

# Warrington Borough Council

# Padgate House

## Inspection report

Vulcan Close  
Padgate  
Warrington  
Cheshire  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Padgate House is a single-storey 'care home' that provides intermediate care, nursing and rehabilitation for up to 31 people. Padgate House also supports up to four people requiring neurological rehabilitation.

The service provides short term support in an intermediate care setting to help people regain daily living skills and independence. At the time of the inspection Padgate House was supporting 35 people. The service is provided jointly by Warrington Borough Council and Bridgewater NHS Foundation Trust.

People's experience of using this service and what we found:

All staff were supported with a thorough induction and people told us they received effective care and support by staff who were familiar with their support needs. We did however find that not all staff were supported with annual refresher training. We recommend that the provider reviews and strengthens training compliance.

Quality assurance systems and processes were in place to monitor the quality and safety of care people received. Although, some areas require further review and assessment as to ensure people are receiving consistent high-quality, person-centred care.

People received medication support by staff who had been appropriately trained and regularly had their competency levels checked. However, we identified that not all prescription medications were safely stored as per medication policy. This was immediately addressed by the registered manager during the inspection.

Staffing levels and recruitment procedures remained safe. People received a safe level of care by appropriately recruited staff, staffing levels were closely monitored and people received support in a timely and effective manner.

People's level of risk was appropriately assessed, and effective support measures were put in place from the outset. Care records contained up to date and consistent information. There were effective systems in place to ensure all staff and records were updated with the most relevant and timely information about people's care and support needs.

People continued to live in a safe environment. Health and safety monitoring tools and checks were in place, regulatory compliance certificates were up to date and regularly renewed and people had personal emergency evacuation plans (PEEPs) in place.

People received person-centred care; the care and support they received was tailored around individual needs, wishes and preferences. People and relatives told us that staff were attentive, kind and delivered care that was considerate and compassionate. One person told us, "[The staff] are kind, patient and very helpful as well. They're very nice, personal but not over-familiar."

Safeguarding and whistleblowing procedures were safely in place. Staff understood the importance of keeping people safe and were familiar with the reporting procedures they needed to follow.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Dedicated physiotherapists and occupational therapists provided therapeutic support to people living at Padgate House. Therapeutic activities helped to build and develop people's confidence, independence and living skills. Some feedback suggested that more stimulating activities could be provided of a weekend.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was 'good' (published 22 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

# Padgate House

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an 'Expert by Experience'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Padgate House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered manager, one physiotherapist, one occupational therapist, one social worker, one nurse, six members of care staff, one external healthcare professional, 14 people who were receiving support and 11 visiting relatives.

We also looked at care records of three people receiving support, four staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

### Using medicines safely

- Medication processes and policies were safely in place. Although, we identified that not all medications were safely stored away. For instance, topical creams were not always locked away in people's bedrooms. The registered manager immediately responded to our feedback and mitigated risk.
- Staff received medication training and regularly had their competency levels checked to assess performance.
- Medication administration records (MARs) were appropriately completed. People were supported with their medications as per instruction and medication audits were routinely completed to assess compliance.

### Assessing risk, safety monitoring and management

- People's level of risk was assessed from the outset; support measures were implemented, and people received a safe level of tailored care and support. One relative told us, "The staff check on [my relative's] safety all the time."
- Care records contained individual support plans and provided staff with information about the management of risk.
- People's level of risk was regularly reviewed and assessed. Staff received important information about the people they supported in a timely manner.
- Environmental risk assessments and regulatory compliance checks were in place. People also had the relevant 'personal emergency evacuation plans' (PEEPs) in the event of an emergency.

### Staffing and recruitment

- Safe recruitment procedures remained in place.
- All staff were subject to the required pre-employment checks.
- Staffing levels were routinely monitored; people received a safe level of care from sufficient numbers of staff who were responsive to their needs. One relative said, "I think there's enough [staff]. If [my relative] rings the buzzer they're very quick at responding."
- We received positive feedback about staffing levels from people, relatives and staff we spoke with during the inspection. One person said, "There are plenty of staff around, even in the middle of the night."

### Systems and processes to safeguard people from risk of abuse

- Safeguarding and whistleblowing policies were in place.
- Staff were familiar with the importance of keeping people safe and complying with safeguarding reporting procedures.
- The registered manager had notified CQC and the Local Authority of any safeguarding incidents accordingly.

### Preventing and controlling infection

- Padgate House was clean hygienic and well-maintained.
- Infection control procedures were safely in place; routine audits meant that the environment was regularly monitored and assessed. One person told us, "It's always clean; they [staff] come and clean my little room for me every day."
- Personal protective equipment (PPE) and cleaning products were accessible as and when staff needed them.

### Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place.
- All accidents and incidents were appropriately recorded and reported; staff were familiar with the reporting procedure they needed to follow.
- Accident and incidents were routinely analysed, and trends were established as a way of managing and mitigating further risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Staff skills, knowledge and experience

- Training, leaning and development opportunities were available although we identified that not all Bridgewater NHS Foundation Trust staff had completed training courses that had been identified by the organisation.

We recommend that the provider seeks support from a reputable source to ensure staff training courses are completed in line with organisational requirements.

- Staff received a thorough induction and were also supported to complete 'The Care Certificate'. This is an identified set of standards that health and social care workers are expected to complete.
- Staff told us they were supported by the registered manager; supervision and annual appraisals were scheduled for all staff.

Adapting service, design, decoration to meet people's needs

- The service was designed and adapted to meet the needs of the people who were living there. However, some aspects of the home required attention. For instance, the décor was dated and appeared tired in some parts of the home.
- Such adaptations helped to rehabilitate people, develop people's confidence and independence in preparation for the transition back to community living.
- People had the opportunity to access four spacious communal lounges and dining areas at Padgate House.
- People were encouraged to make their living space as comfortable and homely as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

- The provider was complying with the principles of the MCA. People's level of capacity was determined, and where possible people were supported to make decisions about their day to day support needs.
- People were not unlawfully restricted. Processes were in place to ensure decisions were made in the persons 'best interest' and the necessary DoLS applications were submitted to the Local Authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The care people received was tailored around their individual support needs and in line with best practice and guidance.
- People received timely and effective care. A team of dedicated, skilled and experienced staff members worked 'in-house' to provide the support people needed. For instance, Warrington Borough Council provided in-house social workers and Bridgewater NHS Foundation Trust provided in-house nurses, occupational therapists and physiotherapists.
- Care records also confirmed that people received holistic support from external healthcare professionals such as GP's and district nurses.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration support needs were established from the outset.
- Support plans contained information about the dietary support needs people required.
- Staff were familiar with people's dietary support needs and specialist diets were accommodated and catered for.
- People were supported with choice and encouraged make decisions around the food and drink they could have. One person said, "[The food is] absolutely excellent. I've always been highly satisfied."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated, supported and received respectful and dignified care. One person told us, "[The staff] are kind, patient and very helpful as well. They're very nice, personal but not over-familiar" and "The staff are caring, kind, considerate; never surly or moody at all."
- Staff were observed providing kind and compassionate care that was tailored around individual support needs. One external healthcare professional also told us, "I've seen the difference they make here; some amazing things. The staff are caring and they know what they're doing."
- Staff knew the people they supported well; it was clear during the inspection that positive relationships had developed between staff and people living at the home.
- Equality and diversity support needs were assessed from the outset. Measures were put in place to provide the correct level of support people needed.

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to share their views about the provision of care being provided.
- Care records also indicated that people were supported to make decisions about the care and support they needed. One person said, "[The care plan] was in a blue folder. I was asked what kind of food I like, what kind of life I like. Things that feed into your day to day living."
- A number of processes were in place to establish the thoughts and views of people who were living at Padgate House. 'Resident' meetings were taking place and quality assurance questionnaires were completed.

Respecting and promoting people's privacy, dignity and independence

- Confidential and sensitive information was safely stored and protected in line with General Data Protection Regulations (GDPR).
- People's privacy and dignity was maintained and promoted. People told us that staff provided dignified care that was tailored around them; the SOFI tool also confirmed this.
- Staff supported people to develop and build on their confidence and independence. One person told us, "The staff get you practising on the stairs. For example, they've [staff] have given me a walking frame to use here and to take home."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was no dedicated activities co-ordinator at Padgate House, but people participated in a range of different therapeutic activities as part of the intermediate care and rehabilitation they needed. We received some feedback to suggest that more stimulating activities could take place over the weekend.
- We observed people participating in different therapeutic activities that helped support their independence, confidence and day to day living skills.
- People were supported to maintain positive relationships. Relatives were welcomed into the home and encouraged to support their relatives in their recovery.
- We received positive feedback about the influence therapeutic activities were having on the progress people were making. One relative told us, "My [relative] has come on wonderfully since being here; It's been quite miraculous, the improvement; everyone who's been to visit has been astounded at the change."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored around their individual support needs.
- Care records contained specific information that enabled staff to familiarise themselves with the likes, needs and preferences of the people they were supporting. For instance, care records contained information about people's individual goals and how they wanted to achieve these.
- Padgate House provided a holistic level of support in relation to the intermediate care needs people needed. Dedicated and skilled members of staff helped to promote independence and support choice and control.
- People's cultural, and social support needs were assessed and supported from the outset.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication support needs were assessed from the outset.
- Care records contained 'communication' support plans which indicated the level of support people needed.
- 'Easy read' material and alternative formats could be provided upon request.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints procedure in place.
- People and relatives were provided with complaint procedure information. One person told us, "I have no complaints; I'm 101% happy with what they do here." One relative also said, "We have no complaints, the opposite in fact, but if I had, I would ask one of the senior nurses about seeing someone in charge."
- The registered manager maintained a comprehensive log of all complaints that had been submitted; these had been responded to in line with organisational policy.

#### End of life care and support

- The provider did not provide any 'end of life' care to people who received support from Padgate House.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as 'good.' At this inspection this key question has deteriorated to 'requires improvement.' This meant the service management and leadership was not always consistent and some areas of improvement were required

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place; although the registered manager needed to ensure that audits and checks were appropriately monitoring and assessing the quality and safety of care people received. For instance, medication and staff training compliance needed reviewing and strengthening.
- Environmental improvements were required to improve the quality and standard of the home. Quality assurance systems did not identify some of the areas of improvement that were required in relation to the décor.
- We received feedback to suggest that activities could be improved, particularly over the weekend. Feedback and suggestions had not been captured in relation to this provision of care.
- Accident, incidents and safeguarding referrals were investigated, and lessons were learnt where possible.
- The registered manager and staff team understood the importance of delivering high quality, person-centred care and were committed to providing the care people needed.
- The registered manager was aware of their regulatory responsibilities; the relevant statutory notifications were submitted to CQC accordingly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open, transparent and complied with the duty of candour responsibilities when adverse incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager attempted to engage people, relatives and staff in the provision of care being delivered.
- 'Resident' and staff meetings took place and people had the opportunity to complete quality assurance questionnaires.
- Equality characteristics were assessed and established from the outset; the relevant support measures were appropriately implemented.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at Padgate House; people confirmed that they received person-centred care in

an open and inclusive way.

- People's goals and outcomes were discussed from the outset. Padgate House staff helped people to achieve their goals and aspirations. One member of staff told us, "It's excellent care, fantastic level of care, we promote independence" and "Some people progress really quickly, progress can be fantastic."
- People and relatives were encouraged by the amount of support staff provided at Padgate House. Comments we received included, "This is the ideal place. It has such a good reputation and I'd say it's very good" and "When I knew [my relative] was coming here, I knew I could relax."

Working in partnership with others

- People received a holistic level of care; a good level of partnership work took place between Padgate House, 'in-house' therapy teams and external healthcare professionals.
- Effective partnership working meant that people's overall health and well-being was monitored, reviewed and improved upon in the time they spent at Padgate House.