

# Review of compliance

<p>Withins (Brightmet) Limited Withins (Brightmet) Limited</p>	
<b>Region:</b>	North West
<b>Location address:</b>	38-40 Withins Lane Brightmet Bolton Lancashire BL2 5DZ
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	<p>Withins (Brightmet) Limited is a purpose built home providing accommodation and care for up to 65 adults. The home is located in a residential area in Brightmet, about two miles from the centre of Bolton.</p> <p>Accommodation is provided on three floors and there is good wheelchair access throughout the home. A</p>

	passenger lift provides access to all three
--	---

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

## Our current overall judgement

**Withins (Brightmet) Limited was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this 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:

Outcome 11 - Safety, availability and suitability of equipment

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 August 2012 and talked to staff.

### What people told us

We did not ask people who use the service any specific questions relating to this outcome.

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

#### Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider was meeting this standard.

Suitable arrangements were in place to ensure the CCTV equipment in use was used correctly. This helps protect the privacy and dignity of people using the service.

### Other information

Please see previous reports for more information about previous reviews.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

During our visit we observed and spoke to some people who used the service. The people we spoke to appeared happy and content living at the home. We did not ask them specifically about the use of Closed Circuit Television cameras within the home. However, none of the people that we spoke to seemed unhappy or worried about any issues within the home.

##### Other evidence

We visited Withins Residential Home on 2 August 2012 to look at the Closed Circuit Television (CCTV) and the reasons for using it. We wanted to ensure that people's privacy and dignity was being preserved.

We were shown the CCTV by the manager, and he explained its uses to us. The manager said that the cameras were installed around 2 years ago, in response to a concern about a person who used the service who had self harmed. The manager told us he sought advice around the positioning of the CCTV cameras, when they were first installed. The advice given was that they should not be set up in any private areas, for example, bedrooms and bathrooms. The cameras are set up to observe the lounges, kitchen, outside smoking area, nurses' station and the front door.

The manager explained that the cameras were a useful tool for observing the safety and well being of people who use the service. This was due to the layout of the building, as his office is located in the basement. He said that the cameras could

highlight accidents, such as falls, which could then be dealt with very quickly. He went on to say that they could also be useful in monitoring any challenges that arose due to particular medical conditions. This helped in deciding on the continuing suitability of someone's placement at the home. The manager told us that all prospective residents and their relatives were taken on a tour of the building and shown the cameras and their uses were explained.

The manager told us that he had an "open book" policy and wanted to ensure the safety and well being of people who use the service. He also felt that relatives of the people using the service were reassured by the extra observation available due to the cameras.

The manager further explained that the cameras were also a useful aid to observation of practice by care staff within the home. He told us that all staff had been made aware of the location and purpose of the cameras and that they were all happy with this.

The manager said that the footage was kept for 30 days, unless there was a good reason to keep it a little longer, for example, as evidence of a safeguarding incident. The manager said that only he and the deputy manager had a pass code to retrieve old footage. We were told that only he and the deputy manager had access to where it is stored, in a locked cupboard within a locked office.

There is, at present, no formal policy in place with regard to the use of CCTV within the home. It is not mentioned within the care plans of any of the people who use the service, or within any of the supervision agreements with staff members.

It was discussed and agreed by the manager that a policy setting out the reasons for the CCTV and its specific uses should be written. We also discussed the inclusion within this policy of an agreement that anyone viewing footage should only be shown the relevant person and not any other people. This is in order to preserve their privacy and dignity. This can be done by zooming in on the relevant piece of action.

It was discussed and agreed by the manager that an explanation of the equipment and its uses should be part of any induction programme for new staff members. It was discussed and agreed by the manager that consent should be sought from all prospective residents, relatives and staff members around the use of CCTV.

We also took into account the way that this equipment was demonstrated to new staff and prospective residents and the agreement to put a policy in place around this issue. We considered the specific use of the equipment and the agreement to preserve the dignity and privacy of all people who use the service.

### **Our judgement**

The provider was meeting this standard.

Suitable arrangements were in place to ensure the CCTV equipment in use was used correctly. This helps protect the privacy and dignity of people using the service.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA