



# Inspection Report on

**Warrendale Cottage Ltd**

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

## **Date of Publication**

**Tuesday, 19 March 2019**

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## **Description of the service**

Warrendale Cottage is a residential care home located in Broughton, Flintshire. It is registered to provide personal care to no more than 29 people aged 65 years or over.

The registered provider is Warrendale Cottage Ltd. A responsible individual has been appointed to represent the company and there is a manager in place who is registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

People living at Warrendale Cottage are treated with respect by kind, friendly staff. People living in the home, a relative and a professional we spoke with were positive about the care provided.

Dining arrangements need to be reviewed due to potential risks posed to people being served their meals in the main kitchen. However meal times are a positive, engaging experience for people, with staff taking an active role in talking with people, ensuring meal times are stimulating for all.

We saw the home actively engages with professionals when appropriate, and accurate records of this are kept. We viewed Medication Administration Records (MARs) which showed accurate administration of medication and that staff had received appropriate medication training.

### **2. Improvements**

Since the last inspection, the following improvements have been made:

- Arrangements for managing medication have been improved. MAR charts are being audited regularly and checks have been put in place to ensure medication is being administered as prescribed.
- People's records are being kept accurately and are up to date.
- There are more activities being arranged for people; these activities are person-centred and meaningful.
- Staff interaction with people at meal times has improved. Staff are actively engaging with people and taking an interest in the people they are speaking with.

- Staff awareness in regards dignity and respect has improved. Staff are engaging with people at their own eye level. This ensures staff are talking to people as their equal, ensuring the person feels comfortable when being spoken with.
- Assessment of the suitability of people's wheelchairs has been undertaken and new wheelchairs have been delivered where required.
- Referrals to health care professionals are being made in a timely fashion; helping to ensure people receive appropriate care and treatment.
- Risk assessments and risk management plans are in place. This documentation is being reviewed regularly and, where necessary, action is being taken in a timely fashion.
- People have been consulted about their choices and wishes. We saw evidence these choices were recorded and respected by staff.

### **3. Requirements and recommendations**

Section three of this report sets out recommendations to improve the service. These include the following:

- Improve the dining arrangements at meal times.
- New care documentation needs to be fully implemented.
- Signatures on service users' personal plans of care.

# 1. Well-being

## Summary

Overall, people living in the home are treated with respect and kindness. People have choice at meal times and people are provided with menus, which reflect this choice. There is a range of activities taking place, which people enjoy. Staff interaction with people at meal times has improved since the last inspection, with staff actively listening and engaging with people; however seating arrangements at meal times could be improved.

## Our findings

People are encouraged to keep fit and well as a range of activities are offered in the home. Although the home did not employ a dedicated activities officer, we saw evidence in staff rotas and spoke with staff, who told us the staff team arranged activities informally. We spoke with relatives and people living in the home, who confirmed activities took place such as crosswords and exercises. People also told us guitarists and singers come into the home, which we saw evidence of. One relative told us the home organised for a pet therapy dog to come into the home and for children from a local school to come and spend half a day with residents. We spoke with two people who both said how much they enjoyed talking with the children; people helped the children with their reading and were able to sit and colour with them. We saw records evidencing the school visits had taken place and saw an activity schedule, which showed there were plans to continue the activity on a weekly basis. We also saw staff and people living at Warrendale Cottage actively involved in games in both lounges during the afternoon, ensuring people's time was spent positively and helping to maintain their mental and physical dexterity. Pre-assessments and care plans recorded what hobbies and activities people enjoyed; these plans were being used to influence the hobbies undertaken in the home. Overall, a varied range of activities is offered to people living in the home. These activities are influenced by people who are able to choose how they wish to spend their time.

People benefit from a healthy diet and have a choice of what food they eat at meal times. We saw there was a four weekly menu in place, of which people had a copy so they knew what was on offer. We saw staff asking people about their meal choices in advance. People were offered a choice for breakfast of a wide range of cereals, yoghurt, toast, fruit and juices; however, no cooked option was available for those people who might prefer a cooked breakfast. There was a variety of hot and cold options available at lunch, tea and supper. Drinks were available throughout the day to ensure people remained hydrated. We spoke with people living in the home and a relative, who told us the food was good. One person told us, *"I get enough and you can always ask for more. There is a big choice for breakfast and you get biscuits and a drink and toast at supper. We also have lovely homemade cakes."* At lunchtime, people could choose an alternative if they didn't like what

was on the menu; their choice was respected. Overall, the food we saw people eat looked appetising. People enjoy the food and are encouraged to make choices, which are respected by staff.

At the last inspection, we identified improvements were required in regards the dining arrangements at meal times. We saw there were four dining areas in the home. These included one where people ate undisturbed, one in a corridor, which also acted as a thoroughfare, one in a small unused kitchen and one in a working kitchen where staff were preparing food and taking plates of food to the other dining areas. At this inspection, we found this issue had not been rectified. We used the Short Observational Framework for Inspection 2 (SOFI2) tool to observe people interacting with each other and staff at lunchtime in the dining area located in the kitchen. Although we found staff were busy moving food back and forth between the kitchen and the other three dining areas, staff had time to speak with people eating their meals. We saw staff speaking with people, maintaining eye contact at their level, discussing the food and their life experiences. By speaking with the person at their eye level, they were not taking a dominant role in the conversation and were treating the person with dignity and respect. We saw a staff member laughing and joking appropriately with people sitting at the table, whilst another member of staff was seen talking with someone, taking an interest in the persons views and opinions. We spoke with the manager and responsible individual about the seating arrangements in the dining areas; they felt it would be difficult to alter the arrangements but would look at the possibility of using a "sitting" arrangement at meal times, to use the dining room for two sittings and so not have to serve food in the working kitchen. Overall, although some people were eating in a working kitchen, mealtime was not rushed, was a social experience with interaction between staff and those people eating their meals. People were treated with dignity and respect by staff who had a genuine interest in the life experiences, needs and interests of the people living at the home.

## **2. Care and Support**

### **Summary**

People's needs are assessed prior to them moving into the home and personal plans of care are in place in a timely manner. People receive appropriate care and support and people's needs are understood and acted upon in a timely way.

### **Our findings**

People's individual needs are understood. We viewed pre-admission assessments, which were undertaken to ensure the service was able to meet individual needs and wishes. We spoke with relatives and people living in the home who confirmed they were able to visit the home and someone had visited them at home before they or their relative moved in. We saw evidence personal plans of care were in place prior to people moving in; this is good practice as it enables staff to ensure they are able to support the person appropriately immediately upon arrival. We evidenced these plans were being reviewed monthly to ensure they were reflective of people's current needs. Although we noted people were signing to agree their personal plans when they were reviewed every six months, people were not signing their personal plan reviews each month or when their needs had changed. People signing their care plans when they have been reviewed, or when their support needs have changed is important as this shows people's agreement and input into the care and support they received. We spoke with the manager who confirmed that, in future, he would ensure people signed their personal plans of care every month or when any changes to a person's personal plan were made. At the last inspection, we found new care planning documentation was being introduced. At this inspection, not all files had been transferred to the new format, meaning staff were working from different sets of care documentation which can lead to staff becoming confused and not being able to support people effectively. We discussed this with the manager; they told us they would ensure the changes to the new care planning system would be completed as a matter of urgency.

We reviewed people's files, which showed professionals were being contacted as and when required in regards the care and support people received. We saw evidence that food and fluid charts were being completed where required. People's weight was being recorded and monitored; file notes confirmed when someone had lost weight their General Practitioner (GP) had been contacted for professional advice. Social services care documentation was present in people's files and we noted recommendations from this documentation had been transferred to people's personal plans of care and relevant actions were being carried out. We saw evidence appropriate risk assessments, such as falls risk assessments, mobility risk assessments and manual handling risk assessments were in place. Following the last inspection, the home had referred people with their own wheelchair for an assessment to see if their wheelchair was suitable for their needs; we viewed documentation confirming

this and saw two new wheelchairs had been delivered for people further to these assessments being undertaken. Wheelchairs need to be specifically fitted for the person using it and these assessments being undertaken will ensure people's wheelchairs meet their needs.

At the last inspection, we found medication records were not being kept accurately and medication was not being administered as prescribed. At this inspection, we found there was, at all times, a member of staff on duty who was qualified to administer medication. We looked at MARs for people living in the home. All those we viewed had a photograph of the person on the cover for identity purposes, helping to ensure the medication was administered to the correct person. We saw the manager of the home was undertaking regular audits of medication to maintain oversight of the management and administration of medication and to address any issues in a timely way. We saw accurate medication records were kept and medication was being administered as prescribed. Overall, people can be confident their individual needs are understood so they receive the right care at the right time. However improvements are required to ensure people agree to their plan of support and that documentation is transferred to the new format, to ensure information is clear for staff providing support.



### 3. Improvements required and recommended following this inspection

#### 3.1 Areas of non-compliance from previous inspections

<ul style="list-style-type: none"><li>• <b>Regulation 17 (1) (a) Schedule 3 (1). The registered person must ensure that records are maintained accurately for each service user in respect of specialist health care and nutrition.</b></li></ul>	<b>This non-compliance has been met.</b>
<ul style="list-style-type: none"><li>• <b>Regulation 13 (2). The registered person must ensure medication is recorded and administered appropriately.</b></li></ul>	<b>This non-compliance has been met.</b>

#### 3.2 Recommendations for improvement

We recommend the following:

- The registered persons should improve the dining arrangements at meal times by ensuring an alternative to eating in a working kitchen is considered.
- The registered persons should ensure new care documentation is fully implemented. This will help to ensure there is only one format of care and support documentation being used by the home at any one time, thus ensuring staff are not placed in a position where they may be confused and unsure what care and support they should provide.
- The registered manager should ensure people or their representatives sign their care and support documentation to show they agree with and have input into any changes into the care and support provided.

#### **4. How we undertook this inspection**

This was a focused, unannounced, inspection undertaken to establish whether compliance had been achieved following the inspection which was undertaken on 2 August 2018. An inspector visited the home on 25 January 2019 between 8.30 a.m. and 19.20 p.m. The following methods were used:

- We used the Short Observational Framework for Inspection 2 (SOFI2). The SOFI2 tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate.
- We spoke with three people living in the home, a visiting relative, the manager, the responsible individual, a visiting professional and three staff.
- We issued 18 questionnaires to people receiving the service, relatives, staff and professionals. Five completed questionnaires were returned.
- We looked at a range of records. We focused on four care plans and associated documents, menus, activity schedules and four people's MARs.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Warrendale Cottage Ltd</b>
<b>Manager</b>	<b>There is a manager in place who is registered with Social Care Wales</b>
<b>Registered maximum number of places</b>	<b>29</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>2 August 2018</b>
<b>Dates of this Inspection visit(s)</b>	<b>25 January 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is currently working towards the active offer of the Welsh language.</b>
<b>Additional Information:</b>	