



Inspection Report on

Burrows Hall

**Burrows Hall Nursing Home
Burrows Lane
Llangennith
Swansea
SA3 1JB**

Date Inspection Completed

12th August 2022

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About Burrows Hall

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Burrows Hall
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	12 th April 2021
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People who live in the home and their relatives told us they are very happy with the care and support provided. A visiting professional told us the standard of care provided at the home is high, and any health concerns are reported promptly. Care workers told us they receive good support from the management team and enjoy working in the service. Care planning processes are robust and thorough. An experienced and trained team of care workers and nurses work in the home. Further staff training needs to be put in place to fully align with the statement of purpose (SOP) and service delivery. There are robust quality assurance processes for oversight of the service provided and a dedicated management team. The responsible individual (RI) has a strong presence in the service.

There is work on-going to improve accessibility in the service. Improvements have also been made to the environment since the last inspection. People told us they enjoy living in the service and enjoy the choice of meals provided. A sluice room needs to be refurbished.

People are safe and staff understand the importance of safeguarding and reporting any concerns. The building is secure with all entrances and exits locked via keypads. There are good infection control procedures in place and the home is clean and well-ordered throughout.

Well-being

People are well supported and cared for at Burrows Hall. Staff are dedicated and committed to the work they do. People and relatives informed us they are very happy with the support provided and caring approach of staff. Relatives informed us communication with and from the service is good. We noted positive interactions between staff and people throughout the inspection. Many comments were made by people and staff about the warm, friendly and family oriented culture and feel in the service. Policies and procedures provide clear guidance for staff to understand their role and how they should provide care and support. The current SOP is consistent with the service provided. A visiting professional told us the standard and quality of care provided is very good and any health concerns are reported quickly. Care workers told us they enjoy working in the service and get very good support from managers and the RI. There are processes in place for assessing, monitoring and reviewing the care and support needs of people. Care workers receive both core and specialist training, although this is not up to date for all staff currently. Care workers receive regular planned supervision and appraisals. People are consulted about their preferences, choices and support needs on a regular basis.

There are good oversight and governance arrangements within the service. The management team and RI are accessible and supportive. There are robust quality assurance processes including scrutiny by the RI who works regularly in the service. There are planned staff meetings taking place with clearly documented actions as appropriate. The standard of accommodation is comfortable, clean and bedrooms are personalised. There are on-going building works to improve access in and around the service. Additional building improvements have been made since the last inspection. The RI has longer term plans to re-decorate internal areas. A sluice room needs updating and repair. All entrances and exits to the service are safe and secure. People told us there is a good choice of food provided and different dietary needs are catered for.

People are protected from abuse and neglect as care workers, nurses and managers understand their safeguarding responsibilities and are aware of how to raise concerns should they need to. All care workers spoken with showed good knowledge and awareness of safeguarding procedures. There are robust infection control procedures and cleaning schedules in place to minimise risk.

Care and Support

People receive a good standard of care and support at Burrows Hall. We spoke to people using the service and received feedback from two relatives. A person told us; *“staff are kind and caring. There are good managers who listen and help when necessary”*. A relative stated; *“absolutely brilliant, kept me updated throughout the pandemic, they can’t do enough, all staff are really caring and friendly”*. Positive and respectful interactions were observed between care workers and people throughout the inspection. We spoke to an external professional who told us *“very good communication and no issues or concerns with care and support provided in the home”*.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed support plan. The manager told us new review forms have recently been introduced, we saw a sample that are detailed and include contributions from people and appropriate others. Managers, care workers and nurses have good knowledge of people’s on-going care needs. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. There are thorough and robust pre-admission procedures.

A knowledgeable and committed staff team meet people’s care and support needs well. Staffing levels are consistent with the SOP and include a manager registered with Social Care Wales (SCW), deputy nurse manager and nurse led teams. The manager told us the current deputy manager will become the registered manager next year and transition plans are in place to manage this process smoothly. The service has worked hard to maintain staffing levels despite a difficult and challenging period due to the pandemic. Care workers and a nurse spoken with show good knowledge of their roles, many working in the service for years. Care workers access online training and taught specialist training is gradually being reintroduced following the pandemic. Nurses are supported to maintain their professional registration. A nurse told us; *“always supported to go on training courses but has been very different recently due to the pandemic”*. Not all core and specialist training is up to date for all staff. The provider has a plan in place to address this over coming months. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Systems to manage medication safely are robust. There are safe arrangements for storing medication which is accessible only to authorised staff. Temperature of the medication room and fridge are documented on a daily basis. There are clear medication management systems in place including a medication policy and regular audits. All staff administering medication are trained and managers have good oversight of this. Medication Administration Records (MAR) are completed appropriately.

Environment

People are cared for in a safe, homely, and secure environment. Accessibility around the home is being improved. There is on-going building work to create better access to a first floor area. Also, a new shower room has been created, along with a widened entrance to a ground floor hallway to allow better access for equipment. Some internal areas of the home would benefit from re-decoration. The RI told us there is a longer term plan to address this when the building works have been completed. We viewed all communal areas of the service including a selection of bedrooms. People enjoy living in the home and spoke positively about the environment. We saw external exit and entry doors to the home are safe and secure. Fire exits and corridors are clear and free from clutter. We saw bedrooms are personalised and comfortable, some with views across the countryside and sea. We found a sluice room on the ground floor is in need of updating with a damaged floor covering and stained areas. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT), electrical safety checks are in place. We saw a detailed comprehensive file containing oversight of fire checks, tests and safety certificates. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a dedicated laundry room and soiled items are separated from clean, observing good infection control. The kitchen staff have a good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. All people spoken with informed us they enjoy the variety and choice of meals provided. There is a current food hygiene rating of five, which is the highest possible.

Leadership and Management

There is good oversight and governance of the service by the management team. Policies and procedures are detailed and robust covering areas such as safeguarding, complaints and infection control. All policies viewed are thorough and reviewed regularly. The RI is active and present in the service working alongside the manager on a regular basis. The RI completes checks to help ensure people are happy with the quality of care and support provided. The service has robust quality assurance procedures and processes to ensure the service provided is of a good quality and safe. The current SOP accurately describes the service provided. We read reports such as quality of care reviews that cover areas such as consultation with people, quality improvement, safeguarding and accommodation with clear related actions.

There are competent trained care workers working in the home alongside nurses and the management team. This includes care workers, senior care workers, nurses, domestic staff, kitchen staff and a maintenance team. The manager told us recruitment has been challenging and covering the rota at short notice can be difficult. This is partly due to the remoteness of the service. The RI and manager are looking at ways to improve this longer term and work hard to ensure there are adequate staffing levels to ensure safe care. Staff records are kept in a locked filing cabinet in an office. Records indicate that new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). Staff files contain the appropriate recruitment information and evidence of checks. We spoke with four care workers and received twelve feedback forms from staff. They informed us they feel well supported by the management team and receive regular formal and informal supervision. One care worker told us, *“management are good at listening to their staff and trying their best to help all staff with any issues”*. We were also told there are planned staff team meetings and daily handover of care arrangements in place. We saw an overall supervision log that documents most care workers are receiving regular formal supervision. Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level. The provider is also in the process of supporting staff to register with Social Care Wales as required.

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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36	Not all core and specialist training is up to date for all staff.	New
44	A full inspection took place on 11th and 12th August 2022. A sluice room was seen to be in poor repair with a damaged floor covering and other areas.	New

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