



Warrendale Cottage Ltd



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



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

Date(s) of inspection visit(s):

16/04/2025

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 service provider is not meeting 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 large, spacious home which has been designed thoughtfully to create a relaxing and comfortable environment for people. There are beautifully maintained gardens with ample seating areas which can be freely accessed by people. It is situated on the outskirts of Broughton village and a short distance from local amenities such as shops, churches and chapels.

People receive person centred care from care staff who know them well and treat them with dignity and respect. Clearly maintained records and personal plans can be followed to ensure people receive the right care and support which is in line with their wishes. Care staff ensure people's health needs are met and they have access to health and social care services when required. The manager and responsible individual (RI) are committed to providing a good quality service to the people they support. The RI is heavily involved in the service and attends most days, providing good oversight and leadership. The service had two areas for improvement at the last inspection which have now been met. This service provides good care and support to people who experience positive wellbeing outcomes.

Findings:



Well-being

Good

People are offered choices about how they spend their time and are supported to engage in a choice of meaningful activities. Care staff ensure there is an offer of two organised activities per day. These are varied and people are consulted for their suggestions on activities. As a result of resident feedback, people have found an exercise class beneficial, and a regular armchair exercise session has been introduced. On the day of our inspection, there was a visit from nursery school children and the service had live chicken eggs hatching. This was a point of interest which engaged people throughout the day as they saw the first chicks emerge. Where possible, people can take a lead in organising and delivering activities, this is an area of positive practice which supports excellent outcomes for the people involved. Care staff have time to spend with people chatting or assisting them with crossword puzzles and other activities of their choice. Some people prefer to spend time in quieter areas of the home, or the privacy of their room. One person told us they like to read the newspaper, and it is delivered every day. People have a choice of two options on the menu and told us they can request alternatives. The food is freshly prepared and smelt appetising. People told us they are happy at the service and a relative commented "*It is the next best thing to home.*"

The service has strong systems in place to ensure any risks are promptly identified and addressed. People and relatives told us they are confident to raise any worries or concerns with the manager or RI, and when they have done so, they are promptly addressed. Relatives also told us there is good, open communication with the service. People who are unable to consent to their care and accommodation needs are protected by Deprivation of Liberty Safeguards (DoLS). This means they have someone to ensure their voice is heard and uphold their right to a review of their placement.

People are supported to maintain and sustain relationships with family and friends and to form positive relationships with each other. We saw some people have formed friendships and like to chat and spend time with one another. Visitors are welcome and there are private areas for them to be received. Some staff speak Welsh and can communicate in Welsh with people if they wish. There is a bilingual board in use which records the day of the week and some basic greetings in Welsh.

People live in accommodation which meets their needs. There is plenty of outdoor space for people to enjoy with comfortable seating. People told us they are looking forward to summer barbeques resuming. People can personalise their rooms and can make suggestions for communal areas. For example, some people asked for bird feeders to be put in the garden and they told us how they enjoy watching the birds now these are in place.



Care & Support

Good

People's personal plans are strengths based, clearly recording what people can do for themselves, as well as their preferences, routines and beliefs. Personal plans start with one-page profiles which give a clear picture of the person. They detail people's daily routines, and how they like to spend their time. This means care staff have clear instructions which enable them to deliver person centred care. They can follow the personal plans to help them identify if someone is distressed or agitated and the best way to support them at these times. We saw care staff know people well and they were proactive in identifying people's care and support needs during our inspection. The manager ensures a thorough pre assessment is completed before people move into the service, and this includes consulting professionals and family members. This was an area for improvement at our last inspection which has now been met. People, along with their families are involved in developing, and reviewing their personal plans.

Care staff ensure people are referred for care and treatment at the right time and the recommendations of healthcare professionals are followed. We received a feedback questionnaire from a healthcare professional which stated, "*All members of the team are approachable and helpful and have good communication with our team. The service is approachable and are willing to take on advice and guidance and we work well together.*" We spoke with a healthcare professional who told us communication with the service was much improved since our last inspection. We found this area for improvement from our last inspection has been met.

People feel safe, secure and know staff understand and act in accordance with their safeguarding responsibilities. When people experience incidents, such as falls, appropriate records are maintained with post falls monitoring checks undertaken regularly. There are safe systems in place for the monitoring and administration of medication. This includes monitoring of any medication which is taken 'as required' to ensure it is effective and given at the optimum dose. We saw people are supported to take positive risks which will increase their independence. Risk assessments are in place for any relevant areas identified in personal plans and these are reviewed regularly to ensure they are up to date.



Environment

Good

People's needs are considered in the layout of the home, allowing access to a good variety of communal and private spaces in which people can spend time alone, or entertain visitors. We saw people moved around to make use of the different areas of the home during our inspection. There are several dining areas throughout the home, with a large table in the dining room, and some smaller tables in other rooms. People have chosen places to sit for meals, marked with place names. We found these arrangements help make mealtimes a positive experience. During our inspection, there was a lot of chatter and laughter around the large dining room table before lunch arrived, whilst other people were sitting quietly and contentedly in smaller groups. People have access to beautifully maintained gardens with comfortable seating, with a choice of sunny and shaded areas. There is a barbeque area and people, relatives and staff told us this is well used in the summer. There are some raised vegetable planters and people told us they were looking forward to planting now spring has arrived. The service is homely and comfortable throughout. We saw people can personalise their rooms, and have brought furniture, photos and objects of sentimental value from home. There are bilingual signs and people's names are on bedroom doors, along with pictures they have chosen, to help them orientate around the building. People have access to the specialist equipment they need to help them mobilise around the home.

The service provider ensures the service is compliant with current legislation and national guidance in relation to health and safety and fire safety. An annual fire risk assessment is completed, and regular servicing of fire safety equipment is undertaken. People have clear and detailed personal emergency evacuation plans, so it is clear what support they require in the event of an emergency evacuation. We saw evidence of electrical and boiler safety checks, and electrical appliance testing. There are records of regular water safety checks to reduce the risk of legionella. The RI checks records of all health and safety checks and servicing as part of their formal three-monthly visit to the service to ensure nothing is missed. The service has a food hygiene rating of four, which is a good rating from the Food Standards Agency.



Leadership & Management

Good

The RI has good oversight of the service and their governance arrangements foster a positive and compassionate culture in the service. They are “hands on” and know both care staff and people well. On the day of our inspection, they assisted care staff in serving lunch to people. We saw them engaging with people throughout the day. The RI visits the service most days and completes a more formal three-monthly visit to ensure the service is running smoothly. They ensure they speak to both people and care staff for their views, as well as inspecting the premises and reviewing a selection of records. The manager completes regular audits, including medication and infection control audits. Recently completed audits have not identified any issues or concerns. They also complete monthly falls analysis, which helps them to identify any patterns or trends. A six-monthly quality of care report is completed which considers what is working well and provides anonymised examples of good practice. It also considers any areas for improvement and development. People and staff told us the manager and RI are approachable and they are confident to offer feedback on the service or raise concerns. They told us any issues or concerns would be dealt with appropriately.

The service provider makes sure there are enough suitably qualified and trained staff to deliver good quality care and support. Recruitment checks for new staff are thoroughly completed, and we saw evidence of disclosure and barring service (DBS) and reference checks. Care staff receive regular supervision and an annual appraisal, to help identify any training and development needs. We saw care staff are up to date with their core training and have also received training in specialist needs such as diabetes, pressure area care and stroke awareness. The manager completes regular medication competency checks with care staff to ensure safe practices are being followed. The manager is booked onto training to enable them to deliver moving and handling training to care staff. This will make this training easier to access. Care staff are supported to develop, and some hold ‘champion’ roles, taking a lead in specific areas of care delivery. Care staff told us they are happy in their roles and are supported to have a good work/life balance. We received twelve feedback questionnaires from care staff about their experience working for the service, which were all positive. Some of their comments included, “*Management are easily approachable if I have any concerns, I feel rest assured I can talk to them confidentially.*”, and “*We are one big family at the home and all our residents are always put first which is how it should be.*”

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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