

Byron Lodge Care Home Ltd

# Byron Lodge Care Home Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Byron Lodge Care Home is a residential care home providing personal and nursing care for up to 28 older people. At the time of our inspection, there were 19 people using the service. Some of the people using the service were living with dementia and some people received their care and treatment in bed.

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

People told us they were content with the support they received. Their comments included, "I get all the help I need," and "The staff are all helpful." However, one person told us they felt staff were occasionally "abrupt" when they spoke to them. Relatives we spoke with were generally satisfied with the home, although some felt communication from some staff could be improved. For example, by not being as forthcoming with information about how a their relative was and telling them, "They are as well as can be expected".

Care plans were complete, regularly reviewed and updated. Risks and people's support needs had been assessed, and staff were aware of people's needs and how to keep them safe.

People and their relatives felt there were enough staff and told us staff usually responded to support them in a timely way. Staff told us there were times when they were very busy, but felt they were able to deliver the support people needed.

The registered manager regularly assessed the amount of staff required to meet people's needs and gave examples of when more staff were deployed to meet additional needs. Staff had received the training required to support people and keep them safe, including how to recognise abuse and how to report it.

Staff treated people with kindness, respect and compassion. People and relatives told us they knew how to make a complaint should they need to do so.

Audits completed by the registered manager and service provider were effective and promoted learning to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 31 July 2019).

### Why we inspected

The inspection was prompted due to concerns received about the safe care and treatment of people. These included people being frightened of speaking with staff, being told not to tell relatives if they were unhappy

about their care, being got up and put to bed at restricted times, having bed rails in place as a restraining method, a lack of support with continence care and being told not to use the call bell to call staff. A decision was made for us to inspect using our targeted methodology developed during the Covid19 pandemic to examine those specific risks and ensure people were safe.

We undertook this targeted inspection to check on specific concerns we had. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Byron Lodge Care Home Ltd

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection on a specific concern we had about the care and support people received

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Byron Lodge Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

Inspection activity started on 3 August 2020 and ended on 17 August 2020. We visited the location on 3 August 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding teams. We took this into account when we inspected the service and made the judgements in this report. We reviewed

information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas.

We spoke with five staff including; support workers, the registered manager and the service provider.

We reviewed some records and requested additional information to be forwarded to us. This included four people's support plans and a range of risk assessments, staff rotas and staff training records. We also received a variety of records relating to the management of the service, including information about checks and audits.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns received about the safe care and treatment of people. These included people being frightened of speaking with staff, being told not to tell relatives if they were unhappy about their care, being got up and put to bed at restricted times, having bed rails in place as a restraining method, a lack of support with continence care and being told not to use the call bell to call staff. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People were satisfied with the support they received. One person told us, "The staff are approachable and friendly," and another person said, "I am perfectly happy here". However, one person told us they found some staff abrupt in their tone and manner when they spoke to them. A visitor commented sometimes some staff could be more informative when updating them about how their relative was. We raised both issues with the registered manager, who gave an assurance to discuss this with the staff concerned.
- Staff had received safeguarding training. They understood their responsibilities in reporting safeguarding issues and to protect people from abuse. One staff member told us, "The safety of the residents is my priority." Another staff member said, "Trust me I would be the first to raise issues if there were any."
- Systems showed safeguarding matters had been reported and, when needed, the registered manager had worked with the local authority safeguarding team to resolve any issues.
- The registered manager monitored incidents and accidents. They had spoken to people and relatives when incidents occurred and kept them updated.

Staffing

- There were enough staff to meet people's needs, although we received some mixed feedback from people. People told us there were enough staff, but at times they could be busy. One person told us, "If I call them [staff] and they can't come, they tell me what they are doing and then they come back when they are able to." Another person told us, "I have needed to use the call bell several times and someone comes soon enough." A relative told us "There is enough staff." We observed throughout the inspection staff were able to spend time with people and met their needs.
- Staffing was determined on the needs of people, and regularly reviewed and amended. The home was supported by regular agency staff who knew people well. One agency staff member had worked at the home regularly for three years. Agency staff were used to fill any staffing gaps caused by sickness. Recruitment remained ongoing to fill three vacancies at the service. We did not look at recruitment processes at this inspection.
- Systems were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Specialised training courses enabled nursing staff to learn or refresh nursing skills. Staff received effective support and supervision for

them to carry out their roles. Staff told us they were supported to undertake vocational qualifications and felt supported by the registered manager. Competency checks ensured staff were effective in their roles.

#### Assessing risk, safety monitoring and management

- Risk assessments guided staff on how to minimise identified risks and keep people safe. Individual risk assessments were completed for areas such as falls, nutrition and hydration, support with continence, health, and mobility. Staff we spoke with were aware of people's individual risks and how to best support them. When an accident or incident had occurred, risk assessments were updated with measures implemented to help keep people safe. For example, one person had fallen from their bed. Following this, a lowered bed and bed rails had been provided to prevent the risk of reoccurrence and to keep the person safe.
- Measures to reduce the risk of people developing pressure areas were effective. Where people's skin was at risk of becoming sore or damaged, staff used pressure reducing equipment, such as air mattresses, air cushions and creams as well as closely monitoring the condition of people's skin. Staff recognised the importance of continence support to protect people's skin integrity. People told us they received the support they required.
- We observed staff supported people in line with care plan guidance. Where people were at risk of choking or needed softened food or thickened drinks, they received the correct food texture to meet their needs.

#### Preventing and controlling infection

- The service was clean and free from odours. Information was available around the service related to infection control and the COVID-19 pandemic.
- Staff had completed training specific to COVID-19, which included a knowledge check. They told us they were kept up to date with the latest information by the registered manager and provider. Staff used personal protective equipment (PPE) in line with government guidance. They told us there was always enough PPE available.
- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they were awaiting an order of COVID-19 test kits, so they could test staff and people regularly. They had discussed this with a support nurse, and this was being raised through the local clinical commissioning group (CCG).
- Relatives and friends were supported to meet with people who lived at the service in line with government guidance. Visitors wore masks and met with their loved ones in the garden area. Staff cleaned furniture thoroughly between visits. When people did not want to go into the garden they were supported to an area where their visitors could see them through the patio doors.



# 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 the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns received about the safe care and treatment of people. These included people being frightened of speaking with staff, being told not to tell relatives if they were unhappy about their care, being got up and put to bed at restricted times, having bed rails in place as a restraining method, a lack of support with continence care and being told not to use the call bell to call staff. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team were clear about their roles and responsibilities. They had assessed and planned how staff at increased risk of COVID-19 would be protected in the event of an outbreak at the service.
- The provider had displayed their latest rating from CQC in the service and on their website, so people, visitors and those seeking information about the service were informed of our judgements.
- The provider regularly visited the service and met with the management team to look at how plans to improve the service were progressing. The manager understood the duty of candour requirements. They had made CQC aware of notifiable events that had happened at the service.
- The provider, registered and deputy managers completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when complete. Staff felt confident they could speak up about any concerns and felt listened to by the management team. Staff meetings took place regularly and staff had confirmed they had felt able to bring up issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were able to raise concerns and complaints to staff. There was information in an accessible format throughout the home explaining how people could raise concerns, and who to escalate these to outside of the home. The home had received five complaints since our last inspection. Each complaint had been recorded and replied to as set out in the guidance. Where a complaint resulted in a point of learning or improvement, staff were updated.
- Relatives told us they were usually kept well informed about their family members wellbeing through telephone and email. Video calls enabled people to speak with their families face to face when visiting was restricted. Virtual meetings with health and social care professionals ensured staff accessed any external support people needed.
- People told us they made decisions about their day to day life. For example, they chose what time they went to bed, what to eat and drink and where they chose to spend their time. Staff demonstrated a good

understanding of the Mental Capacity Act. They were aware any restrictions in place for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened in relation to health care and the use of bed rails

- People told us staff treated them with kindness and dignity. We observed kind and attentive interactions by staff. People often smiled as staff approached them. Where some people needed reassurance, staff held their hand and chatted warmly. When people needed support, staff helped them at an appropriate pace and were encouraging and supportive. Comments included, "The care is quite good, they look after him quite well." "The nurses seem very attentive towards him." And, "My mum always has a laugh with them, she can be quite cheeky, quite funny."