

Withins (Brightmet) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Withins (Brightmet) Limited accommodates up to 65 people in one purpose-built building over three floors. The home is located in a residential area in Brightmet, about two miles from the centre of Bolton. During the inspection there were 60 people using the service.

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

People were not always safe. The provider was not always ensuring risks were assessed and mitigated effectively. Medicines were not always managed safely.

Documents with regard to medicines, risk management and care planning were not always complete and accurate. There was a lack of audits and those in place were not always robust enough to identify and address the issues found during the inspection.

All required health and safety measures were in place. There were systems to help ensure people were safeguarded from the risk of abuse. The premises were clean and hygienic and measures were in place to help prevent and control the spread of infection.

Staffing levels were sufficient to meet people's needs and staff were recruited safely. There was a thorough staff training programme and more specialised training had been commenced to help ensure improvements could be made in record keeping, recognition and escalation of concerns.

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.

People we spoke with felt they were well cared for and supported. Communication between the provider and people who used the service and their relatives was good. Complaints were responded to in an appropriate and timely way. The service worked well in partnership with other agencies and professionals.

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

Rating at last inspection

The last rating for this service was good (published 10 May 2018).

Why we inspected

We received concerns in relation to systems, record keeping, escalation of incidents and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Withins (Brightmet) Limited

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Withins (Brightmet) Limited 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. Withins (Brightmet) Limited 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 service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and 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 four people who used the service and observed others throughout the inspection days. We were contacted by a relative. We spoke with seven staff including the registered manager, the deputy manager, a care manager, a senior carer and three care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. 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.

Using medicines safely

- Medicines systems were not always being used effectively.
- Controlled drugs, which are substances regulated by the Misuse of Drugs Regulations, were not always managed safely. The controlled drugs book at the service showed that a significant amount of no longer required drugs remained on the premises. We were told these had been returned to the pharmacy, but there was no signed record of this return, as required.
- In some cases, protocols for medicines taken as and when required were not in place or lacked detail.
- For one person, who was prescribed a pain patch, there was no patch chart to record when and where it was applied.
- Some people's allergy status had not been recorded.
- Instructions were not always in place for where on the body to apply topical creams.
- There were some hand written medicines administration records (MAR), which had not been signed or countersigned. Some dates on the MARs were incorrect and some of the codes on MAR sheets, for example 'other', had been used but had no explanation.
- When changes had been made to medicines, for example with dosage, this had not always been signed on the MAR sheet.

Medicines were not always managed safely, which put people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Individual risk assessments were quite generic and did not include enough person-centred detail to make them effective.
- Risk assessments had not been completed in conjunction with other documentation, such as distressed behaviour, medical issues or weight loss.
- People were put at risk due to staff not following good practice protocols. For example, some people had been prescribed thickening agents, added to liquids, and a soft diet, to help mitigate a choking risk. Records indicated that one person in this category was offered foods other than the soft diet if they refused soft foods. No risk assessment was in place with regard to this and no consultation with the speech and language team had taken place to ensure the safety of this practice.
- One person was described as being diabetic, but no risk assessment was in place with regard to this issue. Another person was said to be prone to depressive episodes, but no risk assessment had been completed around this.

- Care plans did not always include information around how staff might recognize signs of pain and distress in people who were unable to express this verbally.
- The lack of appropriate records and cross referencing with other documents, meant staff were not always aware of, or given guidance, to deal with certain concerns.

We have dealt with poor record keeping under the well-led domain.

- The service had all required health and safety certificates for the premises in place.
- Fire drills were completed regularly and fire equipment checked and serviced as required.
- There were personal emergency evacuation plans in place for all people who lived at the home. These were audited monthly and updated with any changes.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to help safeguard people from harm.
- People felt safe and a relative told us, "Knowing that [relative] is there is not just good for [relative], it's good for me. I know I can go and visit as often as I like but if I am not there the staff behave like she is their [relative] too - what more could I want? She is safe, she is well, she is cared for and she is happy."
- Safeguarding concerns were recorded within a significant events file, with all relevant records included.
- Staff had completed safeguarding training and those we spoke with demonstrated an understanding of their responsibilities.

Staffing and recruitment

- The service had suffered some significant issues with staffing absences during the recent COVID-19 outbreak, but they had managed to cover gaps with existing staff and all staff were now back at work.
- There were good numbers of staff on duty and people told us staff were kind and looked after them well. A relative commented, "Whether it is back of house or front of house, all the staff there are exceptional."
- There was an appropriate recruitment policy and procedure in place.
- Staff files included all appropriate documentation. Gaps in employment were discussed during interviews, but this had not been recorded. The registered manager agreed to ensure this was done in future.

Preventing and controlling infection

- 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.
- The provider followed current government guidance on visiting during any outbreaks of infection.

Learning lessons when things go wrong

- All significant events, such as accidents, incidents and safeguarding concerns were recorded within a file.
- It was clear learning had been taken from significant events. However, separating these events into different categories and auditing them monthly would help ensure patterns and trends were picked up and addressed in a timely manner.

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 good. At this inspection the rating 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.

Continuous learning and improving care

- Documentation around medicines management and risk assessment records were lacking detail and not always complete and accurate. There was no cross referencing between care plans and risk assessments.
- There were some audits in place, but many of these were not robust and had not picked up issues we found, for example, missing or inaccurate documents within care files and risk assessments.
- Medicines audits only consisted of counts of tablets and no comprehensive audits of documentation for medicines was in place. This meant issues we found with medicines records had not been identified and addressed.

Records were not always accurate and complete and the provider was failing to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A post falls assessment tool was in place, which included whether a referral to the falls team was needed and had been made.
- Some improvements to the service had already been implemented. For example, staff had completed sepsis training and begun to complete Restore 2 training. This is training around recognising early soft signs of physical deterioration and escalation of these concerns. A Restore 2 check form had been put in place, and was completed daily for each individual.
- The registered manager had also planned pain management and record keeping training for all staff. This was to be followed by group supervision sessions, to help embed the learning.
- The registered manager was currently considering implementing an electronic care planning system, to help ensure better efficiency and accuracy of documents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with felt they were well cared for and supported. One person said, "The girls are nice and don't make us do what we don't want to do. They let us get on with life."
- People's diversity was respected and supported. A relative told us their loved one had thrived since admission, "[Relative] has gained weight, is always smiling and despite not being the most social of people prior to going to Withins, they have made lots of friends and are always involved in whatever activity is going on."

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 understood and acted on the duty of candour. They were open and honest when things went wrong and willing to learn and improve as required.
- Complaints were responded to in an appropriate and timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Notifications about significant events, such as serious injuries, deaths and allegations of abuse, were submitted to CQC as required.
- Recent significant events had highlighted a lack of clarity around senior staff roles and responsibilities. The registered manager and deputy manager had discussed and clarified duties and responsibilities with the care managers and senior carers.

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

- We observed staff interactions, throughout both days of inspection, and witnessed kind, respectful exchanges. Staff were encouraging and supportive and it was clear good relationships had been formed between staff and people who used the service.
- Engagement with relatives was good. The registered manager had organised a number of meetings to discuss the visiting restrictions during the pandemic, to help ensure people were given a consistent message and could air their views.
- The service had a private Facebook page for relatives so they could see day to day events occurring. They also communicated with relatives via text messages and email.
- There were regular staff meetings, individual staff supervisions and appraisals.
- We saw records of group supervisions, where topics such as oral hygiene, dignity, sepsis and safeguarding had been discussed. The group supervisions had been used as a tool to help embed learning following training courses and significant events.

Working in partnership with others

- The service worked well with other agencies and professionals, such as local authority teams.
- The registered manager attended local care home meetings to help ensure they were aware of the most recent guidance and best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. This included the management of controlled drugs, thickener and 'as required' medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate and complete and the provider was failing to assess, monitor and improve the quality and safety of the services provided.