



## Inspection Report on

**Broughton Hall**

**Broughton Hall Nursing Home  
Gatwen Road New Broughton  
Wrexham  
LL11 6YA**

## **Date Inspection Completed**

20/04/2023

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## About Broughton Hall

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Broughton Hall care ltd
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection for the service since re-registering under this service provider
Does this service provide the Welsh Language active offer?	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 like living in this comfortable and well maintained home. They are supported by kind and patient staff who know them well, and with whom they have good relationships. People are supported to make choices about their daily lives. Personal plans are detailed and reviewed and updated regularly with people to reflect changes in their support needs as they occur. There is a good variety of activities on offer for people to take part in if they wish to. People have developed friendships with each other living in the home. The service is working towards providing the service in Welsh for people who wish to receive the service in their preferred language.

Staff feel well supported by management and the training they receive to meet people's needs. There are suitable governance arrangements in place, and the Responsible Individual (RI) visits the home regularly to oversee the management of the home.

## Well-being

People told us they like living here and the staff are “*nice*”. Care staff know what people like and provide the support they want and need. One person told us they “*can’t fault the staff*”. People can choose where to spend their time throughout the day. They can choose from a range of menu options each day and kitchen staff told us they act on feedback from residents about food quality and variety. People told us they could ask for whatever dish they wanted, and they like the food. People told us they like being able to personalise their rooms and have a good relationship with care staff. This is supported by feedback from relatives and by our observations of care and support during the inspection.

There is a good variety of individual and group activities available for people to do. There are notice boards around the home showing up-coming events with external entertainers or singing groups coming in. One person told us they love going out shopping with the activity coordinator and meeting relatives in town. On the day we inspected there was an exotic petting zoo in the home, and we saw people and staff enthusiastically joining in together. Relatives told us they are encouraged to join in with activities as part of their visits to the home. Records also show people are supported to practice their chosen faith and religious representatives come to the home to conduct services for those wishing to join in.

The service is working towards the Welsh language “Active Offer”. Posters about activities available are displayed in Welsh and English, and the service user guide and statement of purpose are available in both languages also. There is bilingual signage throughout the home to identify different areas, such as the bathrooms and dining room. Staff told us a few people speak Welsh in the home and some staff have conversational Welsh skills they use to chat to people. The manager and RI are continually working to improve the current Welsh language offer in the home.

People are protected from abuse and neglect and are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Staff records show all care staff have received training in safeguarding vulnerable people. Care records show specialist nurses, doctors and other health care professionals visit the home to see individual people as required, and referrals are made in a timely way.

## Care and Support

To ensure the service can meet people's needs before they come into the home, a pre-assessment takes place. To do this the manager, or another delegated senior member of staff, gathers information from a variety of sources including people, their relatives or representatives, and health and social care professionals where appropriate. A personalised plan for all the person's care and support needs is then written using the information gathered at assessment. Personal plans we saw were up to date and reviewed regularly. The plans contain good levels of detail about people's preferences, likes, dislikes and desired outcomes. We saw the plans are linked to individualised risk assessments which are reviewed monthly and updated as required. "This Is Me" documents are completed with people to give staff an insight into people's life story and help get to know them better.

People told us the staff look after them well and know what they like. This was supported by relatives we spoke to and through observing the interactions between staff and people during our visit. We saw staff were discrete and caring in their approach. People were treated kindly and with patience. We saw care staff were able to reassure people with dementia when they were anxious or upset and demonstrated acceptance of their concerns in that moment. We saw good support given to people who need help with eating at mealtimes; care staff asked whether the person was ready for their next mouthful, and checked if they would like sips of drink in-between mouthfuls, or whether it tasted nice or not. We observed appropriate moving and handling practice in the use of equipment to support people transferring from chair to wheelchair.

Records show people have access to specialist advice and support from health and social care professionals as required, and this advice is added to relevant personal plans in a timely way. Staff receive training in safeguarding vulnerable people and are confident in approaching the manager with concerns.

Medicines administration and storage, and infection prevention and control practices in the home are good and keep people safe.

## Environment

The service provider has invested in the decoration and maintenance of the home to ensure it meets the needs of people living there. The décor in the home is bright and airy, but still homely and welcoming. All the rooms and communal areas we saw were well maintained. There are a variety of large and small communal spaces for people to spend their time, including a dining room attached to the kitchen where most people eat their meals. The dining room is laid out with four-seater dining tables and chairs to facilitate socialising during mealtimes. The communal lounges have comfortable seating set out to facilitate small groups of people to have conversations. The two largest have large bay windows with views to the garden and French doors for easy access to seating areas in the garden.

People's rooms are clean, tidy, and well furnished, and are personalised with people's own furniture, soft furnishings, and pictures. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. People told us they liked living there and having their own belongings in their rooms.

The gardens are secure and well maintained, with access from the main living areas and some bedrooms. On the day we visited, people were able to wander in and out of the garden as they wished, but we saw that a secure keypad lock was also fitted to the doors. Access to the main home itself is via a securely locked main entrance and there are fire safety and infection control procedures in place to keep visitors and residents safe.

On the day we visited there were a couple of dogs visiting the home, but we noted there were no unpleasant odours. We saw cleaning staff around the building throughout our visit and noted all areas were clean and tidy. The service provider has infection prevention and control policies and good measures in place to keep people safe.

Records show there is a monthly health and safety audit, and any actions are dealt with swiftly by maintenance staff and monitored by management and the RI. The home has a food hygiene rating of 5 (the highest rating attainable). Routine health and safety checks for fire safety, water safety and equipment are done. Records also show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

## Leadership and Management

The service provider has systems for governance and oversight of the service in place. We saw records of the regular RI visits to the service. These show the RI reviews all aspects of the day to day running of the service, as well as reviewing personal plans and medication administration records (MARs). The RI also monitors the outcomes of actions identified during previous visits. We saw evidence of monthly management audits of all key areas and action planning as a result. There is evidence that a quality survey is conducted annually by the home, but we were not provided evidence of the outcomes of the most recent survey. We saw records showing a book is in place for relatives and representatives visiting to give feedback, and there are resident meetings held regularly for people to feedback to management. We were unable to evidence the RI gathers feedback directly from people using the service. The quality review reports seen demonstrate feedback gathered in person by the manager and care staff is analysed. We discussed this with the RI who was able to provide a more recent report and agreed to ensure more evidence of the RI gathering feedback directly is included in future reports.

The service provider ensures people have access to a service user guide and the statement of purpose in both English and Welsh. There is a regular newsletter that is available to families and representatives who visit the home. This gives updates on what events have been happening and any planned developments in the service.

Records show the manager has suitable numbers of staff are on each shift to support people's needs. This includes staff employed specifically for cleaning, activities, maintenance, and cooking. Staff told us they feel well supported by the manager and have access to the training required to meet people's needs. Training is provided both online and face to face. Training records require review and update the to ensure they accurately reflect training compliance.

Staff records show new staff undergo thorough vetting checks prior to starting in the home. They also receive an induction specific to their role in the home. Staff receive annual appraisals and one to one supervision meetings with the manager. Records show supervision meetings are happening regularly but not at the required frequency. We raised this with the manager and RI who amended the supervision schedule for planned meetings.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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