

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 is a residential care home providing personal care for up to 65 people in one purpose-built building over three floors, including autistic people and people with a learning disability. There are 22 bedrooms on the lower ground floor, 32 bedrooms on the ground floor, and 11 bedrooms on the first floor. All bedrooms have ensuite facilities with communal lounges, bathrooms, and dining rooms. During the inspection there were 64 people using the service. There is access to secure outside terraces or gardens on all floors.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The provider was not always ensuring risks were assessed and mitigated effectively and medicines were not always managed safely. Documents with regard to medicines were not always complete and accurate. Audits in place were not always robust enough to identify and address the issues found during the inspection with the safe management of medicines. We have made a recommendation about medicines audits.

Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment. Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 were supported by staff to pursue their interests and staff supported them to achieve their aspirations and goals. People had a choice about their living environment and were able to personalise their rooms.

Right Care:

Care was person-centred and promoted people's dignity, privacy, and human rights. Staff promoted equality and diversity in their support for people and understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to their individual needs. Staff understood how

to protect people from poor care and abuse. The provider worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. People told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. The ethos, values, attitudes and behaviours of leaders and care staff ensured people led confident, inclusive, and empowered lives.

Staff placed people's wishes, needs, and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe, however medicines monitoring systems needed improving.

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 requires improvement (published 23 June 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 17 May 2023 and 23 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found the provider remained in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Withins (Brightmet) Limited on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

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.

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 carried out by 1 inspector, 1 medicines inspector 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.

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 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 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 7 staff including the deputy manager, the care manager, senior care staff and care staff and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 visiting health care professionals, 3 people and 10 relatives about their views of the care provided. We reviewed the care records for 6 people across the 3 units of the home, numerous medicines records, 6 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service.



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 requires improvement. The rating has remained 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

At our last inspection medicines were not always managed safely, which put people at risk of harm. This was a breach of regulation 12(1)(2) 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 12.

- Medicines were not managed safely. Medicines in the medicines room were kept securely, however topical preparations such as creams, were kept in people's bedrooms. The risk of people accessing the topical preparations had not been assessed therefore we were not assured the creams were kept securely
- The medicines administration records (MAR) showed people were not always given their medicines as prescribed, with staff recording medicines were not required when the medicines should be given regularly.
- We found information to support the administration of medicines when there was an option to give 1 or 2 tablets was not available, therefore people may not get the medicine they need at the right time.
- When people did not take their medicine, the records were not always consistently completed, therefore it was not always possible to reconcile the quantity of medicines remaining with the medicines recorded as given.
- The service completed audits of medicines; however, the audits had not identified the issues found during the inspection.

Medicines were not always managed safely, which put people at risk of harm. This was a continued breach of Regulation 12(1)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found no evidence people were restrained or their behaviour was controlled with the use of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person said, "I have no niggles and I often talk to senior staff, and I would certainly speak out if I had any concerns. I feel confident staff would listen to me and act on what I say. Staff are definitely caring and very attentive to my needs and I feel very safe here."
- Staff received training on how to safeguard people and were able to identify different types of abuse. Staff

supervisions had also taken place

- People were protected by staff who understood the risks to their wellbeing and supported them to mitigate these. Risk assessments and capacity assessments had been completed for each person. A relative told us, "Yes, [person] does feel safe because when I visit there is nothing untoward and the staff seem knowledgeable enough. I don't have any concerns and if I did I would speak to the manager."
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents. A safeguarding file was kept, which detailed each issue, the action taken, confirmation CQC and the local authority had been notified, a record of the chronology of events and a record of the outcome of any safeguarding meetings.

Assessing risk, safety monitoring and management

- Pre-admission assessments were completed to identify any individual risks, including risks to people's health and well-being.
- People's care needs were regularly reviewed, and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to areas such as falls, nutrition and pressure care.
- The environment and equipment were maintained to keep people and staff safe and all required building related safety certificates were in place.
- People had personal emergency evacuation plans in place, with key information, should they need evacuating from the building.

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.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the registered manager on a regular basis to identify themes and trends in order to prevent a reoccurrence.

Staffing and recruitment

- There were enough staff on duty to meet people's assessed needs. The staffing rota corresponded with the names and numbers of staff on duty.
- People and staff told us there were sufficient numbers of staff to meet people's needs. A relative said, "As far as I am aware, yes there are enough staff. Every time we visit there does seem to be staff around, but it

maybe because it's the busiest times of the day." A person told us, "Staff are brilliant; they are in and out of my room all the time and I don't feel lonely at all. They always come to see me and take the time to chat to me."

- The provider carried out robust pre-employment checks prior to staff working at the home. This included identity checks, previous employment checks, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 service supported visits for people living in the home in line with current guidance. Relatives told us they were able to visit.

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 requires improvement. The rating has remained 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

- An effective system to monitor and manage safety was still not fully in place. Following our last inspection, the registered manager and staff had worked hard to make improvements.
- The service had addressed the issues from the last inspection, however, medicines were still not managed safely across the home, and documentation needed improving.
- Quality assurance processes helped to ensure the quality of service; however, audits had not identified the issues we found with medicines. Following the inspection, the provider told us they had reviewed the medicines auditing process.

We recommend the provider continues to adapt medicines audits to ensure they are more robust.

- Feedback from the local authority about the service was positive. A local authority professional told us, "The home have been working through an improvement plan following the last CQC inspection and have been progressing well. This has also included the management team supporting staff with additional training. They have been open to feedback and support."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; 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 registered manager and staff promoted a positive culture in the home. People and relatives spoke positively about the care and support they received. One person said, "I have been treated really well and it feels like home to me. The staff are all regular and all are incredibly good." A second person told us, "The staff have been very good to me, and [my relative] is also happy and says I've never seen you look so well in many years." A relative told us, "The atmosphere of the home is good, and I have recommended the home to 2 of my friends who are looking for a home for their relatives."
- Staff told us the management team were approachable and supportive. One staff member said, "[Registered manager name] is a great manager and [deputy manager name] also is good; they are very supportive in work life and personal life and that's why I have been here for so long."
- The registered manager and staff kept in regular contact with people's relatives and relatives told us communication with them was good. One relative said, "Communication is very good, and staff have notified me when [person] has been unwell." A second relative told us, "I wanted to say this place has given their all, it is fantastic and I'm totally satisfied. Staff are caring at all times, and they have a lot of time for the

residents and also for visitors as well."

- The duty of candour was understood by the registered manager, and there was a culture of learning, openness, and continual improvement. This reflected the requirements of the duty of candour. Records relating to the duty of candour and notifiable safety incidents were maintained. A relative told us, "We are notified of any news or problems, and I have attended a relatives meeting." The home had a dedicated Facebook site where people and relatives communicated with the registered manager and staff and received news and updates; we saw this had 175 members, who had given their permission to use this site.

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

- There was a clear management structure and staff showed a good understanding of their roles and responsibilities, working well together and showing commitment to ensuring people received the best care.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC as required by the regulations.
- There was an ethos of continuous improvement and learning, however, improvements were still needed to ensure medicines were managed safely. The registered manager and staff spoke positively about their commitment to learning and making improvements to the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked closely with people and their relatives to ensure they understood people's support needs and could deliver quality outcomes. People's equality characteristics had been explored and identified as part of the care planning process.
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- There was an up to date equality and diversity policy in place and staff had been trained in equality and diversity and dementia care.
- The registered manager and staff team worked with people, relatives, and healthcare professionals such as GPs, chiropodists and opticians to provide the best outcomes for people. Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.
- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service. A visiting health care professional said, "We have no issues or concerns with the care here, staff are really good at contacting us and following any advice we give. If any issues arise, staff always contact us, and we visit every day anyway. Any advice we give is acted on and no-one has any pressure sores. We have seen staff using transfer equipment safely and staff are always welcoming and friendly. Paper work is all up to date and body maps are used where needed. We feel the home provides diligent care."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely, which put people at risk of harm. This was a continued breach of Regulation 12(1)(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>