



# Inspection Report on

**Burrows Hall**

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

## **Date Inspection Completed**

17/07/2024

**Welsh Government © Crown copyright 2024.**

*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.gov.uk](mailto:psi@nationalarchives.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	10 October 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

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. Care planning processes are robust and thorough. An experienced team of care workers and nurses work in the home. The Responsible Individual (RI) and managers need to ensure all staff are up to date with their training needs. Managers are committed and work alongside the RI to ensure people receive a good level of care and support. The environment is well maintained and the RI has an on-going schedule in place for re-decoration. The building is secure with all entrances and exits locked via keypads.

## 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 although compliance with this appears to be variable at the current time. Care staff receive regular planned supervision and appraisals. People are consulted about their preferences, choices and support needs on a regular basis.

People live in a service that is comfortable and clean. People's bedrooms are personalised. The RI ensures regular maintenance is ongoing and a plan is in place to continue updating and re-decorating areas of the service. 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 high standards in place regarding food storage, handling and cleanliness.

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. The RI completes reports on a regular basis and includes feedback from people, relatives and staff. 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 a good 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, relatives and external professionals. Feedback was overwhelmingly positive. A person told us; *“They are marvellous and cannot do enough for you. I never need to ask for anything they just know me so well. All the staff are great and no concerns at all. Really enjoy living here and feel well looked after.”* A visiting professional stated, *“No concerns at all regarding the care and support provided here. It’s a nice place.”* Positive, warm and respectful interactions were observed between care workers and people throughout the inspection. The RI and manager arrange and plan regular activities. An accessible vehicle is available to support people to access the community and for health appointments etc. People told us they enjoy the meals provided and have choice when requested. We saw care workers assisting people to eat their meals at a relaxed pace. Welsh language is promoted by some Welsh speaking staff in addition to access to Welsh books 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. Since the last inspection the manager has strengthened and improved the review process by including more personalised information and feedback 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.

People are protected from abuse and neglect as managers and care workers 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 good infection control procedures in place to ensure people are as safe as possible. There are robust and safe medication storage processes in the service and trained competent nurses administer with appropriate records kept.

## Environment

People are cared for in a safe, homely, and secure environment. The provider continues to invest in environmental updates and maintenance. At the time of inspection a new roof covering was being installed in part of the service. People's bedrooms are nicely decorated, clean and personalised to the taste of the individual. External exit and entry doors to the home are safe and secure. The home is well maintained, some areas of the home would benefit from re-decoration and the RI told us there is an on-going schedule in place to achieve this. We saw people enjoying a large communal lounge/dining area with views across fields and the sea. 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. We viewed the kitchen and food preparation areas and were informed there is a current food hygiene rating of five in place. This means there are high standards in place regarding food storage, handling and cleanliness. 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 inform us they enjoy the variety and choice of meals.

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), and electrical safety checks are in place. We saw a comprehensive file containing oversight of fire checks, compliance tests and safety certificates. We saw cleaning products are stored safely 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. 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

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. 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 access training via an online training system and some taught training for subjects such as dementia and wound care etc. Care workers told us they attend taught training sessions and keep up to date with online training subjects. Despite this we saw gaps in some staff training in a training overview document provided by the manager. We discussed this with the manager who told us this will be addressed in addition to ensuring all staff mandatory and service specific training required is listed in the current SoP. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The required checks are carried out before staff are employed, including a criminal check by the Disclosure and Barring Service (DBS). Staff receive formal, individual supervisions and annual appraisals, allowing them to reflect on their performance and development.

There is good oversight and governance of the service by the management team. The RI works on a daily basis in the service and provides good support to the manager and deputy manager. 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; *"I am very well supported. Very good management support here."* Another stated; *"I am happy with everything. The RI is really good and you only have to ask"*.

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 they work in the service most days they is able to address any issues quickly and is always available to people and staff to speak with when requested. There are Welsh language staff working in the service and an area set up with Welsh language books etc.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
36	A full inspection took place on 17th July 2024. 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 supervisions and appraisals. An overall staff training matrix provided shows not all staff are current with training required. Also, the current Statement of Purpose does not detail staff mandatory or service specific training requirements.	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.	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** 28/08/2024