

Review of compliance

Withins (Brightmet) Limited Withins (Brightmet) Limited	
Region:	North West
Location address:	38-40 Withins Lane Brightmet Bolton BL2 5DZ
Type of service:	Accommodation for persons who require nursing or personal care
Publication date:	July 2011
Overview of the service:	<p>The Withins is a purpose built private residential home providing personal care and accommodation for up to 65 adults. The home is located in a residential area in Brightmet, about 2 miles from the centre of Bolton.</p> <p>Accommodation is provided on three floors and there is good wheelchair access throughout the home. All bedrooms are single and have en-suite toilet and hand basin. A passenger lift provides access to all three levels of the home.</p>

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Withins (Brightmet) Limited was not meeting one or more essential standards. Improvements were needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers

How we carried out this review

We reviewed all the information we hold about this provider. This included any information provided by other agencies.

We visited the home, unannounced, on 5 July 2011. During the visit we took the opportunity to look at some of the personnel records for staff. We observed care taking place and spoke to a small number of service users. We looked at the records for one service user and we met with the manager.

What people told us

People told us that there was plenty of choice regarding the daily activities provided by the home but they did not have to join in unless they wanted to. We heard that people were kept up to date about medical interventions. One person who used the service told us that “The care is wonderful. The girls will do anything for you.”

What we found about the standards we reviewed and how well Withins (Brightmet) Limited was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People who used the service experienced safe and appropriate care and support that met their identified needs.

- Overall, we found that Withins (Brightmet) Limited was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

The home had robust safeguarding procedures and a good staff training programme in place which helped to ensure people were protected from abuse.

- Overall, we found that Withins (Brightmet) Limited was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Poor recruitment procedures mean that people who live at the home are at risk of being exposed to those who may be a danger to them.

- Overall, we found that improvements were needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People who used the service were cared for by staff that were appropriately trained and supported.

- Overall, we found that Withins (Brightmet) Limited was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns, we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services.

Our findings

What people who use the service experienced and told us

We were told that “The care is wonderful. The girls will do anything for you.” People who we asked told us that they had a choice of daily activities, and different lounge areas provided the people who used the service with the interaction they preferred. People told us that there were different activities on different days. One person who used the service told us about the various medical tests she had undergone and was fully aware of choices regarding her healthcare.

Other evidence

During our visit we spent some time in two of the lounges in the home. In one lounge old time music was playing and people were joining in with singing and dancing. In another lounge staff had organised games and were seen encouraging residents to try to throw a ball or beanbag into a net or at a target. People who used the service were given the choice of joining in the activities or not, and we saw quiet communal areas in the home that could be used whenever a person wished.

Throughout the period of the visit we saw staff treating people who used the service with dignity. No personal care was carried out in the communal areas, and we saw

staff regularly helping people to the bathroom areas.

We examined the care records of one person who used the service. We saw that a full personal history was recorded that included likes and dislikes and family background. Various risk assessments had been completed and these were regularly updated as required. Care plans were also regularly updated and it was recorded that the person had been involved in the planning of their care.

Our judgement

People who used the service experienced safe and appropriate care and support that met their identified needs.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us

We did not specifically ask people who used the service about their views in connection with this outcome.

Other evidence

We saw evidence that staff felt able to raise concerns of abuse. In the example we saw there were records to show that the home had acted appropriately by immediately separating the alleged abuser from the person who used the services and by notifying the police and the local authority safeguarding team. The manager fully cooperated with the investigation, and the allegation was not proven.

We saw evidence that all staff had received training in the protection of vulnerable adults. This training was due to be updated.

We saw some evidence that staff had started work before the required pre-employment checks had been undertaken. These concerns are addressed in outcome 12 of this report.

Our judgement

The home had robust safeguarding procedures and a good staff training programme in place which helped to ensure people were protected from abuse.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are major concerns with outcome 12: Requirements relating to workers.

Our findings

What people who use the service experienced and told us

We did not specifically ask people who used the service about their views in connection with this outcome.

Other evidence

We looked at a sample of 12 staff files.

The Staff Recruitment and Selection policy was seen. This stated that “A copy of the prospective candidate’s official documentation must be retained in the staff file for identification purposes.” Evidence of identity was not seen in all the files we checked. In one case the staff member’s primary identification document was recorded to be an original birth certificate issued within 12 months of the date of birth. The Criminal Record Bureau (CRB) check had been completed on the basis of this document, but the certificate had actually been issued 10 days before the applicant signed the job application form. The required number of secondary identification documents that would have been required had not been provided.

We saw evidence that the legally required Independent Safeguarding Authority (ISA) checks were usually requested prior to an applicant starting work. These

checks determined if a person was on a list of people that had been banned from working in a care position with vulnerable adults. The check can be used in cases where a person can, in certain situations, be permitted to work in a care home before the full CRB disclosure is received. In one case the check was requested on the same day an applicant started work, and the check was returned the following day. In most cases references were seen in the files, but it was not unusual for these to be dated after the staff member had started work.

In one example seen, there were serious flaws in the way in which the vetting process had been applied. The manager stated that he had known the applicant personally, prior to them applying for a job as a carer and that they had done voluntary work for the service before applying for a job there. However, those factors have no bearing on the legal requirement to undertake certain prescribed checks before any individual is employed. The applicant had completed an application form and declared no previous convictions, including 'spent' convictions or cautions. An ISA check was requested and the service was advised by them to wait for the full CRB disclosure to be returned before making a recruitment decision about the applicant. Despite this, a formal job offer was made and the staff member started work a week later. The CRB disclosure was not returned for a further eight weeks, and a previous caution was noted. The manager told us that he recalled having a conversation with the staff member regarding this, but no record of the conversation had been kept. A character reference had been obtained for the staff member prior to the start date, but we saw no evidence of a reference being requested from any previous employer. An employer reference dated six months after the staff member started work was held in the personnel file, but on inspection this was actually written by a staff member from this service. There was no evidence of identity held for this member of staff and no record of an interview taking place.

None of the personnel files we examined contained evidence of an interview taking place. The manager told us that prospective candidates were interviewed but records were not kept. CRB checks were returned after the start date in over half the files we checked and we saw no evidence that the procedure for employing staff that provided care prior to a CRB disclosure being returned was being complied with. We saw no records of any discussion taking place between the manager and the staff member when previous convictions were recorded on the CRB disclosure certificate. The Staff Recruitment and Selection policy states that this should happen so that a reasonable decision can be made as to the applicant's suitability for employment.

Our judgement

Poor recruitment practices mean that people who live at the home are at risk of being exposed to those who may be a danger to them.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant
with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not specifically ask people who used the service about their views in connection with this outcome.

Other evidence

We saw that the service kept training records for all staff. A file for each staff member was kept containing certificates from various training courses. In addition to this the manager kept an up to date training matrix (an overview of the training received by each member of staff) showing when mandatory training had been completed and when it should be renewed. This record demonstrated that most training was up to date. Training for medication and protection of vulnerable adult training was due for renewal and we were told that this was in the process of being arranged.

We saw that all staff members had had an appraisal within the previous 12 months and records of all appraisals and supervision meetings were held.

We looked in detail at the training and supervision records of one staff member. We found that all mandatory training was up to date and an appraisal had been carried out in April 2011.

Our judgement

People who used the service were cared for by staff that were appropriately trained and supported.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	21	12
	How the regulation is not being met: Poor recruitment practices mean that people who live at the home are at risk of being exposed to those who may be a danger to them.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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