

# Warrington Borough Council

# Padgate House

## Inspection report

Vulcan Close  
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Warrington  
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11 July 2017

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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?	Good ●

# Summary of findings

## Overall summary

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 33 people.

At the last inspection the service was rated overall good. At this inspection we found the service remained good.

People continued to remain safe from the potential harm of abuse or ill-treatment as staff knew how to recognise and respond to such concerns. People were supported by enough staff to meet their needs. People received their medicines safely.

The provider followed safe recruitment procedures when employing new staff members.

Staff members had the training and skills to meet people's individual needs.

People had care and support plans that reflected areas of their lives which they needed assistance with. When changes occurred in people's needs these care and support plans were reviewed to reflect the changes.

People were supported to have choice and control over their lives. They were assisted by staff in the least restrictive way possible. Staff were aware of current guidance which directed their practice and people's human rights were protected by the staff who supported them.

People received support that continued to be caring and compassionate. Their privacy and dignity was valued by those providing assistance. People were supported by staff at times when they felt anxious or nervous.

Staff members knew people's support needs and assisted them in the manner they preferred. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

The management team were approachable and supportive. People were encouraged to be involved in decisions about Padgate House and their suggestions were valued by the provider.

Staff members felt valued as employees and their opinions and ideas were listened to by the provider. The provider had systems in place to monitor the quality of service and where necessary made changes to drive improvements.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service is Good	<b>Good</b> ●

# Padgate House

## **Detailed findings**

### **Background to this inspection**

This inspection took place on 10 and 11 July 2017 and was unannounced.

This inspection was completed by one inspector, one specialist advisor (Nursing) and one 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

In addition we asked Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with 18 people, three visitors, one occupational therapist, four care staff, the clinical lead, the operations manager, the head of intermediate care, and the chef. Following the visit to the location we spoke with the registered manager on the phone on 13 July 2017.

We looked at the care and support plans for five people including assessments of risk and records of medicine administration and weight monitoring. We confirmed the safe recruitment of two staff members.

## Is the service safe?

### Our findings

People told us they continued to be protected from the risks of ill-treatment and abuse whilst staying at Padgate House. One relative said, "I can go away happy knowing [relative's name] is well looked after." Staff members told us they had received training on how to identify and respond to any concerns of abuse. We saw information was available for people, visitors and staff on how to report any concerns they had. We saw that the registered manager had made appropriate notifications to the local authority in order to keep people safe.

People we spoke with told us they were safely supported during their time at Padgate House. One person told us about previously feeling frightened moving around before they came to stay at Padgate House. Since staying there they felt safe they said, "Staff were always around to support me whenever I went for a walk."

Risks associated with the environment or with equipment had been identified and steps taken to minimise the risk of harm. We saw one small area of carpet had been slightly damaged by the door. We saw this was identified and passed to the maintenance team to remove any risks to people. We saw assessment of risk for people including eating and drinking, skin integrity and falls. Staff we spoke with knew what to do to keep people safe.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. This included updating the risk assessments and informing staff members of any changes.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. One person said, "Staff are always around when you need them." The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People told us they received their medicines when they needed them. Staff members were trained and assessed as competent before assisting people with their medicines.

## Is the service effective?

### Our findings

People told us they continued to be supported by a skilled and knowledgeable staff team. One person told us, "They (staff) are able to explain things to us in a way we can understand. It gives us confidence they know what they are talking about." Another person said, "(Staff) are all on the ball."

New staff members working at Padgate House had a structured introduction to their role. This included training and working alongside more experienced staff. Staff members we spoke with told us they felt supported by their colleagues and also by the management team. One staff member said, "(Colleagues) have the time to explain what something is or why it needs doing. This helps my professional development as I can always ask about something if I don't quite understand it."

We saw staff members sharing information appropriately between themselves and other healthcare professionals responsible for supporting people. This information sharing assisted people to receive consistent support whilst at Padgate House. Daily meetings were held where any medical or therapeutic interventions were discussed to ensure people received coordinated care.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems at Padgate House supported this practice. People told us, and we saw, that staff asked for people's consent before they helped them.

Staff we spoke with understood what to do if someone could not consent to their own care. This included making sure decisions were made in people's best interests to protect their individual rights. When required, this included involving families and other healthcare professionals in order to make decisions in people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection the provider had not needed to make any such applications. However, we saw details that appropriate applications had previously been made when it was required.

People told us, and we saw, that they were supported to have enough to eat and drink to maintain their well-being. People we spoke with said they had a choice of what to eat. One person said, "I am so looking forward to the steam pudding later, it's my favourite." Another person said they didn't like what was offered. We then saw they were provided with an alternative which they ate. We saw specialist diets, including soft foods or diabetic diets, were catered for.

People had access to healthcare services when they needed it. This included access to GP's and specialist therapeutic services.

## Is the service caring?

### Our findings

People told us that they continued to be supported by a caring and compassionate staff team. One person said, "Staff are lovely, can't do enough for you, they encourage you." People and relatives described staff as, "Lovely," "Great" and "Compassionate." One person said, "They (staff) are so kind and gentle. I call them my angels."

We saw people receiving appropriate praise for achieving goals which included increasing their mobility and independence. One person told us, "I have just been congratulated for making it as far as the lounge today. Yesterday I only made it to my bedroom door."

We saw people received support from staff members when they started to become anxious or nervous. One person was being assisted to transfer between chairs. They expressed uncertainty to the staff supporting them. Staff reassured them and supported them throughout the manoeuvre. The staff member checked with them what it was that made them nervous and encouraged them to express how they felt.

People told us they were involved in making decisions about their care which included how they wished to be supported and what they wanted to eat. Staff members encouraged people by presenting choices to them in a way they would understand. For example, we saw one person being presented with two different drinks for them to decide which one they wanted. The staff member explained to us that the person had some difficulty making decisions. By presenting a limited choice the person was able to focus more and make an informed decision. We saw this person making a definitive decision regarding what they wanted.

People's privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them.

People's private and personal information was kept confidential and stored securely.

## Is the service responsive?

### Our findings

People, and when needed their relatives, were still involved in the development of their own care and support plans. The care and support plans we saw were individualised to the person they related to and included information that reflected their needs and aspirations. For example, we saw one person had lost confidence following a fall at home which had resulted in an injury. Their goal was to return home and live independently. We saw this person being supported by staff members to increase their independence with the use of a walking aid. This person told us, "I am motoring around now with this thing (walking aid)."

We saw staff members talking with people about shared interests and places they had in common. Staff members took an interest in those they supported which encouraged people to talk and express themselves. For example, when discussing about where they lived one person expressed that they might need a grab rail to help them in their bathroom. The staff member was able to reassure them and asked if they wished for them to have this looked at as part of their home visit. The person agreed and this was recorded. Staff members we spoke with knew the needs of those they supported and took an interest in them as individuals.

People regularly reviewed their care and support plans with the staff members assisting them. Any changes in needs were assessed and when needed additional support was requested from the appropriate healthcare professional.

At this inspection Padgate Houses' regular activities coordinator was not available. However, we saw people engaged in activities including socialising with friends and families, trips out to the local shops and visits to the library. However, some people told us they felt more could be done to stimulate them further. The registered manager and operations manager explained that a range of activities were usually offered. However, owing to unforeseen circumstances these had been limited for a couple of days. We saw people had access to a range of puzzles, games and reading materials should they wish.

People told us they knew how to raise a complaint or a concern if they needed to do so. We saw information was available for people directing them on how to express any concerns or compliments. The provider had systems in place to respond to concerns which included investigation and contact with those involved.

## Is the service well-led?

### Our findings

At the last inspection in May 2015 we identified that Padgate House needed to make improvements in how it was managed. This concerned the integration of staff employed by the registered provider (Warrington Borough Council) and Bridgewater Community NHS trust. At this inspection we found that improvements had been made. Staff we spoke with told us that regardless of who employed them they "Worked at Padgate House." One staff member told us, "We are one team here and that is a Padgate House team."

People were encouraged to be involved in the service they received and contributed to decisions regarding their own home environment. People told us they had regular resident meetings. However, owing to the nature of their stay they only had opportunity to attend one or two such meetings. We saw details of these discussions were available to people and visitors in the reception area. People had the opportunity to suggest improvements. For example, People commented that mealtimes were too close together. As a response the lunch and dinner menu was changed to accommodate people's suggestions. In addition people and their relatives were encouraged to complete satisfaction surveys commenting on their experiences whilst staying at Padgate House. Results of these surveys were available in communal areas.

Padgate House had good ties with the local community. We saw people going out and about and maintaining their independence by attending local community facilities. Padgate House was also being supported by a national supermarket chain to develop their garden area to make it more accessible for people.

Staff members felt valued by the registered manager and provider. Regular staff meetings were held which encouraged discussion and suggestions. For example, one staff member told us following one such discussion a daily "Huddle" meeting was started. This helped health professionals share information important to people's recovery and therapy.

The registered manager and the provider undertook regular checks to drive quality. These included "mock" inspections. When needed, changes were made to improve the experiences of people. For example, during one such "mock" inspection a concern regarding the displaying of people's names was identified. At this inspection we saw that action had been taken and information was kept confidential.

A registered manager was in post but owing to pre-arranged annual leave was not present at this inspection. We spoke with them on the phone following our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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. They understood the requirements of registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.