



Broughton Hall



Broughton Hall Nursing Home, Gatewen Road New Broughton, Wrexham, LL11 6YA



01978758876

Date(s) of inspection visit(s):

07/05/2025

Service Information:

Operated by:	Broughton Hall Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	35
Main language(s):	English
Promotion of Welsh language and culture:	The service provider anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:



Well-being

Good



Care & Support

Good



Environment

Good



Leadership & Management

Good

Summary:

Broughton Hall provides a service that helps people achieve their outcomes.

Wellbeing is good because people have choice and control over their daily routines, what they eat and their activities. Activities are arranged to suit every outcome; there are homebased activities family can join in with like crafts and quizzes and visiting entertainers, cheese and wine evenings, and external activities like outings to concerts, pubs and restaurants, and shopping parks.

Care and support is good because personal plans are detailed, accurate and person centred. People are cared for safely; positive risk taking is promoted with risks assessed and mitigated. Independence is promoted as much as possible, people encouraged to use their skills and strengths while receiving support where it is needed. People feel well cared for.

The environment is good; providers invest in the home to keep it well maintained and make

changes that improve people's outcomes. The range of lounges allow people to choose where and who they want to sit with, and whether they partake in activities. A large secure garden provides alternative space in good weather.

Leadership and management are good as governance arrangements provide leaders with oversight of the service. They know what is working well and where improvements can be made. Staff are safely recruited and trained to ensure they are suitable and competent. They enjoy caring for the people living at Broughton Hall.

Findings:



Well-being

Good

People live healthily and safely and have choice and control over their lives. They have access to meaningful activities that promote their health and wellbeing, such as armchair exercises, trips out to local places of interest such as a canal trip, and walks around local shops. The service has a minibus to take people out for the day. Minutes of the resident's meetings, illustrate views are sought on all aspects of the service such as personal care, showers, meals, and activities; one person expressed preference of a later tea and that it be served in their room, this was actioned. Preadmission assessments seek views before people come into the home to ensure support reflects preferences. Surveys canvass people's views and those of relatives. We saw people partake in activities they have previously enjoyed; a sewing machine was set up in one bedroom for the person to use, others were knitting. One person was fond of horses and now visits animals nearby. People who speak Welsh can have information provided in the medium of Welsh and signage around the home is bilingual.

People feel safe and protected from abuse and neglect in the home. They can express any concerns during resident's meetings or directly with the manager. Risk assessments promote safety, and we saw positive risk taking is facilitated. Some people use their mobility equipment to go out independently, or wander around the garden at will. The service's statement of purpose identifies how the service aims to promote people's privacy and dignity, and we saw examples of this. Care staff crouch to the person level to speak with them, they chat while assisting them with their meal, and they knock on doors before entering people's rooms. Minutes of staff meetings illustrate how staff are reminded to ensure people's appearance is the best it can be, with attention given to glasses and hearing aids.

People are supported to maintain their relationship with family and friends. In addition to trips out in the community to shops, local pubs and cafes, people socialise with the community through events held at the home. events like wine and cheese evenings and summer fetes encourage visits from family and friends; school children visit the home and entertainers come to sing and play music. One visitor told us how they can visit at any time and are always greeted with refreshments.

The layout of the accommodation helps people achieve their outcomes. The availability of five lounges allows for people to spend time with those they are more compatible with, doing what they want to do. A secure, sunny garden provides ample seating for people to use it whenever they wish.



Care & Support

Good

People receive the quality of care and support they need to achieve their personal outcomes. Personal plans are comprehensive; they cover every element of care and take into account information from a range of relevant sources. There are mouth care charts; an oral hygiene champion monitors these. A moving and handling champion ensures up to date information and training is provided to staff and they are using correct procedures. Personal plans focus on the preferences and wishes of the person, identify their skills and strengths as well as areas in which support is needed, and they identify people's outcomes. One person is in the home temporarily and their outcome is to maintain their independence skills; they are encouraged to move around the home independently and use their mobility scooter to visit shops. Another person's outcome is to engage in stimulating activities. They initially came to the home for one week but, when they returned home, they missed the activities and stimulation and decided to return here to live. They said, *'it's nice here, I like the shopping trips, everyone is friendly, I have nothing to worry about at all, it's lovely.'* Everyone said they enjoy the food, and we saw two options for each meal. Additionally, we observed some people having a variation of one of the options such as mashed potatoes instead of the chips on offer.

People are protected from harm and abuse because all staff have been trained in safeguarding vulnerable people. They are guided by policies such as Whistleblowing and have one-to-one meetings with the manager or senior, during which time they can share any concerns they may have. We saw people sit in the foyer of the home close to the office which is open to visitors.

People's medication is managed safely as every staff member who administers medication is trained and their competency frequently checked, sometimes randomly without the staff expecting it. The deputy manager is the 'medication champion' and ensures monthly audits are carried out of the entire medication system. Medication storage temperatures and completion of records are checked daily. An independent audit conducted by the pharmacist made few recommendations which were quickly acted on.

People's risk of infection is minimised because the service promotes good hygiene practices. Infection control audits are completed and there is an infection control champion responsible for ensuring continued good practice in this area. All staff have received training in infection control. The kitchen has received the highest food hygiene rating of level 5 from the Food Standards Agency.



Environment

Good

People live in an environment with appropriate, well-maintained facilities. They have access to equipment to help them achieve their well-being outcomes. The availability of five separate lounges promotes a sense of homeliness, each one providing a different atmosphere. We saw two people sitting in a quiet, small lounge, watching a programme on television. In another lounge, people sat in armchairs chatting, discussing their knitting skills, and reminiscing about things they used to make. The conservatory lounge is a busy hub of people going out into the garden and returning when they wish. An extended patio offers plenty of seating and table which people were using. We saw the home is clean and tidy, and people are able to access the corridors freely. A maintenance person works at the home daily, repairing or renewing any issues staff have identified and logged. They ensure regular fire alarm and fire equipment tests.

The manager, operations manager and RI carry out audits of various aspects of the environment. We saw reports by the operations manager that had picked out minor issues to be remedied. There are plans to further develop the home, some of which are based on observations made by residents. The minutes of one residents meeting identify people felt the dining room could be bigger, and this is planned. Meanwhile, dining takes place in two sittings to ensure the dining experience is less busy. Visitors fed back issues with the driveway which have been remedied. It is clear people are involved in any improvements to the environment.

Health and safety measures ensure the building is as safe as it can be with regular checks on the condition of the electrical installation, gas safety, water hygiene, electrical appliances, fire safety and emergency lighting, the lift and other equipment. Records and certificates show these are in date.



The provider has good arrangements in place to help ensure governance and oversight of the service. There are a range of checks and measures completed to be certain people can achieve their outcomes in the home and that these are documented. The operational manager visits the home monthly and carries out comprehensive checks of all aspects of the service, culminating in a report for the RI (responsible individual for the home). Quarterly reports written by the RI evidence their own visits to the service and the checks conducted while at the home, such as evaluation of other professional's visits, staff compliance with training and Social Care Wales registration requirements, health and safety measures undertaken, and the completeness of records. They tour the home and note any areas for improvement, reporting in one visit the need to replace some windows and flooring, identifying areas for investment and specifying timescales.

The RI also carries out biannual quality of care reviews. Currently they review minutes of resident's meetings and results of surveys to establish people's views of the service. The manager plans to put more structured arrangements in place for people and staff to express their views directly when the RI next visits. Reports illustrate the RI knows what is working well and where improvements could be made.

Staff are recruited safely and are trained to carry out their roles. Personnel files show they are fully vetted prior to employment, and then they are inducted while shadowing more experienced care staff. The provider ensures continuous learning and development opportunities are provided for staff. There is a range of mandatory training and additional specialist training so staff can meet additional, specific needs. The training matrix flags when staff are due for refresher training.

We spoke with six care staff who said they have support during one-to-one supervision sessions with their manager and can approach management if they need help. One staff member said, *'if there is a problem, they will sort it.'* Another said, *'they are very good with any personal issues'*. Supervision records illustrate management praise staff for their work and value their input. One care staff member was pleased their work has been acknowledged and they were offered promotion. People living in the home told us staff are *'marvellous. So kind and friendly.'* They praised the kitchen staff for providing meals that accommodated their individual preferences. Staff told us they enjoy their work and are motivated by the positive impact their work evidently has on people living in the home. They feel the home is a friendly place to work and this is important for staff continuity.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

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