Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Withins (Breightmet) Limited

38-40 Withins Lane, Breightmet, Bolton, BL2 5DZ

Tel: 01204362626

Date of Inspection: 23 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Withins (Breightmet) Limited
Registered Manager	Mr. Samuel Shahbazi
Overview of the service	Withins (Breightmet) Limited is a purpose built home providing accommodation and care for up to 65 adults. The home is located in a residential area in Breightmet, about two miles from the centre of Bolton. Accommodation is provided on three floors and there is good wheelchair access throughout the home. A passenger lift provides access to all three floors.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We visited Withins on 23 July 2013 and found the home spotlessly clean and the atmosphere friendly and relaxed. There were adequate numbers of staff whom we observed delivering care efficiently and treating people with respect.

We looked at five care plans, which included information about health, care needs, background, likes and dislikes. There were appropriate risk assessments and monitoring charts which were reviewed and updated on a monthly basis.

We spoke with four people who used the service. One person said "They look after us here. The food is lovely." Another said "They do their best for you", whilst another told us "The girls are all nice, I'm happy here."

We spoke with six visitors who were all very positive about their relatives' care. One visitor said "I feel very involved." Another visitor told us that when their relative had been admitted to the home the staff had been exceptionally supportive "It was like somebody putting an arm around me, like being wrapped in a warm blanket."

The home had safeguarding procedures which were followed appropriately. Staff were aware of safeguarding issues and were confident that they could recognise, report and record concerns.

We spoke with three staff members who felt they were well supported in their employment, learning and development.

There was evidence of quality assurance and consultation with people who used the service and their relatives to ensure the continued quality of the service delivery.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On our visit we were taken on a tour of the home and saw that staff spoke to people who used the service with respect and offered them privacy and dignity when they needed support with any personal care needs. We observed staff members knocking on bedroom doors prior to entering. The atmosphere in the home was relaxed and friendly and we saw staff and people who used the service having fun and joking with each other.

We looked at files for five people who used the service. We saw that people's likes and dislikes, preferences and wishes were documented within the files. We spoke with six visitors, five of whom told us their relative's care plan had been discussed and agreed with them on admission and updates were also communicated to them.

However, there was only one file which contained the signature of a family member to say that they had discussed the care plan and were happy with the content. The manager agreed that this document should be signed in all cases where it was applicable, to evidence these discussions had taken place.

We also saw that, out of the five files we looked at, only one had a social and family history sheet completed. We discussed this with the manager and they told us that in some cases there was no family or that relatives did not wish to contribute. They agreed that this should be recorded to evidence that a social and family history had been sought for each person.

Five of the visitors with whom we spoke told us that communication between themselves and the home was excellent. They said that they were always informed of any changes or incidents, if that was their wish, and kept up to date with their relative's care needs, health and general well-being. The other visitor felt that communication was not as good as it could be.

One visitor told us that their relative had a drop of whisky each evening, as this was something they had always enjoyed. Another told us that the staff ensured that their relative was always well presented and that their hair was done regularly.

Most of the visitors with whom we spoke told us that all the staff and management were very approachable and that they were able to give suggestions and raise concerns at any time. We saw that the home held a residents and relatives meeting on a bi-annual basis where people were encouraged to discuss and give feedback and suggestions on activities within the home.

We observed the lunchtime routine in one of the dining rooms and noted that there was a significant number of staff serving people their meals. We saw that choices were given and alternatives offered if the person who used the service did not want what was on the menu. We saw that people who were reluctant to eat were gently encouraged and offered small portions of favourite foods to try to facilitate good nutritional intake.

Staff assisted those who needed it, explained what the meal was and chatted with the person whilst assisting them. Each person was offered tea, coffee or juice with their meal and extra juice was offered after the meal as it was a very hot day. We saw that cold drinks were offered at all times during the day as well as hot drinks being served at regular intervals.

We looked at the home's policies and procedures and saw that appropriate policies were in place, such as equal opportunities, sexuality and access to files from service users and relatives.

We noted that the home had written a policy around the use of closed circuit television (CCTV) within the home, as discussed with them at the last CQC inspection. This was to ensure that the CCTV was only used in public areas, for particular purposes, i.e. for the safety and security of the people who used the service. We saw that the use of CCTV was explained to both new staff and prospective users of the service and their relatives and that signatures were obtained agreeing to its use for the purposes set out in the policy.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

On our visit we found all areas were exceptionally clean and tidy. People were appropriately dressed and well presented. We saw that staff delivered care in a competent and efficient manner and generally communicated well with the people who used the service. We observed that staff used the appropriate personal protective equipment (PPE), such as disposable aprons, when serving food.

We looked at a sample of five care plans and saw that they included information around people's health, care needs, preferences and wishes. Appropriate risk assessments, such as nutrition, falls, mobility and communication were kept within the files and updated on a monthly basis with any changes recorded.

Monitoring charts relating to areas such as weight were used to track progress. The provider may wish to note that all the entries within the care plans should be clearly dated and information recorded, especially daily records. Personal information and social history and background, could be more detailed.

We spoke with three members of staff who told us that they had been shown how to complete and understand care plans during their induction. They all demonstrated a good understanding of care planning and risk assessing.

We looked at the home's policies and procedures and appropriate ones were in place such as health and safety, fire safety and first aid. Staff with whom we spoke were aware of the policies and how to access them.

There were two activities coordinators employed by the home and there was a range of activities on offer on a daily basis, six days per week. These included ball games, musical entertainment, exercises, parties, dominoes, bingo and crafts. There were also one to one activities such as conversations, manicures and pamper sessions. A monthly newsletter was produced by the home, which included photographs and descriptions of activities undertaken.

The activities coordinator on duty on the day of our visit told us about an activity run by the Alzheimer's Society, called "singing for the brain". There was a session held at a local

church hall on a monthly basis. A number of people who used the service were escorted there each month to participate in this activity. It also provided an opportunity for them to mix with other members of the local community who enjoyed this pursuit.

We observed the activity on the afternoon of our visit, which was musical entertainment. We saw that those who wished to participate were encouraged not just to listen, but to clap along, sing and dance and all those who participated appeared to have a thoroughly good time.

We saw that the management of the home had created a very pleasant safe garden area for people to use in good weather. There was a hairdressing service offered on a regular basis and a monthly church service for those who wished to attend.

We spoke with a practice nurse who was a regular visitor to the home. They told us that it was the best home they had been in and was always spotlessly clean. They felt that the consistency of the staff team contributed to the efficient running of the home. They told us that staff communicated well with them.

We spoke via telephone with the district nursing team manager whose team visited the home on a daily basis. They told us that there had occasionally been issues raised with the home, such as documentation not being completed correctly by carers. A meeting had been held with the manager and these concerns had been addressed immediately and improvements implemented. They told us that communication was excellent with all staff and that they found everyone at the home approachable. If any concerns were raised or improvements requested, these were always addressed straight away.

As there were a large number of people who used the service and the district nurses always had a high volume of people to see each day, a new treatment room had been recently established, which had been a great help to the team. We were told that pressure areas were not a major problem at the home.

We spoke with four people who used the service. One person told us "They look after us here. The food is lovely." Another said "They do their best for you", whilst another told us "The girls are all nice, I'm happy here." One person liked to stay in their room and did not like to join in with activities, but enjoyed one to one conversations. They told us that they would appreciate more baths.

We spoke with six visitors most of whom were very positive about their relatives' care and treatment at the home. One visitor said "I came here seven days a week when my X was here. I could have a drink, stay for a meal, join in the activities and parties." Another told us "I feel very involved. If I ever need a home I would choose a place like this." A further visitor told us that when their relative had been admitted to the home the staff had been exceptionally supportive and kind "It was like somebody putting an arm around me, like being wrapped in a warm blanket."

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The home had appropriate safeguarding policies and procedures, such as abuse and safeguarding, managing harassment, abuse and violence, accidents and restraint. There was evidence that they were regularly reviewed and updated to reflect any changes to legislation and procedure.

We looked at documentation relating to the two most recent safeguarding incidents which had been recorded and reported appropriately and relevant notifications sent to the CQC. The local authority safeguarding adults team had been involved where necessary, meetings attended and contributed to by the home and advice and action plans followed. For example, one of the safeguarding issues concerned a person who used the service having left the home via the front door and been missing for a short while. Immediately following this occurrence, extra security measures had been installed so that there were now two magnetic security doors at the front of the building in order to minimise the risk of further incidents of a similar nature

We looked at the home's training matrix and saw care staff had attended safeguarding training. They had also undertaken Mental Capacity Act (MCA) training.

We spoke with three members of staff who all demonstrated an understanding of safeguarding issues and reporting procedures. They were able to give examples of how they would recognise a concern and the process they would follow and said they would be confident to do this if necessary.

They were also able to outline the principles of the MCA and give examples of how people who used the service were supported to make their own decisions as far as was possible. Staff were aware of best interests principles which may have to be employed in instances where people were unable to make informed decisions for themselves.

We discussed whistle blowing procedures with the three staff members. They all told us that they were aware of whistle blowing and would not hesitate to follow the procedures in the event of witnessing poor care or potential abuse.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at a sample of three staff files which contained evidence of robust recruitment procedures, including qualifications, references, proof of identification and mandatory training. They also included copies of the main policies and the staff member's consent to the use of CCTV within the home.

We observed the staff on duty during our visit and saw there were adequate numbers of staff to attend to the needs of the people who used the service. Good numbers of staff were in evidence over lunch time, allowing time to assist people with their meals without rushing them.

We were told that a new management structure had recently been introduced and that there were now two operational care managers. We spoke with three members of staff and they felt that the introduction of the new care managers had greatly improved the day to day running of the home. They told us that the care managers were very approachable and were able to help with any concerns in a timely way.

The three staff members we spoke with told us that they felt extremely well supported and that all the management team were approachable. Two of them gave examples of occasions when they had been especially well supported. They also told us that they were encouraged in their professional development and that training was on offer on an ongoing basis. They said that if they requested particular training they were supported and facilitated in their request.

One staff member told us "I couldn't work for a nicer company, the management genuinely care about the residents and staff." Another told us that the management had an open door policy at all times.

The manager said that a new human resources initiative had been recently implemented by the company. This was a guidance and advisory process which was in place to help address minor staffing issues before they became bigger problems. They felt that the introduction of this process had already yielded positive results.

National Vocational Qualification (NVQ) training was encouraged for all staff members. We

were told by staff that regular meetings and supervisions provided opportunities for them to raise any issues or concerns that they had.

We looked at the records of staff appraisals. They included information around achievements, areas of difficulty, strengths and weaknesses, relationships between staff and people who used the service, changes needed, targets and training needs.

We saw that, although the appraisals were meant to be completed annually, the last ones were carried out in 2011. We spoke with the manager of the home who told us that they planned to complete all staff appraisals this year.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There was a manager in place at the home who was registered with the Care Quality Commission (CQC).

We saw that there was a complaints policy in the home, which had been updated, further to a discussion at the last inspection, to include the contact details of CQC. The complaints procedure was included in the information given out to prospective users of the service and their families. Complaints were followed up appropriately and we were told by the manager that any dissatisfaction expressed was taken seriously and appropriate changes made and learning taken from this.

There was a quality assurance policy in place. We were shown a number of internal audits carried out at the home. These included monthly hand hygiene and general cleaning audits. There were other audit tools in place relating to infection control issues but no evidence that these had been completed.

We were told by the manager that the care managers regularly audited care plans and addressed any shortfalls found. However these audits were not documented. The provider may wish to note that formal documentation of all audits carried out would provide evidence of internal quality assurance measures.

We saw minutes of bi-annual residents and relatives meetings. These provided a forum where suggestions and comments could be made and concerns raised and addressed.

Annual questionnaires were completed by people who used the service and by relatives. Comments, suggestions and concerns were requested around topics such as meals, cleanliness, staff, rooms and activities.

We were shown the most recent of these questionnaires, sent out in January 2013, which demonstrated a high level of satisfaction in all areas by people who used the service and their relatives. There were many positive comments made about the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk