

Aitch Care Homes (London) Limited

Byfield Court

Inspection report

Byfield Court
Sheppey Way, Bobbing
Sittingbourne
Kent
ME9 8PJ

Tel: 01795431685

Date of inspection visit:
16 April 2019

Date of publication:
31 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Byfield Court is a residential care home providing care and accommodation for up to eleven people who have learning difficulties and/or autism. There were eleven people living at the service at the time of inspection. The service aims to support people to gain greater independent living skills within their home and the community.

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

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, independence was promoted; people were supported to make choices and people were encouraged and supported to access the local community.

People's care and support was individual and provided in a way that put them at the centre of planning. Staff knew people well, their likes, dislikes and what was important to them.

People had various ways of communicating their needs, including using sign language or gestures. These were detailed in care plans so even new or agency staff were able to communicate individually with people. People's safety was managed well, including identified risks and their prescribed medicines.

There were enough staff to make sure people received the support they were assessed as needing, including going out to their chosen activities.

People were supported to make decisions and they were helped to know their rights by staff.

Staff received the training they needed to make sure they had the skills to support people's needs.

There was an open culture, led by the registered manager who was described by staff as being approachable and supportive. People knew the registered manager, who often provided their support, and were relaxed in their company.

The provider had a good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

Rating at last inspection: Good (Report published 7 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will visit the service again in the future to check if there are changes to the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led.

Details are in our Well-Led findings below.

Byfield Court

Detailed findings

Background to this inspection

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

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, independence was promoted; people were supported to make choices and people were encouraged and supported to access the local community.

People's care and support was individual and provided in a way that put them at the centre of planning by staff who knew people well, their likes, dislikes and what was important to them. People were supported to make decisions and they were helped to know their rights by staff who understood the basic principles of the Mental Capacity Act. There were enough staff to make sure people received the support they were assessed as needing, including going out to their chosen activities.

People had various ways of communicating their needs, including using sign language or gestures. These were detailed in care plans so even new or agency staff were able to communicate individually with people. Staff knew how to make sure people's safety was managed well, including individually identified risks and their prescribed medicines.

People could be assured they were supported by staff who themselves were well supported and received the training they needed to make sure they had the skills to support their needs. There was an open culture, led by the registered manager who was described by staff as being approachable and supportive. People knew the registered manager, who often provided their support, and were relaxed in their company.

The provider had a good oversight of the service, using their monitoring processes to make sure people received a good quality and safe service.

Rating at last inspection: Good (Report published 7 October 2016).

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Follow up: We will visit the service again in the future to check if there are changes to the quality 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.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff told us the registered manager was very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- The provider and registered manager helped to keep people safe by having a range of individual risk assessments in place to prevent foreseeable harm.
- For example, where people were at risk of seizures there was detailed information for staff on what triggered the seizures, what the seizure would look like and when to seek medical attention.
- Risk assessments set out the plans in place to protect people, however, thought was given to making sure people could continue to maintain their independence.
- Some people found medical appointments difficult to cope with and some people were very sensitive to noise. These difficulties were set out in detailed individual risk assessments to make sure measures were in place to protect people from the risks associated with their anxiety as a result.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency situation arose.
- When some people became anxious, their behaviour could challenge themselves and others. To enable staff to provide consistent and successful support to people, positive behaviour support plans were in place. These gave staff detailed guidance how to support people in the way they responded best, to reduce their anxieties quickly and with positive outcomes.
- The premises continued to be well maintained and equipment was serviced at regular and appropriate intervals.

Staffing and recruitment

- There were enough staff to support people safely. Staffing was arranged flexibly so that people were provided with one to one or two to one support when this was needed. For example, when people wanted to go out.
- Staff continued to be recruited safely. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed

which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines were managed in a safe way. People received their medicine on time and as prescribed.
- Medicine was ordered, stored and disposed of safely. Medicines administration records were complete with no gaps or errors in recording.
- There was detailed information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicine.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.

Preventing and controlling infection

- Staff supported people to keep their own home clean and people were protected from the risk of infection. The service was clean and free from odour.
- Staff had access to appropriate equipment such as disposable gloves and aprons.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

Learning lessons when things go wrong

- The provider and registered manager had worked with the local authority when safeguarding concerns had been raised.
- Accidents and incidents had been recorded by staff and monitored by the registered manager and the provider to try to prevent similar incidents being repeated. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into Byfield Court.
- Assessments were used to develop each person's care plans and meant the registered manager could make decisions about the staffing hours and skills needed to support people.
- They included making sure that support was planned for people's diverse needs, such as their religion, culture and expressing their sexuality.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to support people.
- Initial training was face to face with a complete update every three years. Online training was completed each year in between these times to refresh staff knowledge. Staff told us they were able to request additional training if needed.
- Staff had regular supervision meetings and an annual appraisal. Staff were positive and felt they were supported well. The registered manager and deputy manager regularly worked alongside staff, observing their practice and checking their competence to follow the provider's processes and deliver safe care.
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. One member of staff said they had spent five full days shadowing to build their confidence. New staff completed a probation period where their performance was reviewed before being completed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to choose the menus for the week ahead. Photographs of meals were used to assist people to make their choices. Staff promoted health eating by helping people to understand their decisions.
- Staff did the cooking each day. People were encouraged to help with cooking if they were able, promoting independent living skills. Many people were able to make their own breakfasts for example.
- Some people had been advised by healthcare professionals to keep to a specific diet, such as gluten free or to have food blended to prevent the risk of choking. Staff were aware of people's diets and clear alternatives were recorded on the week's menu as a reminder.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare as they needed it. Care plans gave clear direction and guidance for staff so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or community nurse.

Adapting service, design, decoration to meet people's needs

- People had been able to personalise their bedrooms with their own belongings and had chosen the wall colours and bedding. Each person had their own large television in their room. Every bedroom had an ensuite shower room. One person had a bath because this was their preference. This meant people had their own space where they could relax and feel comfortable if they wanted to be on their own.
- Corridors and doorways were wide to accommodate wheelchairs, giving easy access to all parts of the service. The provider had installed ceiling tracking in one bedroom and bathroom to enable people who needed staff to assist them to move around to do this with more ease and comfort.

Ensuring consent to care and treatment in line with law and guidance

- 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 Act 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's capacity to make decisions had been assessed and a best interest process had been followed.
- Consent to care and treatment while living at Byfield Court was discussed with people. An easy read form in a pictorial format was used for people to sign their consent.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made appropriate applications to the local authority and kept these under review to make sure they continued to be relevant and up to date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service had a happy atmosphere where people were chatting comfortably with staff who clearly knew them well.
- Some people enjoyed singing and were confident in putting on a show for those around them.
- Staff were relaxed with each other and were keen to share their views. One staff member said, "We have really good team working, all very supportive and caring."
- Some people were able to speak with us. Those that were told us they were happy living at Byfield Court. Some people were not able to verbally communicate, however, their interactions with staff showed they felt at ease.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to keep in touch with family and friends. Relatives often came to visit their loved ones at the service and they often went out together. Where this proved difficult for some relatives, staff supported people to visit their loved ones on a regular basis.
- People were involved in their care plans where they could, saying what they liked and how they liked things done. Where people were not able to actively take part, staff gathered information from people who knew the person, such as relatives, previous support staff or health and social care professionals. This helped to make sure they had as much information as possible to be able to provide care and support in the way people preferred.
- Care plans were easy to read and visual, with pictures to help people to understand them more easily.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence and to increase their skills as much as possible. Care plans described what people were good at and the areas they needed more support with. Some people's strengths were in cleaning, baking or making drinks. Extra support needed by some people included, personal care, preparing food or using public transport.
- Care plans were detailed, describing people's usual routine through the day, for example, getting up in the morning and preparing breakfast. The care plan showed clearly which parts people needed help with and which parts they could manage themselves. This meant staff had the information needed to make sure people maintained their independence.
- A theme of respecting people's privacy and dignity was clear through people's care plans and our observations during the inspection.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff helped people to choose the activities they would like to take part in on a daily basis by using photographs to help people with their decision. However, people were able to change their minds whenever they wanted and do something different.
- People had regular interests to follow outside of the service. These included, swimming/hydrotherapy, clubs to meet friends, horse riding and shopping. Many people enjoyed going to a popular local nightclub. Staff went with people to provide support and reassurance if needed.
- People had varying communication needs. Some people were not able to verbally communicate. Staff used pictorial aids and knew people well so were aware of body language or sounds made in people's own communication style. Other people used sign language to communicate and staff were able to respond to people in this way.
- Some people were registered blind and the provider had installed gadgets in their home to assist them, including a talking microwave. Staff made sure everything was always left in exactly the same place within the person's own self contained flat to support their continued independence.
- One communal room was used as a sensory room so people could relax and enjoy gentle stimulation to promote physical health and mental well-being. Some people found lots of activity or loud noises difficult to cope with. The sensory room helped to lessen their anxiety.
- Care plans were individual, with a lot of personal information about people. The important people in their life, where they had lived before and went to school, as well as their interests and hobbies were all included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- People's care plans were comprehensive, covering all areas of their life to make sure they received the support they needed. People's sexual health and sexual preferences were included with clear direction for staff to maintain people's privacy and respect.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this or relatives helped them. Other people did not have specific religious beliefs.

Improving care quality in response to complaints or concerns

- There was a written and a pictorial complaints policy in place. There had been one complaint at the service in the last 12 months and this had been dealt with in a timely manner and by following the provider's complaints policy.

End of life care and support

- No one at the service was currently being supported with end of life care.

- End of life support plans were in place for some people and others still needed to be developed with people and their relatives when they were ready.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- A registered manager was in post and people were comfortable approaching them and knew them well. The registered manager, the deputy manager and senior managers had the skills and experience they needed to manage a learning disability service.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a robust system in place to check the quality of the service and make improvements when necessary. There were regular audits of care plans, risks assessments, medicines, cleanliness, the management of people's money and health and safety.
- Senior managers visited regularly to carry out audits and make sure the safety and quality was at the standard expected by the provider.
- The results of audits and any action needed was recorded on an electronic system and monitored at central, head office level. This meant the provider had oversight of the quality of the service and the action being taken to make improvements, if identified.
- Staff competency was regularly assessed to ensure that they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- The staff we spoke with described the registered manager as very approachable. They told us they were supportive and helped them to maintain a work life balance by supporting them if personal issues arose. One staff member said the registered manager was, "Consistent in their support and could be relied on."
- The registered manager had informed CQC of significant events that happened within the service, as required by law.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service and on their website.
- The registered manager kept up to date with best practice and developments. For example, they attended events to learn about and share best practice. The provider also made sure information and professional

updates were passed on to the registered manager and staff.

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

- People were supported and encouraged to give their views of the service and to have a say in how things were run at regular 'house meetings'.
- Surveys were given to people once a year to check their views of the service. The survey was in an easy read format, with pictures, for people to be able to show their response. The most recent survey showed people were all happy with their support.
- People's relatives were asked to complete an annual satisfaction survey. The most recent survey showed responses were good, including any comments made.
- Staff said they were encouraged to give their ideas and views in regular staff meetings or when reviewing people's care. This had resulted in one person overcoming severe anxieties that had impacted on their independence and social life. They were now starting to move forward with a clear plan in place.

Working in partnership with others

- The registered manager attended local provider forums and kept in contact with other registered manager in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.