Withins (Breightmet) 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 April 2018 and was unannounced. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Withins (Breightmet) Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Withins (Breightmet) Limited accommodates up to 65 people in one purpose built building over three floors The home is located in a residential area in Breightmet, about two miles from the centre of Bolton.

There was a registered manager in place. 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.

People felt safe at the home. Staff had received training in safeguarding and were confident the registered manager would take concerns seriously.
There were individual and general risk assessments in place and health and safety records were complete and up to date. Staffing levels were good and recruitment was robust.

There was a suitable medicines policy and procedure in place and systems were safe. Infection prevention and control measures were in place, the building was clean and clutter free and there were no malodours in any area.

There was a thorough induction programme and further training was on-going. Care plans were person-centred and included relevant personal, health and support information. The files included care plans around death and dying. These outlined people's wishes for when they were nearing the end of their lives.

People were involved in their care planning and regular reviews of care. Care records were held securely to help ensure the confidentiality of people's personal information.

People's nutritional and hydration needs were addressed appropriately. Attention had been paid to making the environment suitable for people living with dementia.

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

Staff interacted respectfully with people who used the service, showing compassion and empathy. People's dignity and privacy was respected. There was a service user guide which included details of the service and facilities.

People we spoke with felt the service was very responsive. There were a range of activities on offer and people were also taken out into the community to other activities.

The complaints procedure was appropriate and up to date and complaints were responded to appropriately and in a timely manner. We saw a number of compliments received by the service.

The registered manager and deputy manager had an 'open door' policy. Staff turnover was low and staff said that were very happy with their jobs.

Formal supervision sessions were not up to date. Following the inspection the registered manager implemented a programme of supervision sessions and commenced these immediately.

All the policies and procedures were appropriate, reviewed regularly and up to date. There were a number of audits in place at the home, followed by appropriate actions.

Care plans evidenced good partnership working with other professionals and agencies. The management attended the regular local care home meetings to share good practice and access current guidance. The service had enrolled with Bolton Council's 'Care Home Excellence programme' where all care homes are in partnership with the Council and the Clinical Commissioning Group (CCG) to help improve the quality of their care.

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 remains good.	**Good**
Is the service effective? The service has improved to good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Withins (Breightmet) 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 checked 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 inspection took place on 11 April 2018 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team, the Community Infection Prevention and Control team and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. We also spoke with two healthcare professionals. This helped us to gain a balanced view of what people experienced accessing the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, deputy manager, care manager, one senior carer, four care assistants, the chef and the kitchen assistant. We also spoke with three people who used the service and four relatives. We contacted four professional visitors to the service to gain their views.

We looked at records including six care plans, four activity care plans, six staff personnel files, training records, health and safety records, audits and meeting minutes. We observed part of the lunch time meal and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We asked people if they felt safe at the home. One person told us, "Definitely, it's very nice here, the staff are very caring". Another said, "I feel very safe here". One relative we spoke with told us, "[Relative] is absolutely safe here. I have just been away for a week and it was a relief to be able to do that". Another said, "I know someone is keeping an eye on [relative] and they are safe". A third commented, "We are very confident we are leaving [relative] in good hands".

There was secure access to the home, people visiting had to be buzzed in and let out by a staff member. Security at the home also included CCTV in communal areas to help ensure the safety of those who used the service. There were posters advertising the use of CCTV at the front door and it was used according to the home's policy and procedure.

Staff had received training in safeguarding and were able to tell us of the actions they would take to protect people who used the service from the risk of abuse. The staff we spoke with told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They were confident the registered manager would take any concerns seriously.

We saw that, where there had been safeguarding concerns, these had been recorded appropriately and thoroughly investigated, with the correct procedures being followed. Similarly accidents and incidents had been recorded and followed up appropriately, with changes to care plans and new equipment installed where relevant. We saw evidence that disciplinary measures with regard to staff members were implemented when necessary, in order to keep people who used the service safe.

There were individual risk assessments within the care plans for issues such as mobility, falls, nutrition and skin integrity. These were regularly reviewed and updated. Care plans included a dependency tool which calculated the level of assistance each person required with personal care and daily living tasks. The levels were then used to inform staff rotas to help ensure there were enough staff to meet everyone's needs. The dependency tools were based on a numerical calculation but did not include an explanation of what this number meant in terms of high, medium or low risk. We saw evidence that this had been rectified immediately following the inspection.

There were good staffing levels on the day of the inspection, consisting of two domestic staff, two laundry staff, one chef, one kitchen assistant, one activities coordinator, the registered manager, deputy manager, care manager, two senior carers and nine care assistants. Nights consisted of one care assistant on twilight shift (8 pm till midnight) one senior and five care assistants. People who used the service, relatives and staff we spoke with felt staffing levels were never an issue. One relative said, "You can always find a staff member". Another told us, "There are plenty of staff, certainly enough, even on a Sunday there are two or three in the lounge and there is no difficulty with waiting to be let out [of the building]". A staff member told us, "There are always enough staff – if not, they will ring round. They don't struggle for cover".

Staff recruitment was good. We reviewed six staff personnel files and saw that each file contained an

application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

There was a suitable medicines policy and procedure in place. We looked at medicines systems for ordering, storing, administering and disposing of medicines and saw that these were safe. Medicines were in blister packs for ease of use, there was no over-stocking of medicines and no gaps in the recordings. We looked at the treatment room on the ground floor and found it to be clean and tidy. Fridge temperatures were recorded regularly to ensure they remained within the manufacturers' recommendations. We observed the senior giving out the medicines during the morning and this was done efficiently. Medicines given as and when required (PRN) were recorded correctly with the number of tablets given and the times administered. There were protocols in place for the use of homely remedies and controlled drugs (CD) that is drugs subject to control under the Misuse of Drugs legislation, were stored and documented in a register as required.

We discussed some minor issues with the registered manager and the deputy manager. There was a letter from a family to give permission to give covert medicines, that is medicines hidden in food or drink, to their relative. Although this was not required at present we discussed the need for the GP to be involved and a best interests decision to be made if and when this was implemented. There were no topical cream charts in place to instruct where and when to administer creams. This was rectified immediately and a chart implemented. Thickening agents, added to drinks when people experienced swallowing difficulties, were not being recorded on Medicines Administration Record (MAR) sheets or food and fluid charts. We saw evidence that this had been rectified immediately following the inspection.

We looked at health and safety records. All equipment was serviced in line with the manufacturers' guidelines. Certificates were in place for electrical and gas testing, hoist and lifting equipment tests and portable appliance tests (PAT). The passenger lift had been serviced regularly but required a thorough examination certificate, which was actioned straight away.

There was a fire risk assessment in place and fire drills, emergency lighting and alarm testing was undertaken regularly. Fire exits were clear and window restrictors were fitted throughout the building. We saw some free standing oil filled radiators in some bedrooms. We recommend they should be covered or removed to help ensure people's safety.

We looked at infection prevention and control measures. The building was clean and clutter free and there were no malodours in any area. A relative commented, "It's always clean. [Registered manager] always replaces carpets regularly". We saw that all communal areas were clean and well maintained. Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary and regular checks regarding the cleanliness of the environment.

Good

Is the service effective?

Our findings

We saw evidence within staff personnel files of a thorough induction programme. New employees were required to undertake relevant modules of the Care Certificate prior to commencing work. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. New staff were subject to a 12 month probation period and were regularly supervised and their competence checked during this period.

We saw the training matrix which evidenced on-going training and regular updates of mandatory courses for all staff. Those staff we spoke with told us there were plenty opportunities for training and that any new course was publicised via a poster in the staff room.

We looked at six care plans and saw that each individual's assessment pack contained a pre-admission assessment and a quick resident assessment. The quick assessment included information around mobility, the number of staff required to assist and any equipment required; assistance required with accessing the toilet, turning in bed, whether a bath or shower was required and assistance needed with dressing. Individual care plans included more detailed information about all aspects of daily living.

We saw that communication with families was regular. A relative told us, "They [the staff at the service] contact us when there is a problem, even if it is minor. Professionals are involved when needed". A second relative said, "They contact us regularly with anything. They send for the GP if needed and our [relative] has had their feet done and eyes tested since being here". Information could be accessed in different formats, such as braille, large print and different languages if required.

We saw that for people who required equipment such as catheters, there was a separate care plan and information in place to guide staff on care required. Accidents and incidents were recorded and referrals were made appropriately to relevant agencies and professionals. Professional visits were documented within the care files and professional referrals and correspondence was present within the files.

There was information about people's nutritional needs and weights were recorded where an issue had been identified. Food and fluid charts were completed when required. One relative told us, "My [relative] has put weight on since being at Withins. There are good food choices and there is plenty of food on offer". Another relative said, "[Relative] is enjoying the food. They can have snacks in between if they are hungry and they are encouraged to have plenty of liquids". A third relative commented, "[Relative] has had problems with chewing and is on a soft diet, the Speech and Language Therapy (SALT) team are involved".

The home had been awarded a 4 Star food hygiene rating on 29 November 2017, which is a good rating. The sticker for this had not been displayed, but this was done immediately by the registered manager. We saw there was a good choice of food on offer; breakfast consisted of a choice of cereals, porridge, toast and preserves, fruit, prunes, grapefruit, fruit juice or a choice of cooked breakfast. Lunch was the main meal of the day and on the day of the inspection was a mid-week roast, with Yorkshire pudding, mashed and roast

potatoes, carrots and swede. Pudding was pear crumble and custard. The teatime meal consisted of home-made soup, sandwiches or cheese on toast and strawberry trifle. Alternatives were available and snacks and drinks were offered throughout the day. There was a coffee machine in the lounge for people or their visitors to help themselves.

We observed the lunchtime meal using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw that the tables were set nicely with table cloths and napkins and people were offered clothes protectors if they wanted them. Most people had their meals in the dining room, but some ate in their own rooms or in the lounge. The radio was on in the dining room, playing gentle music and there were plenty of staff around to assist with the meal, all wearing plastic aprons. Soft foods and pureed diets were served first and adapted cutlery was offered to people who may find it helpful. People who required assistance were helped discreetly and patiently and interaction between staff and people who used the service was respectful and friendly.

There had been an increase in people at the home who were living with dementia. We looked around the home and saw that the service had made use of funding awarded to them by making the environment more dementia friendly. There was a café on the first floor and a room made like a house with a front door. There was also a bus stop which the registered manager felt had been a success. Some signage to help with orientation had been purchased but not yet put in place as work on this was on-going. Fire doors and the lift had been painted the same colour as the walls to blend in and stop people from accessing them by mistake. There were large clocks in the lounges and pictures which would aid reminiscence had been purchased and were ready to be hung.

We saw that bedrooms were personalised and bedding was clean and nicely ironed, but bedroom doors required pictures and/or names to aid recognition as they were all painted the same colour. The bathrooms did not have coloured toilet seats which are helpful to people living with dementia. The main rooms were well lit with natural and artificial lighting.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Consent was sought by staff for all care interventions and consent forms were kept within care files for issues such as administration of medicines. If the person was unable to consent, due to mental capacity issues, this was clearly recorded. DoLS authorisations were applied for where necessary and reviewed and updated as required. We spoke with staff members whose knowledge and understanding of MCA and DoLS was good.

Good

Is the service caring?

Our findings

One relative told us, "[Relative] is looked after brilliantly. The room is fine and always clean and tidy". Another said, "I can't fault it". A third commented, "Relative is happy and settled and the bedroom is lovely. Staff are lovely and helpful. [Relative] had no quality of life at home, but now there are people around and there is no loneliness. [Relative] chats with people. When I walked in I wanted [relative] to be here, because of the wide corridors, light, lovely room and cleanliness. [Relative] liked it from the first day". A fourth relative said, "[Relative] is always clean and well-coordinated with matching clothes and scarf and hair done. Dignity and privacy are respected".

We observed care throughout the day and saw that staff spoke respectfully with people who used the service. They showed a great deal of compassion and empathy and we saw that staff were sensitive to people's needs. For example, one person had not eaten their lunch and a staff member asked if she was tired. She looked at the notes from the night before and realised that the person had not slept well. She asked if she wanted to be taken to bed for a lie down and said she could have something to eat later if she wanted it.

We saw people's dignity and privacy being respected. Staff knocked on bedroom doors before entering and explained what they had come in for and asked people's permission to assist them. There was a good response by the service to ensuring people's diversity was respected and staff were able to tell us how they would try to ensure this at all times. For example, people's spiritual and religious needs were catered for. There were no people using the service who had different ethnic backgrounds, but the registered manager was able to explain how they would ensure any particular needs could be met by the service. Independent advocacy could be accessed for anyone who required this.

Staff we spoke with demonstrated a commitment to providing high quality support and care. One staff member told us, "I absolutely love my job. I like to feel I have done everything right. It is rewarding". Another said, "I love it. I enjoy the job and making sure that residents are happy and content and that they have their choices".

People were involved in their care planning and we saw that care plans included information given by people who used the service and their families. We saw that people who used the service and their families, where appropriate, were involved in regular reviews of care. There were many relatives who were involved with activities and events at the home. One relative told us, "I sign the care plan regularly. I am involved in care planning" . Another said, "I feel part of the family. It feels like family. All the staff know us and our names and we are welcomed".

We saw that all care records were held securely to help ensure the confidentiality of people's personal information. Staff were aware of the need for confidentiality with regard to personal information.

There was a service user guide given to people who were thinking of using the service, and their relatives. This included the home's statement of purpose, information about facilities and services, health and safety

information, contact details for the registered manager, provider and Care Quality Commission (CQC) and a summary of the complaints procedure.

Good

Is the service responsive?

Our findings

People we spoke with felt the service was very responsive. There was a call bell system and people who required them had sensors in their rooms to ensure staff responded quickly when needed. A relative told us, "The staff respond immediately if [relative] has any pain or distress". Others agreed that staff were extremely responsive to any need. Staff members we spoke with told us they always tried to ensure people's choices were respected.

There were a range of activities on offer including games, quizzes, one to one interaction, entertainment and parties within the home and we saw people colouring and playing games on the day of the inspection. People were also taken out to activities, such as the regular 'Singing for the Brain' session and lunches out. Special days, such as Valentine's Day and St George's Day were celebrated. We saw four activities care plans which outlined activities and interactions enjoyed by each individual.

A relative said, "There are plenty of activities on offer. There is bingo, dominoes, parties and entertainment". Another relative told us, "[Relative] joins in bingo and knitting and likes to watch other activities". A third told us they were involved with the activities and enjoyed being part of this. They said that, although there were activities coordinators, all staff got involved with activities.

Care plans were person centred and included a range of personal information including a social and family history and their choices and preferences. We saw that their wishes around activities, people in their lives, eating, sleeping and spiritual engagement were documented clearly. We saw that care plans and risk assessments were regularly reviewed and updated with any changes made.

The service had commenced using the 'telemedicine' system which is the use of telecommunication and information technology to provide clinical health care from a distance. The registered manager told us there had been some teething problems with the system, but improvements discussions were occurring to try to iron these out.

People's views were sought via residents' and relatives' meetings for which we saw minutes. Discussions included activities and we saw that people made suggestions for what they wanted to do in the future.

The complaints procedure was appropriate and up to date and outlined within the service user guide. We saw that complaints were responded to appropriately and in a timely manner. One relative said, "I have no concerns but I could talk to [registered manager]". Another said, "I had some minor issues but went straight to [registered manager] and they were sorted". A third told us "I would go to [registered manager] and talk things through".

We saw a number of compliments. These included "To [registered manager] and all the staff at The Withins for helping our family through a difficult time"; "Thank you for your help and support love that you have given to [relative]. You have all been fabulous"; "To [registered manager] and staff, thank you for all the support you have given us".

Care files included care plans around death and dying. These outlined people's wishes for when they were nearing the end of their lives. Staff had undertaken training in end of life care and there were two end of life champions at the home. We spoke with staff who were passionate about ensuring that people's end of life wishes were fulfilled and their death was as peaceful and calm as possible. One staff member told us they went to great lengths to ensure family were with their relative when they died and they had been confident to challenge other professionals, such as GPs if they felt they needed to do this on the person's behalf.

Good

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was experienced and qualified to undertake the role. They were supported in the day to day running of the home by a deputy manager and two care managers.

The registered manager and deputy manager had an 'open door' policy and staff, people who used the service and relatives told us they were very approachable at all times. One relative told us, "Absolutely approachable. The registered manager is amazing and is all for residents and relatives". Another said, "[Registered manager] is very approachable. You can see him and talk things through".

Staff turnover was low and staff that we spoke with were very happy with their jobs. One staff member reported, "Very good support from the registered manager and deputy. Absolutely brilliant with work and personal matters. They sit and listen". Another said, "They [management] don't say they will sort it then let you down. They always sort it. I can't fault them, they are fantastic". Other staff agreed that they were well supported both personally and professionally.

We saw that the registered manager spoke with staff every day and was always available to speak to them if required. However, formal supervision sessions were not up to date. We spoke with the registered manager about the need to have formal supervisions to give staff the opportunity to discuss their work and any issues on a one to one basis. Following the inspection the registered manager implemented a programme of one to one and group supervision sessions and commenced these immediately along with his management team. Some annual appraisals had been carried out and the rest were booked in to be done in the very near future.

There were effective communication processes at the home in the form of thorough handovers, staff meetings and residents' meetings. We saw minutes of some of these meetings where any concerns or issues were discussed and suggestions put forward to improve the service delivery.

There were service user and relatives satisfaction surveys sent out regularly. We saw a recent one where comments included, "We find Withins care home excellent in most areas, especially friendliness, care, ambience, meals, activities and most importantly [relative] is very happy at The Withins".

All the provider's policies and procedures were appropriate, reviewed regularly and up to date. The registered manager was visible around the home and it was clear that people knew him well and he knew them. Staff reported support from each other as well as management. One care assistant said, "Other staff are helpful 100%. They are supportive and always ask 'Do you need any help?'". Another staff member said, "It's teamwork here. All the staff team are supportive".

There were a number of audits in place at the home. For example there were monthly care plan audits and daily room audits with comments, issues identified and addressed. Accident and incident reports were complete and up to date. These were monitored and audited regularly to look at any trends or patterns to

inform improvements to the service. There were regular health and safety audits and checks and medicines audits with appropriate follow up actions. Personal emergency evacuation plans (PEEPs) were audited regularly.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

Care plans evidenced good partnership working with other professionals and agencies. The service had links with the wider community via visitors to the service from the community and taking people who used the service on trips out into the community for events and activities.

The management attended the regular local care home meetings to share good practice and access current guidance. The service had enrolled with Bolton Council's 'Care Home Excellence programme' where all care homes are in partnership with the Council and the Clinical Commissioning Group (CCG) to improve the quality of their care. This demonstrated a commitment to continual improvement to care delivery.