



# Inspection Report on

**Warrendale Cottage Ltd**

**Warren Dale Cottage  
Old Warren  
Chester  
CH4 0EG**

**Date Inspection Completed**

16/08/2023

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## About Warrendale Cottage Ltd

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing   |
| Registered Provider                                   | WARRENDALE COTTAGE LTD  |
| Registered places                                     | 29  |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | <a href="#">13 April 2023</a>   |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People are content and happy. Care staff encourage people to get involved in activities in and away from the service. Care staff are effective in linking with health professionals about people's care needs. We found care records are reviewed, detailed, and personalised. Management is relatively new and are establishing effective oversight of the care provided. The responsible individual is involved and passionate about this service.

### Well-being

People have control over their day to day lives. People have their own routines and are respectfully encouraged to do so by care staff. They participate in activities within and outside the service. Care staff are dignified in their approach to the care they provide and consider individual needs. Management is supportive and have established a robust routine of reviewing the quality of care. The environment is homely and set out so that people can be as independent as they can be. Communal areas within the service are spacious and accessible.

People are as healthy and active as they can be. Healthy meal choices are offered to people. People enjoy the grounds surrounding the service. We observed care staff assisting and facilitating walks around the garden; care staff were seen to encourage conversation about the various plants within the grounds. Care staff are timely and efficient at contacting

health professionals when required or when people's care needs change. People told us they enjoy activities in and around the service. The environment has several areas where people can participate in activities in or outside the service.

There are measures in place to safeguard people. We found personal plans contain appropriate individual risk assessments. These are reviewed regularly and are therefore up to date and accurate. Timely links are made with professionals when risks are identified. All care staff have attended safeguarding training. Staff undertake competencies in safeguarding. Safeguarding policies and procedures are up to date, in line with legislation and available for all staff. Measures have been taken to ensure all areas of the service are safe and risk of harm is reduced.

People live in a home which supports their well-being. The home is bright and spacious. All bedrooms are personalised. People have some of their own furniture, pictures, photographs, and bedding. They are encouraged to treat their rooms like a home from home. Care staff assist people to be in contact with family and friends, in and away from the home. Management ensures arrangements are in place for people to meet with family and friends. We saw people meeting with their visitors while care staff supported them. We observed people being taken out by family and friends and being greeted by care staff on their return. The environment is spacious and there are several areas available for visitors to spend time with their loved one.

## Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with the individual. We viewed a sample of people's personal files. These are reviewed on a regular basis; this means the information about the individual is accurate and up to date. We also viewed daily notes, and records completed by professionals. These evidence clear records which reflect people's care needs.

People are supported to access health care. Care records show contact with health care professionals. We observed one carer contacting a GP by telephone. We later observed care staff planning for people to be seen by the appropriate professional. The visitor's diary shows dates where health care professionals have visited. These are reflective of the individuals care needs.

There are infection control measures in place. Care staff receive training in infection control. Service policies and procedures are in line with the training provided and are up to date with current legislation and guidance. Care staff follow infection control procedures to ensure risk of infection to people is reduced.

## Environment

The entrance to the service is secure. Visiting professionals, including Care Inspectorate Wales (CIW), are greeted by care staff; appropriate checks are made before visitors enter the service. Appropriate safeguards are considered in relation to the deprivation of liberty safeguards (D.o.L.S.) to ensure no one is unnecessarily restricted within the service. The front of the garden is spacious, and gardeners maintain the grounds.

The provider ensures people can move freely within the home and can socialise with each other if they choose to. We found the communal living areas are well organised. We viewed the service maintenance log; signatures and dates are recorded. areas which could pose a risk to people are locked. We found mobility aids are regularly checked to ensure they are safe to use Electrical appliances are also checked. Control of Substances Hazardous to Health (COSHH) are stored safely in a locked cupboard. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety. The home has maintained a Food Standards Agency rating of 5, which is the best it can be.

## Leadership and Management

The oversight of the service is established. Oversight of care records is regular. Consistent and monthly monitoring audits of the quality of care and the environment are undertaken regularly. We saw records identify areas for improvement for the service to work towards. The responsible individual visits the service daily when nearby. They are passionate about the standard and quality of care.

The provider oversees the financial sustainability of the service. Care staff we spoke with told us there are enough staff to provide quality care. People have a choice of food available to them. We saw areas of the service have been refurbished and there are plans to continue with the refurbishment of communal areas. We observed contractors were working to maintain the upkeep of the garden. The Statement of Purpose (SoP) highlights the provider is keen to promote people's independence.

People are supported by a service that provides appropriate numbers of staff, who are safely recruited, trained, and supported. We observed sufficient staff available on the day we visited. Staff rotas show sufficient staff available to care for people. Care staff told us they enjoy working at the service. They told us they "*feel supported*" and have regular training and supervision. The training matrix is consistent with the records of training in care staff files. Care staff receive formal quarterly supervision and annual appraisals in line with requirements.

### 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 |
|------------|---------|--------|
|------------|---------|--------|



|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|

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