



Inspection Report on

Burrows Hall

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

Date Inspection Completed

10/10/2023

Welsh Government © Crown copyright 2023.

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.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Burrows Hall

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Burrows Hall
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	11th August 2022
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

People who live in the home and their relatives told us they are happy with the care and support provided. Care workers and nurses told us they receive good support from the management team and enjoy working in the service. Although, we saw not all staff are currently receiving planned supervisions and appraisals. Care planning processes are robust and thorough. An experienced and trained team of care workers and nurses work in the home. Managers are committed and work alongside the responsible individual (RI) to ensure people receive a good level of care and support.

The provider has recently completed major works to enhance accessibility around the service. There still remains some internal work to complete. The RI informed us there are further plans to improve both internal and external areas. There are very good food hygiene procedures in place and people spoke positively about the standard and choice of food provided.

People are safe and staff understand the importance of safeguarding and reporting any concerns. Medication administration and storage procedures are safe and secure. The building is secure with all entrances and exits locked via keypads. There are detailed policies and procedures in place to guide staff and the statement of purpose (SoP) is an accurate reflection of inspection findings.

Well-being

People's emotional wellbeing, physical and mental health is well supported and upheld at Burrows Hall. Staff and managers are dedicated and committed to the work they do. People and relatives informed us they are 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. Nurses and 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 staff receive both core and specialist training and current compliance with this is high. Care staff receive regular planned supervision and appraisals. However, not all care staff have received recent supervisions or appraisals. People are consulted about their preferences, choices and support needs on a regular basis.

People live in a service that is comfortable, clean and bedrooms are personalised. Since the last inspection major works have been completed to improve access around the service. Additional building improvements are planned. A sluice room continues to need updating and repair, the RI told us this will be completed over coming months. A laundry room floor covering would also benefit from replacement. 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.

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 and resident meetings taking place with clearly documented actions as appropriate.

People are protected from abuse and neglect. Staff have a good understanding of people's needs. Staff complete training in relation to safeguarding adults at risk. They are recruited in a safe way. Regular health and safety checks are carried out. The home and its facilities are well maintained. Policies and procedures offer clear guidance to staff and are kept under review. The RI and members of the management team regularly assess standards to ensure people receive the best possible service.

Care and Support

People enjoy living in and receive a good standard of care and support at Burrows Hall. We spoke to people using the service and relatives. Feedback was overwhelmingly positive. A

person told us; *“Salt of the earth here. Care workers are very good. Marvellous here with no concerns or worries at all. Nothing is too much trouble. The owner is wonderful”*. A relative added; *“They are brilliant. They maintain regular contact and we visit regularly. They are always friendly and approachable. No worries, complaints or concerns about the care provided. Staff interact really well with people”*. Positive, warm and respectful interactions were observed between care workers and people throughout the inspection. The RI and manager arrange and plan regular activities. A singer was entertaining people during our inspection and we saw people dancing and singing along. An accessible vehicle is available to support people to access the community and for health appointments etc.

People’s care and support needs are clearly documented in a detailed, thorough and regularly reviewed personal plan. 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. The manager told us they are currently looking how to strengthen the review process by including more personalised information and feedback from people and others. The introduction of a ‘keyworker system’ is being planned. This means there will be an identified senior staff member who will be responsible for ensuring personal plan reviews are thoroughly documented, outcome focused and include contributions from people and others. The service follows Deprivation of Liberty Safeguards (DoLS) procedures to ensure any restrictions people face are lawful and in their best interests.

The home has a clear, up-to-date policy to support the safe handling of medicines. Medicine storage temperatures are monitored and recorded daily so any issues can be addressed immediately. Medicines are stored securely within a designated medication room. The manager told us since the last inspection a review has taken place by the Medicines Management Team (Swansea Bay University Health board). This was positive and showed no concerns or issues. Managers ensure staff are competent to handle and administer medication. When errors occur, these are appropriately reported and investigated so lessons can be learned.

People told us they enjoy the meals provided and also have choice when requested. We saw care workers assisting people to eat their meals at a relaxed pace. Conversation flowed naturally and care workers prompted people to eat and drink independently, as able. Staff monitor people’s weight and make referrals to medical and specialist services where there are concerns. Staff receive training in relation to the promotion of good oral health and the manager told us there are stocks of mouthcare products.

Environment

People are cared for in a safe, homely, and secure environment. Since the last inspection the provider has completed major work to improve access around the service. This includes installation of a new lift and creation of a wide corridor allowing safer access to some

bedrooms. At the last inspection we identified work was required to a sluice room. The RI sent us evidence this work has been completed shortly after the inspection. We saw the laundry room floor is damaged in areas, not adhering to good infection control. The RI also told us of further improvements planned to include replacing the flooring in some ground floor hallway areas and the laundry room. 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. There is a pleasant outside garden area with a large car park to the front of the building.

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. There is a current food hygiene rating of five, which is the highest possible. There are appropriate facilities for hand washing and disposing of general and clinical waste. Cleaning products and personal protective equipment (PPE) are available.

Leadership and Management

The home has an open and supportive management team. Since the last inspection a new permanent manager has been appointed in the service. The manager is developing positive relationships with the staff and people living in the home. This followed a lengthy handover period working alongside the previous manager who has now retired. People spoke highly about their interactions with the manager, praising their leadership style and open door policy. The manager is supported by a deputy manager who has worked in the service for many years. A care worker told us; *“Very good managers here and they give me lots of*

help". The RI works most days in the service and we saw him support a person to attend a healthcare appointment during the inspection. The home has clear and informative policies and procedures to support staff. These are reviewed and updated to ensure they reflect current legislation and guidance. We read the latest statement of purpose (SoP) which is a description of and guide to the service and reflective of inspection findings.

There are effective quality assurance systems that enable people to influence the service they receive. People and their representatives are invited to attend meetings to discuss life at the home. The RI also gathers feedback from people and follows up on any complaints or issues reported. Additionally, quality-of-care reviews are carried out every six months, which includes analysing feedback and data relating to incidents and internal audits. The report from the latest review shows that people have good experiences working and living at the home. The RI told us because he works in the service most days he is able to address any issues quickly and is always available to people and staff to speak with when requested.

People receive prompt support from staff, who are visible and attentive to their needs and wishes. The manager told us there is a full staff team currently and nurses and care workers have recently been recruited all of whom have settled well into the service. Rotas show safe staffing levels are consistently maintained. Staff told us they have time to give people the physical and emotional support they need. Staff are suitably recruited and trained and a new online training system has been recently introduced. Information provided by the service shows good staff training compliance. The required checks are carried out before staff are employed, including a criminal check by the Disclosure and Barring Service (DBS). Some staff receive formal, individual supervisions and annual appraisals, allowing them to reflect on their performance and development. However we noted not all staff are receiving these at the current time. The manager told us this is a future priority and new procedures are currently being developed to ensure this changes. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Staff complete a range of mandatory training, as outlined in the home's statement of purpose. Staff also complete specialist training relevant to their roles. The management team monitor staff's completion of training closely.

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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
36	A full inspection took place on 10th October 2023. As part of this an audit was completed of staff training, supervision and appraisal compliance in the service. The provider has made significant progress in relation to staff training but some staff are not receiving regular supervisions and appraisals.	Not Achieved
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.	Not Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 13/11/2023