

## Withins (Brightmet) Limited

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### Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The unannounced inspection took place on 19 August 2015. At the last inspection the home was found to be meeting all regulatory requirements inspected. Withins (Brightmet) Limited is a purpose built home providing accommodation and care for up to 65 adults. The home is located in a residential area in Brightmet, about two miles from the centre of Bolton.

There was a registered manager at the home. 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.

We asked people who used the service if they felt safe and they told us they did. The service had an up to date and relevant safeguarding policy and procedure and staff

# Summary of findings

demonstrated a good working knowledge of the procedures. The service had a robust recruitment procedure and staffing levels were sufficient to meet the needs of the people who used the service.

Emergency procedures were in place and checks were carried out regularly to ensure these were appropriate. Security at the home included well regulated CCTV in communal areas to help ensure the safety of those who used the service.

We observed a senior member of staff on a medicines round. We saw that safe systems were in place for the ordering, administering, storage and disposal of medicines.

People who used the service said the food was good and we saw that there was plenty choice. Staff induction was robust and included mandatory training, shadowing and access to appropriate policies and procedures. Further training was on-going and staff were encouraged to access training throughout their careers.

Care plans were thorough and easy to follow. They included relevant documentation, including monitoring charts. People told us they were involved with their care plans, but the documentation around this was minimal.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good working knowledge of capacity issues and DoLS.

People who used the service and their relatives felt staff were kind and caring. We observed care delivery during the day and saw that there was a friendly and comfortable atmosphere and interactions between staff

and people who used the service were pleasant. Consent was sought for all interventions offered. Information about the service was available via the home's website and there was a brochure produced by the service.

Some people who were being cared for were nearing the end of their lives and families told us they were impressed by the kindness and compassion of the staff and the home's commitment to ensuring people's end of life wishes were respected.

The service employed two members of staff who were dedicated to providing activities at the home. There was evidence that events and activities took place on a regular basis and we saw that people who used the service and their families were actively encouraged to participate.

Care plans were person centred and individualised and people were encouraged to personalise their rooms and to follow their own interests and hobbies.

There was an appropriate, up to date complaints policy. People told us they had no complaints, but were confident any concerns would be dealt with promptly.

The registered manager was present in the home for much of the time both during the week and at weekends. People who used the service, visitors and staff told us the management were always approachable.

There were regular residents' meetings and surveys to provide forums for people to offer suggestions and raise concerns.

A number of audits and checks were completed but the quality of these varied and some were merely tick lists with no documentation of follow up to issues raised.

Staff were able to approach the management any time for support and assistance.

# 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.

We asked people who used the service if they felt safe and they told us they did. The service had an up to date and relevant safeguarding policy and procedure and staff demonstrated a good working knowledge of the procedures.

The service had a robust recruitment procedure and staffing levels were sufficient to meet the needs of the people who used the service.

Emergency procedures were in place and checks were carried out regularly to ensure these were appropriate. Safe systems were in place for the ordering, administering, storage and disposal of medicines.

Good



### Is the service effective?

The service was not consistently effective.

People who used the service said the food was good and there was plenty choice. Staff induction was robust and further training was on-going and staff were encouraged to access training throughout their careers.

Care plans were thorough and included relevant documentation. People told us they were involved in their care plans, but there was little documentation to evidence this.

Formal supervision sessions were few and far between, but informal support was offered on a day to day basis.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Requires improvement



### Is the service caring?

The service was caring.

People who used the service and their relatives felt staff were kind and caring.

We observed care delivery during the day and saw that there was a friendly and comfortable atmosphere and interactions between staff and people who used the service were pleasant. Consent was sought for all interventions offered.

Information was available via the home's website and there was a brochure produced by the service.

Some people were being cared for at the end of their lives and families told us they were impressed by the home's commitment to ensuring people's end of life wishes were respected.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

There were two members of staff dedicated to providing activities at the home. There was evidence that events and activities took place on a regular basis and we saw that people who used the service and their families were actively encouraged to participate.

Care plans were person centred and individualised and people were encouraged to personalise their rooms and to follow their own interests and hobbies.

There was an appropriate, up to date complaints policy. People told us they had no complaints, but were confident any concerns would be dealt with promptly.

Good



## Is the service well-led?

The service was well-led.

The registered manager was present in the home for much of the time both during the week and at weekends. People who used the service, visitors and staff told us the management were always approachable.

There were regular residents' meetings and surveys to provide forums for people to offer suggestions and raise concerns.

A number of audits and checks were completed but the quality of these varied and some were merely tick lists with no documentation of follow up to issues raised.

Staff were able to approach the management at any time for support and assistance.

Good



# Withins (Brightmet) Limited

## 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 was planned to check whether the 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.

The unannounced inspection took place on 19 August 2015. The inspection team consisted of two adult social care inspectors from the Care Quality Commission 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.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We also reviewed information we held about the home in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

Before the inspection we contacted four specialist health and social care professionals, who visited the service regularly, to ascertain their views on the service and whether they had any concerns.

During the inspection we spoke with nine people who used the service, eleven relatives, five staff members and one professional visitor. We observed care within the home and reviewed records including eight care files, six staff personnel files, policies and procedures, meeting minutes and audits held by the service.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe at the home. One person said, "I have been here four years, and I feel very safe here. I can do more or less what I want". Another person told us, "I feel very safe and happy here". The relatives we spoke with agreed that they felt their loved ones were safe and secure at the home.

We saw the service's safeguarding policy which included relevant information for staff. All employees were required to read the policy. The service also had other relevant policies including whistle blowing, which staff were aware of and understood the importance of. Staff we spoke with demonstrated an understanding of safeguarding issues and were confident on how and when to report concerns and who to report to. No safeguarding concerns had been reported recently. All staff had undertaken safeguarding training at the home as part of their induction programme and there was on-going training to ensure their knowledge remained current and up to date.

We looked at six staff personnel files and saw that employees had been recruited safely. Each file included interview notes, job description and references. Disclosure and Barring Service (DBS) checks were undertaken for all new staff and copies were retained by the service. These checks helped ensure people were suitable to work with vulnerable people.

All the equipment used by individual people who used the service was labelled with their name and room number to help ensure the correct piece of equipment was used for each person. The environment was clutter free and we noted that wheelchairs were kept in a designated area, so that they were stored safely.

Fire safety equipment was in place around the home and there was documentation around all aspects of health and safety. Fire safety strategies were in place, inspection of equipment was undertaken regularly and alarms and emergency lighting checked to ensure this was working correctly. Fire drills were undertaken regularly and this was evidenced via the service's documentation.

Moving and handling equipment, such as hoists and slings, were regularly serviced, and the lifts were maintained

appropriately. We saw that there was a personal emergency evacuation plan (PEEP) in place for each person who used the service and means of escape from the premises were checked weekly.

The home used CCTV within the communal areas of the home as a further means of keeping people safe. There was a policy regarding the use of the CCTV to ensure there were safeguards around its use. Accidents and incidents were logged appropriately and followed up with actions if relevant.

We looked at staff rotas to ascertain how many staff were on duty on each shift. We also observed staff on the day of inspection. There were sufficient staff to ensure people's physical and health needs were met as well as being able to support people with their hobbies, interests and activities arranged by the service. The registered manager told us that staffing levels were arranged in response to needs and that, when people were on end of life care, staffing would be increased to ensure they were given the care and attention they required.

We looked at the medication policy, which was adequate but would benefit from the addition of guidance around medicines given as and when required (PRN), covert medicines, that is medicines given in food or drink to people who may not have the capacity to consent to medicines administration and homely remedies. The registered manager agreed to update the policy immediately with these additions.

A senior member of staff demonstrated the service's medicines systems including ordering, storage, administration and disposal. They also explained the procedure followed when reporting errors. The systems were safe and medicine processes were checked daily by the care manager. Controlled drugs (CDs) were stored appropriately and signed by two staff as required. All the medication administration records (MAR) included an up to date photograph of the person to minimise the risk of errors and there was a signing out book for homely medicines. The application of creams was documented appropriately. Temperatures were taken daily for the medicines fridges and the records were complete and up to date. There was a cleaning schedule for the medicines room which was also complete and up to date.

# Is the service effective?

## Our findings

We spoke with people who used the service about the food at the home and all those asked said the food was good. One person told us, “The food is very good here and it is different every day. Staff come and see me in my room, as I am not keen on joining in, and make a note of what I would like for tea”. Another person commented, “The food here is excellent” and a third said, “The food is good and I have a diabetic sweet”.

We looked at the menus and saw that there were a number of options every day. The breakfast menu displayed offered a daily choice of cereals, porridge, toast or cooked breakfast option. At lunch time the main course was pork plus two vegetables and mashed potatoes, which was very well cooked. We spoke with the chef on duty who was committed to providing fresh, appetising meals and, where required, mashed or pureed according to the individual’s needs. The chef said he did not have to puree for any people who used the service at this time. The food was easy to eat which meant that people who may be sensitive to some foods which required a lot of chewing would be able to enjoy their meal. Snacks and drinks were available throughout the day and, on the afternoon of the inspection, a Hawaiian party took place. In addition to the entertainment there was a long table set up with huge bowls of prepared fruit and drinks.

We spoke with a visiting health professional who felt there had been improvements to how the home managed pressure area care. However they felt the staff would benefit from further training in safe manual handling and regular competence checks to ensure they were using the correct moving and handling techniques.

We looked at six staff files and saw that there was a robust and thorough induction programme for new staff, which consisted of the Common Induction Standards. The programme included reading policies, orientation, mandatory training and knowledge checks. Staff we spoke with told us they felt the induction was useful and comprehensive. Many of the staff had been at the home for a number of years, they told us they were happy to continue their employment at Withins because the standards of care were good and training was on-going.

We saw that staff had completed a range of training which was on-going throughout their employment. This included

basic dementia awareness, infection control, safeguarding vulnerable adults and food hygiene. Staff were given paid time to complete training courses and all staff were supported to complete National Vocational Qualification (NVQ) training to further enhance their practice. We spoke with five staff and one staff member told us that in addition to the mandatory training they had completed further dementia training and felt this had enhanced their role and provided for a better understanding of the needs of people living with dementia. They told us access to training and development opportunities were “very good.” Another staff member said, “Access to on-going training has been good and there are lots of opportunities for development”.

We looked at eight care plans and saw that there was a range of health and personal information. This included appropriate risk assessments, dietary information, dependency tool, weight and nutrition charts where required. The care plans we looked at were kept in good order, well organised and easy to follow. Two of the eight care plans reviewed included an active ‘Do not attempt Cardiopulmonary Resuscitation’ (DNACPR) in place which had been accurately completed by the responsible health care professional.

People we spoke with and their families told us they had been involved with care planning and reviews of their care delivery. One relative said, “We [the family] were involved with the original care plan and have been to care plan reviews since”. Others told us they were kept informed of every incident and the staff ensured they let them know of any change that occurred with their loved one.

However, a ‘read and understood’ document was included in each care file for people who used the service, or their relatives to sign to agree to the contents of the care plan. Documentation of involvement of people who used the service in agreeing their own care plan was inconsistent. This was fed back at the end of inspection and noted by the registered manager and the deputy manager.

We saw from the care plans that opticians and podiatrists visited regularly and there was evidence that other professionals and agencies were contacted when required and the staff worked with them to achieve the best results for the people who used the service. A family member told us, “The staff have advised us of any falls or health issues

## Is the service effective?

that [our relative] has had. They monitor everything. After [our relative] fell out of the bed they provided equipment to manage the problem". Another relative said, "All the staff call if there are any problems and discuss them".

One of the professionals we contacted told us, "I am allocated to The Withins and I have visited daily since the beginning of June and I have been made very welcome. The staff and management really value our service, and engage well with us. They always accompany me when I am undertaking my assessments, they document anything of importance. They are very well organised".

We spoke with staff about supervisions and appraisals. They told us they did not have regular supervision sessions, but the management were available at any time for them to talk through any issues or concerns and were always willing to listen to them. We asked the registered manager about formal supervisions and he agreed that he would make these a more regular feature, but reiterated that he and his team were always available for staff to speak with should they wish to. Annual appraisals had been undertaken for some staff, but not all. The registered manager also agreed to ensure that these were done in a timely and organised manner.

We saw interaction that clearly demonstrated that staff were working within the legal requirements of the Mental Capacity Act (2005) (MCA) in that they were considering

people's capacity to make decisions for themselves. People were involved in all decisions made about their care and support as far as they were able to be and any decisions made on their behalf were made in their best interests. This was evidenced within the eight care files we looked at.

We looked at the Deprivation of Liberty Safeguards (DoLS) applications and authorisations. These are applied for when people need to be deprived of their liberty in their own best interests. This can be due to a lack of insight into their condition or the risks involved in the event of the individual leaving the home alone. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Staff demonstrated a good working knowledge of DoLS.

The premises were large and had been purpose built and provided some spacious rooms for people who used the service to make use of, such as lounges, dining rooms, a treatment room and well maintained, safe outside spaces. The home was undergoing a programme of refurbishment to extend some of the rooms to make them larger and more airy. We spoke with the registered manager about the number of people at the home who were living with dementia, which was around 70% of the total. He agreed to look at information on best practice in the area of dementia friendly environments, so that this could be incorporated into the forthcoming refurbishments.



# Is the service caring?

## Our findings

One person who used the service told us, “The staff here are very kind and do everything for me”. Another said, “The staff are very good and friendly”. We looked at the most recent service user questionnaire and comments included, “The home is very good and I am well looked after”; “I can’t find any faults”; “I am happy with the care I receive”.

One relative said, “[My relative] was very poorly when she first came here, and I feel the staff have worked wonders on her to help her settle. This place is absolutely fabulous”. Another said, “When [our relative] first arrived here, we were all included in a warm welcome, which made us as well as [our relative] feel relaxed”. Other comments from relatives included, “All the staff are approachable, respectful and polite. [Our relative] is happy – it’s all you can ask”; “Best thing we ever did – we can sleep at night. Everything I ask they do. Staff welcome us, there is a lovely atmosphere, it is such a friendly place to be” “All the staff are wonderful here. I really wouldn’t want [my relative] to be cared for anywhere else”; “I really cannot praise the carers enough. The care is wonderful.”

One of the professionals we contacted told us, “The home is clean, warm and homely. The staff are enthusiastic, caring and motivated. In my experience staff always put the resident’s best interests first. The residents are always well groomed and their hygiene needs cared for well. If they are in doubt about anything to do with the residents health needs they will always ask me, to ensure they don’t overlook anything”.

Looking around the home we saw that the people who used the service who used spectacles were wearing them. People who used the service who required the use of hearing aids told us hearing aid batteries were changed weekly. There was a daily housekeeping service in each and every room and all the rooms we viewed were well maintained and cleaned to a high standard.

In observing care throughout the day we observed a friendly, warm atmosphere where relationships between staff and people who used the service were pleasant and

open. We saw that the staff helped ensure people’s dignity and people’s privacy was respected. There was a dedicated treatment room for people to use if they required district nursing intervention, so that this could be done in private.

The home had a website which included information about the facilities, events and activities, news, the staff team and testimonials from people who had used the service. There were photographs of recent events that had taken place. They also produced a brochure for those people who may wish to use the service, outlining facilities, staff team, activities and general information.

During tour of building it was noticed that personal identifiable information was inappropriately displayed in the dining room. This information provided details of nutrition, hydration and personal care needs of a number of people using the service. The registered manager was advised that it was inappropriate to have this information in a public area and immediate remedial action was taken to rectify this.

There were a large number of relatives and visitors in evidence and without exception people who used the service and their visitors were complimentary about the staff, the home and the care delivered by the service. Staff took the time to explain any interventions, asked for consent from the person who used the service and ensured people were happy with what was happening. Relatives were given an enthusiastic welcome and kept informed of their relatives’ current well-being.

Two people at the home were being cared for in the end stages of their life. One had four relatives visiting who were all extremely pleased with the level of care and attention given to their loved one and the kindness and compassion shown to them. All of these family members expressed their intention to continue to visit the home after the passing of their relative as they had become friendly with staff and other people who used the service and felt they wanted to continue these relationships. The relatives of the other person also told us they were impressed by the loving care given to their relative and could not praise staff highly enough for their commitment to ensuring their loved one had the care and treatment they wished for at the end of their life.

# Is the service responsive?

## Our findings

One professional we spoke with told us, “There is a lively programme of activities which the residents participate in enthusiastically (where they are able to)”.

People who used the service all said they enjoyed the varied programme of activities. A relative said, “There are always activities on including bingo, painting, sitting out in the garden. They [the staff] always remember to put sun hats on [people who used the service]”. Another relative said, “The activities that go on here are just wonderful. There is literally always something for [my relative] to do here.”

The home had two members of staff who were dedicated to activities. There was a themed Hawaiian party taking place on the day of our inspection. We saw lots of positive interaction from staff and saw them encouraging people to participate in the singing and dancing. A number of people who used the service and relatives joined in and we saw that many of the people who were living with dementia conditions showed signs of enjoyment and were supported to play simple musical instruments or clap along if they wished to do so.

We saw from photos and heard from speaking to people that themed parties were a regular occurrence at the home along with trips out for pub lunches, daily activities led by the activities co-ordinator and entertainment. On the second Monday of each month people were supported to

participate in ‘singing for the brain’ at a local church. There were also celebrations of special days such as St George’s Day, St Patrick’s Day, Valentine’s Day as well as Easter, Summer, Autumn and Christmas Fayres.

People were encouraged to follow their own interests and hobbies and one person who used the service, who was an accomplished artist, had been supported to continue with this pursuit. Many of this person’s paintings were hanging in their room and in the corridors of the home. Other people were also encouraged to join in with craft activities if they wished to. We looked at a number of rooms during the tour of the building and all were personalised with the individual’s own effects.

We looked at eight care plans and saw they were person centred, containing information about each person’s preferences, wishes and requirements. From our observations throughout the day we saw that staff were conversant with each person’s unique personality, interests and needs and they responded appropriately to each individual.

There was an up to date complaints procedure, which included guidance about timescales. There were no recent complaints logged and the people who used the service and the relatives we spoke with told us they had no complaints, but would speak with staff or the registered manager if they had any concerns. One person told us they had, “Absolutely no complaints”. Another relative told us, “I’ve never had any cause to complain”.

# Is the service well-led?

## Our findings

We spoke with nine people who used the service and eleven relatives. Without exception they felt the service was well-led, the management approachable and the culture inclusive and welcoming. One relative we spoke with told us, “[The registered manager] is here all the time”. Another told us, “I can’t fault anyone. They make me welcome and the management are very approachable”. A third commented, “The manager and staff are so approachable I wouldn’t have any issues”. One of the professionals we contacted commented, “I have a lot of experience in visiting residential homes and I consider Withins as one of the best I have been involved in”.

There was a registered manager at the home. 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.

The registered manager was present at the home for a large portion of the day during the week and also at weekends. They ensured they were visible and approachable to all people who used the service, visitors and staff at all times. Staff turnover was low at the home and the management made efforts to ensure they retained staff for as long as possible to help ensure consistency of care delivery.

There was a policy at the home regarding quality assurance. Other appropriate policies were in place such as accidents and incidents and there was an accident and falls log. The registered manager told us all the policies were in the process of being updated and would be completed within a short time frame.

We saw evidence of bi-annual residents’ meetings, where they could raise any issues or concerns they may have. Anonymous surveys were sent out annually as another forum for people to have their say about the home.

We saw evidence of monthly emergency lighting checks, monthly personal emergency evacuation plan (PEEP) audits, weekly means of escape tests and daily room audits. Nurse call system checks were also undertaken regularly to ensure they were working correctly. There was evidence that drug audits were undertaken twice daily by the senior on duty. All these checks were complete and up to date at the time of the inspection. Fire drills were carried out regularly and we saw evidence of this within the home’s documentation.

We saw an infection control audit file which was fully completed and up to date. The cleaning schedule for the medicines dispensing room was complete, up to date and appropriate and the incident report file was also fully completed, with no gaps, and was up to date.

There were monthly care plan audits undertaken, but these appeared to be tick lists with no follow up actions recorded. Similarly, twice monthly infection control audits were carried out. Although the registered manager could demonstrate that issues identified within these audits had been followed up appropriately, this was not clearly documented. The registered manager agreed to implement more comprehensive documentation immediately.

We spoke with five staff members who told us that managers and seniors were always approachable and informal supervision was on-going within the home. No concerns were raised by staff in respect of the management at the home. They told us an open door policy was encouraged by the management team and most issues were dealt with as and when they occurred. One senior staff member explained that they provided a link between the care staff and senior management. They completed advisory and guidance meetings for care assistants where issues were identified.