

# Warrington Borough Council Padgate House

## Inspection report

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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 

### Overall summary

This inspection was unannounced and took place on the 19 January 2015.

The service was previously inspected in May 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Padgate House provides intermediate care and nursing support for up to 31 people and a further four people requiring neuro rehabilitation. The service provides short term support for up to six weeks in a residential setting to help people regain daily living skills and independence.

The service is provided jointly by Warrington Borough Council and Bridgewater Community Healthcare. On the day of our inspection the service was providing accommodation and nursing care to 35 people.

At the time of the inspection there was a registered manager at Padgate House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, people receiving intermediate care at Padgate House were observed to be comfortable and relaxed in the presence of staff. We observed interactions between staff and people using the service to be kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

People using the service spoke highly of the standard of care provided. Comments included: "They always ask permission to do things with you and explain what is going to happen", "They do everything I need. They are always there to help you and I think they are very good"; "They are lovely with you, they call you by your name and from top to bottom it's been very good"; "The staff are very good. They are always explaining where you are going wrong with your walking and put you right. They are absolutely marvellous. They always knock before they come into my room, they respect my privacy" and "They are trying to get me back on my feet and walking again. I'm happy with the way they treat me, they are very friendly and very nice".

Examination of records and discussion with staff confirmed staff had access to formal supervision and a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions.

We saw that there were corporate policies and procedures in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS) and staff had access to training in this area. This helped to safeguard the rights of the people using the service.

A range of auditing systems had been established to monitor and develop the service. There were also arrangements in place for people at Padgate House to be consulted about their opinions via monthly meetings and to provide feedback via questionnaires on the service provided.

It became clear from discussions with staff that some staff felt there was potential to improve integration between staff employed by the registered provider (Warrington Borough Council) and Bridgewater Community NHS trust. For example, two staff spoken with described the service as "Disjointed" and "Fractured". Likewise, there was scope for the development of more centralised records and management information systems.

# Summary of findings

## 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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding and were aware of the procedures to follow if abuse was suspected.

People we spoke with at Padgate House confirmed they felt safe from harm living in the home.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service at Padgate House and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



### Is the service effective?

The service was effective.

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had also received training in respect of these provisions.

Staff working at Padgate House had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

People using the service spoke highly of the standard of catering at Padgate House.

Good



### Is the service caring?

The service was caring.

Staff had received training on person centred support as part of their training. This training helped them to understand how to provide person centred care and to respect people as individuals.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed by staff at Padgate House.

The service employed an activities coordinator to provide a range of individual and group activities for people living within the home.

People living at Padgate House received access to a range of health care professionals (subject to individual need) from the various professionals who worked at or visited Padgate House.

**Good**



## Is the service well-led?

The service was not always well led.

Systems to enable better Integration of staff employed by the registered provider (Warrington Borough Council) and Bridgewater Community NHS trust were in need of review.

Likewise, there was a need for the development of more centralised records and management information systems.

**Requires Improvement**



# Padgate House

## Detailed findings

### Background to this 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 provider was 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.

The inspection took place on 19 January 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors 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, in this case of people in need of rehabilitative care.

Before the inspection we looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any

information the provider had to notify us about. We invited the local authority to provide us with any information they held about Padgate House. We took any information they provided into account.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the site visit we spoke with 10 people who used the service; six relatives; the lead medical practitioner; head of intermediate care; head of commissioning; three health care professionals; one social worker; one care assistant and a cook.

Furthermore, we met with the registered manager of Padgate House. We spent time with people in the communal lounges and in their bedrooms with their consent. The expert by experience also joined one group of people for lunch.

We looked at a range of records including: four care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

# Is the service safe?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Padgate House to be safe.

People spoken with confirmed they felt safe and secure at Padgate House and were well-supported by staff who had the necessary skills to help them with their rehabilitation. For example, we received comments such as: “I feel very safe and secure here, they spoil you. The staff are properly trained, I’ve not come across this kind of place before. They encourage you and give you physical support and I’m making good progress”; “The staff train you to use the equipment properly and safely”; “I feel safe here. I have physio every day here more or less. They help me with using my arms to help me sit up; I’ve lost both my legs below the knee you see”; “I’ve started dealing with my medication myself since my discharge date was set. I’m able to see to myself now and feel better about going home” and “I self-medicate now as I should be going home tomorrow”.

People using the service also reported that there were enough staff on duty to meet their needs. Feedback received included: “I get on very well with all the staff. They are always there to help you and they are very good”; “They are always there if you need them, at night time they come and check on you regularly. I don’t sleep so well, so I hear them at the door. If I need to use the buzzer they come quickly and if they need two to help you they always get someone else”; “I’m still not very mobile so I always have to use the buzzer to get help and when I do they are there right away. I dropped my buzzer on the floor once and couldn’t reach it, but they noticed when they came to check on me and picked it up for me” and “There are enough staff to see to me. I spend most of my time in here, in my room and they always come straight away when I press the buzzer”.

We looked at four care plans for people who were receiving intermediate care at Padgate House and we saw that they contained a range of risk assessments relating to different areas of care relevant to each person. We found that these had been reviewed and updated weekly so that staff were aware of current risks for people using the service and the action they should take to minimise potential risks.

We saw that staff had completed malnutrition universal screening tool and therapy assessments, observation charts and weight records so as to identify any health and nutritional risks. We noted that systems were in place to involve multi-disciplinary team members such as GPs and other health care professionals linked to Padgate House when necessary.

At the time of our inspection the service was providing accommodation and nursing care to 35 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

We noted that the service had access to a mixture of staff employed by both Warrington Borough Council and Bridgewater Community NHS trust. Staffing levels across the four units had been set by the provider at four registered nurses and seven carers during the morning and three registered nurses and six carers in the afternoon. During the night there was one nurse and three carers on duty. A number of other support staff were employed in roles such as general assistants; catering; administration and maintenance. From what people told us, the care we observed and the records detailing staffing levels we could see that there were enough staff on duty to meet people’s needs.

Additionally, the service had access to a range of health care professionals including: physiotherapists; occupational therapists; therapy assistants; social workers; GPs and a consultant from the hospital.

We looked at a sample of staff files for three staff who had been employed to work at Padgate House. We saw that there were robust recruitment and selection procedures in place which met the requirements of the current regulations. In all files we found that there were application forms, references, health questionnaires, disclosure and barring service checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

A corporate policy and procedure had been developed by the provider (Warrington Borough Council) to offer

## Is the service safe?

guidance for staff on 'Safeguarding Adults'. A procedure for 'Whistle Blowing' was also in place for staff to refer to. No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

Discussion with the management team and staff together with examination of training

records confirmed the majority of care staff employed at Padgate House had completed 'safeguarding adults' training. However, there was evidence that only one member of the nursing staff had completed safeguarding adults training. Records relating to nursing staff indicated that the majority of nurses had completed either level one and / or two training in safeguarding children to help them understand how to recognise and respond to abuse.

The management team and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We viewed the safeguarding records for Padgate House. There was no tracking log in place to provide an overview of safeguarding incidents, action taken or outcomes.

Discussion with the registered manager and examination of records revealed that there had been two safeguarding incidents in the past 12 months. Records viewed were not well organised and some had to be located during the inspection to confirm that the safeguarding concerns had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures. Although they had been referred to the local authority they had not been notified to CQC as required.

The registered manager was able to provide evidence that she had completed notifications but later identified that she had been sending safeguarding and other notifications for CQC to an incorrect email address. Action was taken during our inspection to address this issue.

We checked the arrangements for medicines at Padgate House with a registered nurse. A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records to assist staff in the correct identification of people who required medication. We noted that systems were in place to periodically monitor and review the competency of nursing staff responsible for administering medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that staff referred to the medication policy developed by Bridgewater Healthcare NHS trust, a copy of which was available in the nurse's office for reference. This policy helped staff to understand their role and responsibilities when handling medication.

We observed the administration of medicines by a nurse during our visit. Medication was stored in a lockable cabinet in each person's room. Separate storage facilities were in place for controlled drugs and medication requiring cold storage.

We saw that a record of administration was completed following the administration of medication in each instance on the medicines administration record (MAR). We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record fridge temperature checks; medication disposal and incidents concerning medication. Additionally, medication audits were undertaken every month to monitor practice and safeguard the health and safety of people using the service.

Arrangements were in place to support people to manage their medication independently should they wish to.



# Is the service effective?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Padgate House to be effective. We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider.

People using the service spoke well of the food at Padgate House and considered there was enough choice and variety of wholesome nutritional food. Comments received included: "The food is definitely very good, its plain, but I don't like anything fancy. There's always some choice, so if you don't like what's on the menu they will offer you something else. There's a good variety of different kinds of food and they bring drinks round throughout the day"; "The food is very good; they certainly fill you up here. The main meal is in the evening, which is what I am used to and there's plenty of choice. They come round and tell you what's on and if you don't like it they will offer you something else"; "The food here is beautiful and you always have a choice of what you want to eat"; "The food has been very good, there has been some choices for every meal, maybe less choice at lunchtime, but it's been good having a cooked option at breakfast, I wouldn't bother with that at home" and "The food here is lovely, I went off my food in hospital, but here I soon got my appetite back. They come round and ask what you want from a couple of choices".

Each of the four units within Padgate House had dining areas which were provided with food from a central kitchen. Meals were transported to each of the units via hot trolleys.

We spoke with the cook and noted that information on the preferences and special dietary requirements of the people using the service had Padgate House had been obtained for catering staff to reference. We observed that food was served to people in accordance with these special requirements during meal times.

A four week rolling menu plan was in operation at Padgate House, copies of which were displayed in the dining areas for people to view. The menus offered an alternative choice of meal at each sitting.

During the inspection a lunchtime meal was observed in one of the dining areas where six people were sat at tables. All people were given a small choice of main meal, dessert and hot drinks. Nobody was seen to require assistance with

eating or drinking and the meal was conducted in a relaxed and calm atmosphere with exchanges of conversation between the people on each table. People were offered extra helpings and were encouraged to be as independent as possible. People were observed to compliment the food as they left the table.

The most recent local authority food hygiene inspection was in February 2014 and Padgate House had been awarded a rating of 5 stars.

Padgate House was divided into four units offering 31 intermediate care beds operated in partnership with Warrington Borough Council and Bridgewater Community Healthcare Trust and four neuro-rehabilitation beds operated by Warrington Hospital Trust.

The accommodation was all on one level and bedrooms offered single accommodation with vanity units. Communal bathrooms and toilets were situated within close proximity of lounges and bedrooms. Lounge areas were equipped with televisions, radios, each chairs and a kitchen diner area. The kitchen dining areas were all equipped with a fridge, microwave, electric kettle and toaster. This enabled people to be able to prepare hot drinks, snacks and breakfast at any time. People were noted to have access to a range of individual aids and adaptations.

We reviewed training records for staff working within Padgate House. We found that records were not centralised as they had been developed separately for staff employed by Warrington Borough Council or Bridgewater Community Healthcare NHS Trust. Likewise, it was difficult to assess the overall completion rates for individual training courses as the information was presented to us in a list format for individual staff rather than an overall training record

Examination of records and discussion with staff employed confirmed staff employed by the local authority and trust had access to a range of training to assist in their continued professional development. Examination of records and discussion with staff confirmed that they had also received formal supervisions at variable intervals

Examples of training completed by staff employed by Warrington Borough Council included subjects such as: welcome to social care (Induction training); common induction standards; fire awareness; health and safety; emergency aid; food hygiene; infection prevention and control; moving and handling; Mental Capacity Act;



## Is the service effective?

national vocational qualifications; equality and diversity; medication; dementia; safeguarding adults and other training relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager informed us that she had completed training in the Mental Capacity Act and DoLS and we saw that there were corporate policies in place relating to the Mental Capacity Act Code of Practice and DoLS code of practice. At the time of our visit to Padgate House there were no people using the service who were subject to a DoLS authorisation and no-one was subject to continuous supervision and control.

Examination of records confirmed that all intermediate care service users had a full medical assessment completed by their GPs which included a six part cognitive

impairment test. The test assists as an indicator to highlight either an existing or potential mental health issue. Dependent upon the issue, the service may then refer to Hollins Park for a mental capacity assessment to be undertaken.

We looked at care records to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. Care plans viewed had not been signed to confirm people or their representatives had agreed the details of any support required. Furthermore, in one case we noted that a relative had signed a consent to share information form and there was no evidence on file to indicate that the relative had Lasting Power of Attorney for personal welfare. This was raised with the registered manager who agreed to review this issue.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; hospital consultant; speech and language therapists; physiotherapists; and occupational therapists etc.

# Is the service caring?

## Our findings

We asked people using the service or their relatives if they found the service provided at Padgate House to be to be caring. Feedback received was positive and confirmed people were well cared for and treated with respect and dignity by the staff at Padgate House.

Comments received from people using the service included: “They always ask permission to do things with you and explain what is going to happen. Today I’m going to be practicing on the stairs, ready for when I go home. The staff always knock before they come into my room and wait until I ask them in. I think they do a wonderful job, a very caring job”; “They do everything I need. They are always there to help you and I think they are very good”; “They are lovely with you, they call you by your name and from top to bottom it’s been very good”; “The staff are very good. They are always explaining where you are going wrong with your walking and put you right. They are absolutely marvellous. They always knock before they come into my room, they respect my privacy”; “The staff here have treated me very well” and “They are trying to get me back on my feet and walking again. I’m happy with the way they treat me, they are very friendly and very nice”.

Likewise, feedback from relatives included: “We are all very happy about the way they treat people. It’s always respectful”; “Compared to some other places I have visited this is wonderful, they focus on rehab and getting them home”; “The staff are very good. They seem to really know what they are doing”; “The staff are really good. They come and tell me how things are going and when mum is likely to come home” and “My family will come later in the day, they can visit when they like, but better not to come when I’m eating”.

We spent time with people using the service and their relatives during our inspection of Padgate House. Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were

kind, caring and personalised. We also observed people’s choices were respected and that staff communicated and engaged with people in a polite and courteous manner and took time to explain.

Care files we looked at provided evidence that people had been involved in providing personal information however, care plans had not been signed to confirm people or their representatives had agreed the details of any support required. Systems were also in place to regularly gather the views of people who had used the service via satisfaction surveys.

We asked staff how they promoted dignity and privacy when providing care to people at Padgate House. Examination of training records and discussion with social care staff confirmed staff had received training on the principles of good care practice or person centred support as part of their induction training. This training helped them to understand how to provide person centred care and to respect people as individuals. It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people’s right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

We found the registered manager had a good knowledge of the staff team and the people receiving intermediate care, for example their personalities, needs and support requirements. Through discussion and observation it was clear that that there was good interaction and engagement with the people using the service and staff responsible for the delivery of care.

The information about people receiving intermediate care at Padgate House was kept securely to ensure confidentiality.

A statement of purpose and a service user guide was available for prospective and current service users to view. These documents contained a range of information about Padgate House, details of the services provided and how to make a comment or complaint.

# Is the service responsive?

## Our findings

We asked people who used the service or their relatives if they found the service provided at Padgate House to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual need.

Comments received included: “This is wonderful compared to some of the other places I have visited. They really focus on rehab and getting you home”; “I would say they treat me very well; they treat you as an individual”; “I had a brief discussion about the daily routine and what I should expect to happen with my therapy before I came in and I’m happy with the progress I have made”; “I came in here from hospital. I had pneumonia and went off my feet. They said I needed some therapy and that’s what I’m getting in here”; “I have no concerns or worries; they are doing everything they can for me. They are helping me get back to the kind of life I enjoyed before I broke my hip”; “I have no complaints about anything. If I want to know anything, I ask and they give me full explanation”; “I don’t know the detail of the complaints procedure, but there are only two things that could improve my stay, having an en-suite toilet and eating my main meal later than 4 pm, I’m not used to that”; “I have no complaints. Everything has been good since I came in” and “I have no concerns or worries at all”.

People spoken with also confirmed that they had access to health and medical treatment as they needed it. Comments received included: “I saw the doctor when I first came in and they come if there is something wrong with you. I have my regular physio session which helps me with my walking”; “I have physio every day, more or less. The doctor has been to see me, but there is nothing he needs to do”; “The speech therapist sees to me”; “The GP has been to see me, but I’ve seen more of the physio who has helped me with my sitting and standing practice. I can walk with sticks now rather than using the zimmer frame”; “I went off my legs, which is why I’m in here. I lost my mobility, but now I can get about with my zimmer frame”; “I had a very bad ulcer on my leg. They gave me antibiotics and treated the wound, my dressing has been done today and it’s improved a lot” and “The staff have had good training and I’ve been encouraged and supported by the staff. I needed more support when I first came here, but now I can get about on my own”.

Likewise, feedback from relatives included: “I’m very happy with the care she has had here. The staff are very attentive and supportive”; “The care Mum’s had here has been really good; she has come on fantastically since she first came in. They got on top of her leg infection very quickly and she will be going home soon, it’s been great” and “He’s improved a lot since he came in here. He’s seen the physio twice now and his walking is improving already”.

Only one service user said they had any cause for complaint. The person reported: “I have my own room, which is cold sometimes so I told them about it. They came and looked at the radiator and tried to fix it”.

We looked at four care files and found copies of corporate documentation that had been developed by the provider. Files viewed contained a range of information including: assessments of immediate needs; therapy and medical assessments; test results; discharge summary notes; rehabilitation care / treatment plans; risk assessments; consent documentation and observation, weight, personal care and daily record notes. Other supporting documentation was also in place.

Overall, records viewed had been correctly completed and provided evidence that people’s needs had been assessed, planned for and kept under review.

A copy of Warrington Borough Council’s complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Additionally, a large print ‘make your experience count’ brochure had also been developed for people using the service to reference and details of how to complain had been included in the service user guide for Padgate House.

The file for complaints and concerns was reviewed. We noted that the complaint log was blank. Examination of records revealed that there had been six complaints in the last twelve months. Information on the action taken and outcomes of complaints was brief and was not available for three complaints that had been referred to Bridgewater Community NHS trust for investigation.

We received assurances from the registered manager that centralised records would be established and the outcomes of all future complaints recorded and followed up in writing to the complainant. This will help to ensure best practice and ensure a clear audit trail.

## Is the service responsive?

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Padgate House had one activity coordinator in post that was responsible for the development and provision of a programme of activities for people using the service. On the day of our inspection the activity coordinator was off sick and no activities were observed to take place. We noted that an activities programme was displayed on the notice board in each lounge for people to view. The programme detailed that Mondays were allocated for

hairdressing. Chair based exercises were planned for the morning activity from Tuesday to Friday each week. The afternoon session was open to suggestions such as music, local news, general crafts or board games. Likewise, guest speakers such as physiotherapists; neighbourhood workers; police community support officers and pets as therapy sessions were organised.

Key information about Padgate House was available in the reception area and documents such as the home's statement of purpose, service user guide and complaints procedure was available for people to reference in each person's room.

# Is the service well-led?

## Our findings

We asked people who used the service if they found the service provided at Padgate House to be well led. We did not receive any direct comments however feedback received confirmed people using the service were generally happy with the way the service was managed.

Padgate House had a registered manager in place that had been in post for approximately eight years. The registered manager was present during the day of our inspection and engaged positively in the inspection process. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them and a commitment to an “open door” policy from her.

It became clear from discussions with staff and examination of records that some staff felt there was potential to improve integration between staff employed by the registered provider (Warrington Borough Council) and Bridgewater Community NHS trust. For example, two staff spoken with described the service as “Disjointed” and “Fractured”. Likewise, there was scope for the development of more centralised records and management information systems.

We noted that an emergency plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place. These included: medication audits; care file audits; housekeeping and maintenance; dignity in care; infection control; incident reporting and safety thermometer reports (this monitors pressure ulcers, falls, catheter care and deep vein thrombosis). This enabled the registered manager to monitor the service and identify issues and areas for improvement.

We checked a number of test records relating to the fire alarm, extinguishers, emergency lights, fire drills and hoisting equipment for the premises and found all to be in good order. At the time of our inspection we were unable to

check certificates for serviceable equipment such as the fire alarm system, fire extinguishers, gas and electrical wiring etc as the file containing the certificates had been sent to the contractor for auditing.

Systems were in place to seek feedback from people using the service upon completion of their stay at Padgate House. The information was analysed on a quarterly basis and a report was produced. The results and any action required were also included in the annual report for Padgate House. It was clear from reading the questionnaire responses that the focus on rehabilitation was much appreciated by people who had used the service and according to comments had been crucial in gaining and consolidating the improvements they had made whilst in Padgate House.

We noted that daily handovers took place and that a range of meetings for clerical staff, care staff, night staff, full staff and general meetings were coordinated at variable intervals throughout the year. The manager reported that she also attended section meetings every fortnight with colleagues from Bridgewater Community NHS trust. We noted that the minutes had not been passed to the manager since October 2014.

Monthly meetings were also held with people using the service. We noted that an average of ten residents attended the meetings to discuss a range of issues including timings of meals, positive feedback about helpful staff members and the responsive approach from staff to issues raised at previous meetings.

The registered manager is required to notify the CQC of certain significant events in the home. We noted that the manager had kept a record of these notifications however records held by CQC revealed that we had not received the notifications. The registered manager later identified that she had been sending safeguarding and other notifications for CQC to an incorrect email address. Action was taken during our inspection to address this issue.