

Next Chapter Healthcare Limited

The Withins

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Withins is a residential care home providing personal care for up to 17 people. The service provides support to people with a diagnosed mental health condition to provide rehabilitation support. At the time of our inspection there were 11 people using the service.

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

Oversight of training required for staff had improved. However, staff who had previously undertaken a vast number of online training courses in one day had still not refreshed this training. Furthermore, bespoke training on how to support people with mental health needs had not yet been provided to staff. An updated training plan was in place to ensure this would be provided to staff soon.

Although we found leadership and the general oversight of the service had improved. Audits continued to not be completed consistently. A robust governance framework had not yet been established.

The service outlined in their statement of purpose they would support people with a focus upon health promotion and rehabilitation. Although there were future plans in place to introduce a bespoke recovery model at the service, work in this area had not progressed since our last inspection.

Oversight of accidents and incidents had improved. But there was still a missed opportunity to complete analysis of incidents to establish if patterns or themes were emerging, in order to prevent or minimise reoccurrence of incidents.

Oversight of people's medicines had improved, and people received their medicines in a person-centred and unhurried manner. However, we found there was still areas some areas of improvement required.

Since the last inspection, numerous changes were made to ensure people received safe care. People's risk assessments and care plans were replaced, updated and made more individualised.

Risks connected to the safety of the premises improved and significant work was completed to ensure the service met the fire safety concerns identified. Potential ligature risks were assessed and made safe.

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.

Staff were recruited safely and there were enough staff to safely meet people's assessed needs. Staff told us they felt supported in their roles and felt the recent change in management had implemented positive changes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 25 August 2022).

This service has been in Special Measures since 25 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Withins on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified continued breaches in relation to staff training and good governance. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

The Withins

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector, medicines inspector and a specialist nurse advisor.

Service and service type

The Withins is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Withins is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we already held and had received about the service since the time of the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people. We observed people's care and staff interaction with them. We spoke with the registered manager, newly appointed manager, 1 team leader, 1 support worker, 1 activities coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included multiple people's care records, personnel files and medicines administration records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We wrote to the registered manager, new manager and nominated individual after the site visit and requested some information. We received multiple additional documents and written explanations.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At the last inspection there was a failure to ensure appropriate processes were in place to assess, monitor and mitigate risks to people's health safety and wellbeing. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service was better organised and had introduced effective systems to identify risks connected to the service. Since the last inspection, all people's risk assessments had been reviewed and rewritten.
- Risk assessments contained sufficient information that was more specific to the person. For example, known risks had clear strategies identified to mitigate these risks.
- Although risk associated with people's health needs had been assessed, staff did not always follow guidance. For example, a risk reduction measures were put in place for one person, such as 15-minute observations, however we found a small number of entries where staff did not always complete these checks. The new manager implemented a new observations chart during the inspection and assurances were provided that this chart would be checked daily.
- Checks on the premises and equipment now took place. Checks had been completed on electric, gas, fire safety and portable appliance by qualified professionals. Safe water checks had been completed to monitor the risk of Legionella by an external provider. Legionnaires' disease is a potentially fatal form of pneumonia caused by Legionella bacteria which is commonly found in water.
- Fire safety checks had been reviewed and improved. Previously, fire safety was a concern at the service, with a number of potential fire safety issues identified. At this inspection all outstanding works had been resolved.
- There was improved oversight of accidents and incident reporting. The registered manager confirmed they would read and sign off all incidents. However, analysis of these incidents rarely took place. Trends and patterns in people's anxieties or agitation had not taken place. This meant risk strategies to support people at these times could not be implemented.

Staffing and recruitment

At the last inspection there was not a systematic approach to determine the number of staff needed to meet the needs of people using the service and keep them safe at all times. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed on shifts to meet people's needs.
- The provider introduced a staff dependency tool to guide the number of staff to be rostered on shift. There was a clear plan of the suggested staffing and whether this needed to be increased if new people were moved to the service.
- Staff we spoke with felt there was just enough staff. One staff member commented, "We seem to have enough staff and I hope this continues."
- A satisfactory recruitment process was in place. Personnel files contained all the required information to ensure only staff fit for roles were employed. These included criminal history checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the last inspection we made a recommendation that the provider consults best practice guidelines the storage of people's medicines. Improvements had now been made in the way medicines were stored.
- There was a dedicated medicines room which provided a space for people to take their medicines at the times they need them. We observed no interruptions when people were being given their medicines which meant there was a reduced risk of medicines errors being made.
- All senior staff at the service undertook face to face medicines training following our last inspection and their competency was assessed. Staff took time to explain people's medicines to them and knew how people preferred to take their medicines.
- Medicines records showed that people were given their medicines safely as prescribed and most medicines could be accounted for. However, safe checks of people's liquid medicines needed to be reviewed in order to ensure this process was managed correctly. Assurances were provided from the registered manager that this area would be reviewed.
- Written protocols were in place for staff to follow when people were prescribed medicines to be taken "when required" (PRN). However, the protocols did not always provide clear guidance about when these medicines needed to be administered. The protocols required further detail to ensure these medicines could be given consistently and safely, particularly for people who were prescribed medicines for agitation, or a choice of medicines to treat the same condition such as pain relief. Further guidance also needed to be established for people's who were prescribed medicines of variable doses.
- The service held a stock of simple "homely remedies" and people sometimes bought their own "over the counter medicines", which were given to the staff for safe keeping and administration. No checks had been made to make sure it was safe for people to take these medicines and to ensure they would not interact with people's prescribed medicines. Assurance were provided that this area would be addressed.
- The service encouraged people to self-administer their medicines where it was possible and safe to do so. Although staff undertook twice weekly spot checks of people's medicines, we found when people had gone out these checks were often missed. Assurances were provided that this area would be reviewed to strengthen their processes.

Systems and processes to safeguard people from the risk of abuse

- Although staff received safeguarding training we were concerned at the last inspection that a high number of staff undertook this training along with many more other courses at the same time, which could compromise the staff teams ability to truly understand what constituted abuse. Following our inspection, staff undertake face to face enhanced safeguarding training.
- People told us they felt safe living at the service. One person commented, "Honestly I would be lost

without this place. I am well cared for here, I feel safe, I have my own room and I like the staff."

- The provider had systems and processes to recognise potential signs of abuse. Referrals to safeguarding professionals were made appropriately.

Preventing and controlling infection

- The provider had implemented good processes to assess infection risks to people and staff at higher risk of COVID-19.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visiting in line with current government guidance.

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 our inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure staff were suitably qualified, competent and experienced to enable them to meet the needs of the people using the service at all times. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Since our last inspection, staff had received some additional training relevant to their role, in the way of fire safety, safeguarding training and medicines training. However, progress in this area was slow and not well-organised.
- At the last inspection we identified several staff who had completed a significant number of e-learning courses in one day, with one staff member completed 16 online courses in one day. At this inspection, the provider missed the opportunity to create a plan to ensure these staff members repeated this training over an acceptable amount of time.
- At the last inspection we were not assured staff employed had the appropriate skills and knowledge to manage crisis incidents such as people self-harming. At this inspection, we were informed bespoke mental health and self-harm awareness training would be provided at some point, however no timescales had been arranged. On the second day of our inspection the provider confirmed this training would be rolled out to all staff on 17 February 2023, this was following our prompts.
- At the last inspection we found staff's competency levels, to ensure they understood and applied training and best practice had not been undertaken. Progress in this area remained limited. The new manager was aware this area had not been responded to and began to roll out a new competency framework shortly after our first day of inspection.
- A key aim and objective of the service were to support the recovery and rehabilitation of individuals experiencing mental health difficulties. We found no bespoke training had been provided to staff around rehabilitation and recovery. Assurances were provided that the registered manager would receive train the trainer training in the recovery star in March 2023 and then roll this training out to staff.
- A training plan was in place, in respect to the key training the service wanted staff to complete. This plan detailed staff would receive a blend of face-to-face learning and online e-learning. Although this was positive, work in this area since our last inspection did not show there had been enough improvements made and we identified 3 staff who had been at the service for approximately 5 months had only completed minimal training courses.

Failure to ensure staff were suitably qualified, competent and experienced to enable them to meet the needs of the people using the service was a continued breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection, systems were not robust enough to ensure new admission to the service had appropriately assessed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The pre-admission process for new people moving to the service had been revamped. The documentation previously used had been replaced with more of an emphasis being considered on the person's background of known risks. The registered manager explained any new admissions going forward will be reviewed in greater detail to ensure the service can safely meet their need. Due to there being no new admissions, this process had not yet been tried and tested.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- At the last inspection we made a recommendation that the provider consults best practice guidelines around managing people's health needs. At this inspection we have been assured that the service has explored people's oral health needs. Although there have been difficulties obtaining NHS dentists for most of the people, an emergency plan was in place if people required dental support. Oral health care plans were also devised.
- Staff told us when they would seek and/or offer medical attention to people. Staff encouraged people to attend routine appointments.
- The provider maintained close working relationships with other agencies. This meant they referred people to healthcare professionals in a timely manner and followed any advice given.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people were offered a varied diet with food they liked. Staff had a good understanding of what people's favourite food and drinks were.
- People were encouraged to get their own drinks throughout the inspection. Staff offered minimal support to encourage as much independence as possible. The activities co-ordinator recently held an event to advise people on healthy eating in order to make better choices.

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

- The environment was homely and well presented.
- As noted at the last inspection the service was nicely furnished throughout. A large lounge was located on the ground floor and people also had access to a dining room. The premises had a good outdoor garden space and a bespoke cabin was installed to allow people additional space if they wanted quiet time, meetings with their family or key workers.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent was obtained in the correct way.
- The provider was working within the principles of the MCA. At the time of our inspection nobody at the service was under a DoLS authorisation.
- No form of restraint was used at the service.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and their independence promoted.
- People were involved in daily activities in the home, such as; people cleaning their own rooms, doing their own laundry, making drinks and meals in the kitchen, and going shopping. People were supported to find jobs and supported to access public transport where possible.
- Staff had assessed and documented people's goals and aspirations and supported people to work towards these. However, the service needed to introduce a bespoke recovery model to ensure progress of people's goals were accurately followed through.
- People's privacy was respected. Staff knew when people preferred to spend time alone and did not disturb them at this time.
- During the inspection we identified the lower bedroom windows could potentially compromise people's privacy. Although curtains were in place, an additional safeguard such as a privacy glass or film needed to be considered and discussed with people in these rooms. Shortly after the inspection the provider confirmed they had quotes on the windows and was looking to have this work done soon.

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

- People were treated in line with equality characteristics as outlined in the Equality Act 2010, including disability, religion or belief and sexual orientation.
- Staff showed warmth and respect when spending time with people. One staff member said, "I treat the people here as if they were my family. We just want to do our best for them."

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

- People were involved in their care and care planning. One person told us, "I will sit down with staff from time to time to discuss my care plan."
- People were supported to access independent advocacy services. An independent advocate is someone who supports people to make choices and express their views.

Is the service responsive?

Our findings

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

At our inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- At the last inspection we made a recommendation the provider consults current guidance on rehabilitation support models to ensure a clear evidence-based structure is followed. Progress in this area was limited, but a plan was in place to introduce a recovery model.
- The registered manager explained the service was looking to introduce recovery star but wanted to ensure all staff were trained in this model before it was implemented. The recovery star is a tool which can be used to assess and track people's rehabilitation and recovery from various issues.
- Although there was some positive work taking place to meet people's goals such as cooking and accessing the community, there was no structure in place on how the service could effectively support people with addiction. The registered manager believed this area would improve once the recovery star was implemented.
- People continued to be offered regular key worker sessions with their named keyworker.
- Following our last inspection, activities at the home were reviewed and a new activities co-ordinator appointed. We found there was now a range of activities taking place. This included in-house activities and trips took place in the local community.

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

- At the last inspection we found care plans and risk assessments were not always personalised and lacked person specific information. At this inspection care plans had improved and reflected a more person-centred approach.
- Although care plans had improved, the format of the care planning system was not easy to navigate. This meant information about people could potentially be missed. The registered manager took this feedback on board and confirmed the layout of people's care plans would be reviewed.
- Daily notes adequately reflected the personal care each person received. This included some examples of emotional and psychological well-being.
- Records documenting care provided by staff had improved since the last inspection, however there were some instances where staff did not complete the daily notes twice daily, as recommend by the provider. We were informed additional training and supervisions are planned by the management team to address this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's disabilities and sensory impairments were assessed and clearly documented.
- Appropriate signage and symbols had been introduced throughout the building, to help with finding and understanding where particular rooms were.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. No new complaints had been raised since our last inspection.

End of life care and support

- There was no-one receiving end of life care during the inspection. However, the provider said processes were in place to support people with end of life care and to ensure people would be supported in the way they wished to be.

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 our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our inspections the provider failed to ensure good governance of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There continued to not be an effective quality assurance system in place. Some audits had been completed; however, the governance framework had not been fully implemented.
- On the first day of the inspection some documentation in respect of quality audits were not within the home's audit file. We found there was no structure to these audits, and they were completed infrequently. For example, an infection control audit was completed in October 2022, and a number of care plan audits were completed from August onwards. However, no further audits were provided.
- On the second day of the inspection the new manager provided us with audits they had completed days after our inspection and explained the governance system had not yet been fully established.
- Although a number of improvements had been made, systems were not in place to ensure staff were supported and trained to perform their roles effectively in essential areas. Assurances were provided that training would soon be delivered to staff.
- The provider had introduced new medicines auditing tools. However, these were not yet fully effective. As reported in the Safe section, we identified areas for improvement.
- The process for reviewing people's daily care records was informal. This involved senior care staff looking at records as they started their shift. This meant there was a risk of not identifying where people had not received appropriate support and we found instances where daily notes had not been completed.
- The registered manager's oversight of accidents and incidents had improved, and all incidents were signed off. However, we found there continued to be a missed opportunity to complete analysis of incidents to establish if patterns or themes were emerging to prevent or minimise reoccurrence of incidents.

We found no evidence people had been harmed however, the above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken some action prior to our inspection to address the management of the service. For example, they had started to complete new health and safety audits and a service improvement plan had been introduced.
- A new manager had been appointed approximately 2 months ago who we were advised would be applying to be the registered manager. This manager had also started to complete audits shortly after our first day of inspection. We were also provided with assurances from the provider that the new manager would undertake specific training courses on mental health awareness to enhance their knowledge and skills.
- Workplace culture was better and new staff had been recruited. Staff morale had also improved, one member of staff commented; "The service needed to improve, and I genuinely believe it has. Don't get me wrong, it's not there yet but I am confident it will be soon."

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

- People we spoke with confirmed their views were sought via a survey on an annual basis. The new manager had recently undertaken these surveys and was keen to improve engagement with people.
- People told us they felt involved in decisions around the home and were listened to by the management team. One person told us, "I like it here now. In the past there were some residents who caused problems, but they have move on. I told the staff I didn't like them."
- There were regular staff meetings and house meetings to enable people and staff to share their views and make improvements to the service.

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 provider and registered manager were open and honest with us during the inspection and acknowledged the challenges the service faced following our last inspection. They told us they were committed to make the necessary improvements.
- The provider and registered manager understood their responsibility to be open and honest with people and had acted when things went wrong.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurses.
- The management team recently visited an outstanding rated mental health care provision, in order to learn and consider how they could improve The Withins further.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to ensure robust auditing systems were in place to identify shortfalls and act on them to ensure people were safe at all times.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was a failure to ensure staff were suitably qualified, competent and experienced to enable them to meet the needs of the people using the service at all times.