Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Warrendale Cottage Ltd

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

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https://www.warrendale-cottage.co.uk

The inspection visits for this service took place between 14/05/2026 and 02/06/2026

Service Information:

Operated by:	WARRENDALE COTTAGE LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	29
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Warrendale Cottage is a residential care home on the outskirts of Broughton village. It is close to local amenities, shops, and to the city of Chester. The service benefits from a beautifully maintained, and fully accessible garden for people to enjoy. People experience good wellbeing outcomes with a range of activities on offer. Care staff are committed to providing good quality care and support. They take time to get to know people and their individual needs, following their personal plans to ensure care is delivered in line with people's preferences.

People live in a comfortable and homely environment. It is well maintained to ensure the building is safe and secure. Leadership and management of the service have a solid foundation, with an ongoing commitment to continuous improvement. The responsible individual (RI) is regularly present in the service, to support the care staff and oversee the smooth running of the service.

Findings:

Well-being — Good

People living at the service experience a good level of well-being, with evidence that they are supported to have a voice, choice, and control over their daily lives. During the inspection, people were observed engaging positively with one another and staff, socialising both at mealtimes and during activities. Mealtimes were seen to be relaxed and sociable occasions, with people describing a sense of community, for example referring to themselves as "*ladies who lunch*," indicating a culture that promotes dignity and enjoyment.

The manager and care staff ensure there is a strong emphasis on meaningful activity, with a range of opportunities available to suit different preferences. These include intergenerational activities, exercise sessions, and access to the gardens for walking and relaxing. There are visits from clergy with communion held at the home every four weeks. On the day of inspection, nursery children visited the service, and we saw people engaging naturally with them, and the pleasure this brought to both people and visiting children. People also contribute to the delivery of activities, for example leading sessions like chair exercises or playing the piano during communal events. This demonstrates a culture where people are not passive recipients of care but are encouraged to maintain their identities and share interests.

People and relatives, we spoke with reported good levels of satisfaction, with comments describing the environment as "*homely*" and staff as "*kind*." One person told us, "*It feels like being at home*" and another commented "*It is very comfortable here*." Relatives noted improvements in people's well-being since their admission. Visiting arrangements were reported to be flexible, supporting people to maintain relationships that are important to them. There are private spaces available for people to meet with their visitors.

People are supported to feel safe and protected, with appropriate systems and safeguards in place where required. People who lack capacity to consent to their care and accommodation arrangements have Deprivation of Liberty Safeguards in place. This means they have access to a representative to ensure their voice is heard and uphold their rights. Individuals confirmed they feel able to raise concerns with care staff and management.

The environment further supports well-being, with accessible outdoor areas, including gardens and seating spaces, which people actively use. We saw people accessing the grounds for walks, and there is a patio area besides the new "chicken hotel" where people can sit and watch the chickens. People told us they look forward to attending the summer barbeques in the garden.

Care & Support — Good

People receive care and support that is person-centred and responsive to their needs. There are systems in place to identify and respond to changing needs. Care plans and risk assessments were available for individuals and reflected personal preferences, health conditions and required interventions. Personal plans contain a good level of detail about people's preferences and routines. Care staff follow these to ensure care is delivered in line with individual preferences. Personal plans and risk assessments are reviewed regularly and updated with any changes.

The manager has established good relationships with professionals such as GPs, dietitians and district nurses contributing to people's care. They are working to strengthen communication between visiting professionals and the staff team. This helps ensure that health needs are appropriately managed. Safeguarding processes are also well embedded, with incidents reported and investigated appropriately, and staff demonstrating confidence in raising concerns.

Medication practices were observed to be safe and person-centred. Care staff administering medication explained procedures to people and took time to support them appropriately. Medication administration records were completed correctly, and staff had received relevant training and competency assessments. Any discrepancies in medication records are investigated with actions put in place to reduce the risk of any recurrence.

Care staff deliver care and support in line with people's personal plans. There are monitoring records kept in areas such as food and fluid charts to record people's intake where needed. These monitoring systems are being strengthened by the service to ensure there is consistency in the record keeping, and care staff are clear about when to escalate any issues or concerns. There are systems to monitor and record changes in people's needs. The service aims to meet increasing needs through joint working with external professionals enabling them to avoid disruption in people's lives, by delivering end of life care. Some care staff have completed specialist end of life care training.

Environment

Good

People live in a safe, clean, and homely environment that supports people's comfort, independence, and overall well-being. The premises were observed to be tidy, well-maintained, and personalised, with people able to decorate their rooms and spend time either privately or in communal areas according to their preferences. This promotes both autonomy and a sense of belonging. There are a variety of communal spaces available, including quiet areas and social environments, enabling people to choose how and where they spend their time. The environment supports social interaction while also respecting individuals' need for privacy. In addition, there are dedicated areas for visits, ensuring people can meet with relatives and professionals in a confidential and comfortable setting. Outdoor spaces are a notable strength, with accessible and well-used gardens which enhance people's day-day experience. Features such as the summer house, a barbeque area and comfortable seating provide opportunities for leisure, stimulation, and connection with nature. People were observed using these spaces, demonstrating their value in supporting well-being. They reported they enjoy sitting outside and being able to watch the chickens. One person told us the service has "*fantastic gardens*".

The service provider ensures appropriate health and safety measures are in place, including regular servicing of equipment such as fire systems, electrical installations and lifting equipment. Infection prevention and control (IPC) procedures are in place, with routine audits completed. Safety features such as window restrictors and radiator covers contribute to risk reduction. The manager completes regular environmental and IPC checks to ensure the safety of the home and minimise the risk of infection. The building is safe and secure. There is external CCTV in use and a signing in book for visitors. We were unable to enter the premises without making ourselves known to staff and signing in. There is an internal system of CCTV cameras in communal areas, which we were assured are not in use, to protect people's rights to privacy.

Leadership & Management — Good

The manager and RI ensure robust recruitment practices are followed, and staff receive induction, supervision, and appraisal, supporting safe and competent practice. Care staff are required to complete disclosure and barring service (DBS) checks and to register with Social Care Wales, the workforce regulator. The service supports staff development, with training opportunities and identified roles such as champions in areas like IPC and end-of-life care. Care staff are due to receive specialist training in catheter care. They described good teamwork and morale, reinforced by recognition and celebratory events. They told us they feel supported, valued, and able to raise concerns. Management is visible and responsive, with the manager and RI providing oversight and support to the team. Care staff told us they have a good team, and it is "*like a family*".

The manager completes regular audits to monitor the service. These include audits of medication and infection control. They also monitor any accidents and incidents, with falls and accidents recorded and reviewed to ensure risks are reduced. Notifications are submitted appropriately, demonstrating awareness of regulatory responsibilities. The RI completes formal three-monthly visits to the service to ensure it is running smoothly. They speak to people and staff for feedback and review a selection of records. They also undertake spot checks during the night shift, to ensure good continuity of care is maintained. Quality of care reports are produced every six months, providing an overview of what is working well and considering where improvements can be made. These would benefit from the consideration of any patterns or trends, for safeguarding issues, complaints, and incidents. The manager and RI plan to review the quality-of-care reports incorporating the updated guidance from Care Inspectorate Wales (CIW).

The RI has put in place policies and procedures which care staff have access too. They are reviewed regularly to ensure they remain up to date. As we considered CCTV during this inspection, they intend to review the CCTV policy to ensure there is clarity around the areas in which it is in use and the purpose for which it is used.

The provider ensures good governance structures are in place for the service and is building upon this with plans for continuous improvement. The RI invests in the service, to ensure it is well maintained. They listen to people's feedback on suggested improvements, and as a result made the decision to keep some chickens after hatching last year, creating a chicken hutch with viewing area in the garden.

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.

CIW has no areas for improvement identified following this inspection.

CIW has not issued any Priority action notices following this inspection.

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