is monitored regularly so that any issues and risks to people can be addressed in a timely manner.

Care and Support

People can feel confident the service has an accurate and up to date plan for how their care and support needs should be met. Personal plans provide a level of detail, and they are regularly reviewed, with consideration given to what is working for people and what isn't, and adjustments made to care and support accordingly. Risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home. These are completed by the manager and deputy manager and gather information about people's history and how they came to be at the home. Care staff are kept informed of important updates using thorough daily handovers. Care staff record accidents and incidents such as falls, however there is no oversight of falls management in the home.

People have access to medical and specialist services to promote their health and well-being. Records confirm that various health and social care professionals are involved in people's care. Staff act promptly when there are changes in people's health, requesting urgent medical attention or a GP (general practitioner) review. Personal plans provide a good overview of who people are and what is important to them. Daily recordings and monitoring charts show that people receive the right level of care, as outlined in their personal plans.

People enjoy the company of others. They appeared comfortable with one another as they relaxed within lounge and dining areas. People also have meaningful interactions with care staff, which impacts positively on their emotional well-being. Care staff support people with warmth, patience and kindness and people respond to them with joy and affection. People told us they are very happy living in the home. We found that people enjoyed a relaxed, sociable dining experience, as light-hearted conversation flowed freely. Care staff position food and drink items considerately to promote independence. People choose where to eat their meals and staff respect their decisions. People confirmed they always have enough to eat and drink.

The systems in place for medication management require improvement. Care staff receive medication training and care staff's competency to administer medication is assessed. We found the medication cupboard open; the medication policy was not dated so it was unclear if the policy was still relevant and up to date. The manager addressed this once we brought it to their attention. Some people's food supplements and eye drops were not administered as prescribed. Staff had failed to record the opening date on many eyedrops, so it is unclear if the shelf life had expired after opening. The medication fridge was unlocked, and staff and unauthorised visitors had free access to the office. The service provider does carry out medication audits to identify shortfalls. However, the audit for September where we identified the deficits had not been carried out. This is an area for improvement, and we expect the provider to take action.

Environment

People are pleased with their individual rooms, which we found to be adequately furnished, comfortable and decorated. Bedrooms contain items that are important to people and are laid out according to their needs and wishes. People have access to a small garden and a large patio to rear of the property which is used in the finer weather for celebrations and planned events. People told us they spend time in their rooms as they wish, and care staff respect this.

The service provider has not ensured systems and processes are in place which promote a safe and a high-quality environment and facilities. The patio and surrounding areas are not tidy, safe, attractive or fully accessible. Many furniture items, kitchen equipment, boxes and an array of other items had been discarded in the carport which had been awaiting disposal for a long period of time. Along the paths and in the rear patio we saw weeds, foliage and overgrown bushes. The gardeners shed required clearing of weeds and clutter and the external laundry and storage room require a significant amount of de-cluttering and cleaning to ensure it is fit for purpose. New fire doors have been installed and many do not close properly, people do not have locks on their rooms so they cannot secure their possessions if they wish to. Many doors were wedged open which posed a fire safety risk. The kitchen was undergoing refurbishment, and the RI had not ensured there was a robust, safe plan for staff to follow during this re-fit. As a result, we found the environment to be chaotic and unsafe for staff and people. The service provider had failed to act in a timely way on improvements required by a pest control assessment. At the last inspection we identified damage to the flooring in a ground floor toilet and shower room, compromising standards of infection control, the provider had not taken any action to address this. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider has identified other risks to health and safety and action is taken to mitigate those risks. The building is secure, visitors are required to sign in and out. Records show safety checks are routinely carried. There are regular fire drills and staff have received fire safety training. Each person has a personal emergency evacuation plan. All areas inside of the home are clean, tidy, and fresh. Staff follow general and deep cleaning to ensure all parts of the home are cleaned to a good standard. All staff have completed infection control training. The home has very recently been awarded a food hygiene rating to five (good). However, staff must pay attention in ensuring hand sanitisers are re-filled when empty and ensure the laundry room is clean and hygienic.

Leadership and Management

Arrangements are in place for the oversight of the service through ongoing quality assurance and auditing processes, however this requires strengthening. Written records and discussions with care staff evidences the RI visits the home on a regular basis. They complete a three-monthly report and records their findings from their visit. The current system in place does not adequately demonstrate how their oversight improves operational objectives and had failed to identify the failures found at this inspection. There is no environment and falls audit, improvements are required in the overall management of medication. The last quality-of-care review report has been produced, but there is no evidence the views of people using the service, families, representatives, staff, and other professionals have been sought. The reports contain no evidence of analysis of complaints, audits and notifications so there are no lessons learned or actions to improve the quality of the service. The manager has not received formal supervision as the RI was unaware this was a requirement. The provider has failed to take swift action in addressing the issues identified in the pest control report and did not implement a robust plan for staff to follow prior to the kitchen refurbishment. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider is not submitting notifications to CIW when required to do so. The service provider is required to inform CIW when specific reportable events have occurred at the service. The RI was unsure what was reportable to the regulator and gave assurances they would address this. This is an area for improvement, and we expect the provider to take action.

People are cared for by staff who are appreciated and supported in their individual roles. We found staff are committed and passionate in providing effective care and support and making a positive difference to people's lives. Care staff are registered with workforce regulator Social Care Wales (SCW). Staff told us they receive regular supervision and are able to express their views through meetings and a meaningful review of their performance every three months. Staff recruitment is robust as pre-employment checks include references and disclosure, and barring service (DBS) checks are completed before employment commences. The home has systems in place to ensure that DBS certificates are renewed every three years.

Staff are motivated by the opportunities they have been given to develop their potential, they feel happy, with some staff having worked in the home for many years. On commencement of employment, new staff complete a comprehensive induction programme followed by a shadowing period and competency checks are undertaken. We saw training certificates within staff files, which showed staff have completed mandatory and specialist training, such as manual handling, safeguarding and food hygiene.

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
66	The Responsible Individual has not ensured there is proper oversight of the management, quality, safety and effectiveness of the service. The responsible individual must ensure they have oversight of the service and take prompt action to address any concerns identified. The RI must act upon any actions identified from external bodies.	New
57	Risks to people's health and safety are not reduced so far as reasonably practicable. The service provider must ensure action is taken, without delay, when areas within the service and environment are identified as requiring attention.	Not Achieved

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.

Area(s) for Improvement		
Regulation	Summary	Status
60	The service provider does not notify Care Inspectorate Wales (CIW) of events as required. The submission of notifications must be done in a timely way, without delay.	New
58	The service provider has not put arrangements in place to ensure that medicines are stored safely and administered to people as prescribed. The provider must ensure people receive their prescribed medication and store medication in a safe way.	New

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