

Prime Life Limited

# Byron House

## Inspection report

104 Drummond Road  
Seacroft  
Skegness  
Lincolnshire  
PE25 3EH

Tel: 01754768909  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

Date of inspection visit:  
10 August 2021

Date of publication:  
05 October 2021

### 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

Byron House is a care home providing accommodation and personal care for up to 23 younger adults living with mental health conditions. At the time of inspection there were 21 people living at the home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for safely. Regularly reviewed risk assessments were in place to guide staff in supporting people safely. Staff had received training about local safeguarding procedures and understood how to identify and report any concerns they had for people's safety and well-being.

People were involved in planning their care where they wanted to be. Care records were clear and reflected people's needs and wishes. Staff knew people well and treated them with respect and kindness.

People were encouraged to express their views and opinions about the care and support they received. They knew how to raise concerns and make complaints if they needed to.

There were enough staff employed to meet people's needs. Safe recruitment practices were followed to ensure staff were suitable for the roles they were employed to undertake. Staff were trained to support people with their individual needs such as prescribed medicines, healthcare and dietary requirements.

Systems were in place to minimise the risk of infections spreading in the home and national guidance related to the COVID-19 pandemic was followed.

Governance systems were in place to monitor and promote improvement in the quality and safety of the services provided for people. Issues we identified at the last inspection had been rectified and the provider was no longer in breach of regulations.

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 (and update)

The last rating for this service was requires improvement (published 24 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Byron House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Byron House 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, a regional manager and three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and supervision data and policies and procedures.

# 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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to people's health, safety and welfare and ensure their safe care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people's health, safety and welfare had been identified and assessed.
- Where risks had been identified, action had been taken to reduce those risks. For example, referrals had been made to external professionals for support with nutritional needs or diabetes.
- Care plans provided guidance for staff to follow to ensure people received safe care. For example, they provided guidance for staff on the signs a person's mental or physical health was deteriorating. This meant staff could take early actions to reduce the impact for the person.
- Staff demonstrated they were aware of the risks identified for individuals. For example, one person would not leave the building in the event of an emergency. This was reflected in the person's Personal Emergency Evacuation Plan (PEEP) which also recorded advice from the local emergency services on how to keep the person safe.
- During the inspection an emergency evacuation of the building was needed. We saw people who were in the home and staff acted swiftly and in line with safety procedures and individual PEEP's.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had appropriately reported concerns for people's safety to local authority safeguarding teams and other agencies involved with people's care.
- Staff had received training about how to keep people safe from harm or abuse. They demonstrated their understanding of how to identify and report potential or actual abuse.
- People told us they felt safe living in the home and had confidence in the staff team. Some people described situations that made them feel vulnerable and how staff had supported them to stay safe. Records confirmed the actions staff had taken in these circumstances.
- Incidents occurring in the home had been recorded, reviewed and action taken to minimise the risk of them occurring again in the future.

### Staffing and recruitment

- People told us there were enough staff on duty to support them. One person said, "When you need them

they're there; I often like a chat and they'll sit and do that."

- Staff told us there were enough staff on duty to make sure people's needs were met. One staff member said, "If there's sickness we all help out and cover because people like familiar faces not agency staff."
- During the inspection we saw staff responded quickly to people's requests for support.
- Appropriate pre-employment checks had been carried out by the provider to ensure staff were safe to work with people living in the home. These included references from previous employers and criminal record checks.

#### Using medicines safely

- Medicines were administered by staff who were trained to do so.
- Systems were in place to ensure medicines were ordered, received and stored safely. A new electronic medication system had been introduced which reduced the risk of errors due to the cross checks and safeguards in place. The registered manager regularly monitored the completion of medicines records to ensure any issues arising were identified promptly.
- People's care plans set out how people liked to be supported with their medicines and we saw staff following this guidance.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure mental capacity assessments and best interest decisions for people had been carried out. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Where people may have been unable to make complex decisions for themselves mental capacity assessments had been carried out. Any decisions made in people's best interests had been recorded and people who were important to the person had been involved in the decision-making process.
- Staff understood how to support people to make decisions wherever they were able to. For example, a member of staff told us about speaking with people at different times of the day or using pictures to help people understand information.
- The registered manager had made DoLS applications for people who were unable to consent to living in the home. This was to ensure their rights were protected.

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

- Assessments were carried out before people moved into the home to ensure their needs and wishes could

be met. Assessments were regularly reviewed to ensure people continued to receive the right support.

- Care plans were developed in a person-centred way to ensure assessed needs were met in the way people wanted them to be.
- The registered manager used a range of evidence-based tools to ensure people's individual needs and associated risks were robustly assessed. An example of this was the use of the Waterlow Score which is an assessment tool used to assess the risk of people developing pressure ulcers.

Staff support: induction, training, skills and experience

- Staff received an induction training package when they started working in the home. One staff member told us how they were also supported by more experienced staff so they could get to know how people liked to be cared for.
- The provider had a programme of on-going training for all staff to ensure they were kept up to date with good practice and national guidance. The registered manager also told us about a new training system introduced by the provider which would expand the range of training available to staff.
- Staff told us they felt supported in their work and received supervision from senior staff. This meant they had opportunities to discuss their work and any concerns or ideas they had.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People said staff supported them to access the healthcare services they needed. One person told us, "Staff help me make appointments with the doctor or dentist when I need them or take me to the hospital."
- One person told us how staff helped them to have a healthier lifestyle by taking exercise and choosing healthy meal options.
- Records showed the registered manager and staff worked closely with other agencies to ensure people received the health and social care they needed. For example, liaison with local GP's, consultant psychiatrists, social workers and diabetic specialist nurses was regularly recorded.

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

- People said there were always snacks and drinks available for them throughout the day and night.
- One person described how staff supported their diabetic needs. They said, "[Staff] are good at looking after the food I eat."
- People's dietary needs had been assessed and referrals had been made to external professionals such as dieticians and SALT (speech and language therapy team) where required. We saw guidance from external professionals was clearly cross referenced with people's care plans so staff could easily access the information.
- Most people told us they enjoyed the food provided for them and they had plenty of choice. Two people said they did not enjoy the food provided and preferred to eat take away food when they could.

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

- A programme of on-going redecoration was in place and paintwork in some areas of the home was being refreshed during the inspection visit.
- People told us the communal areas and their bedrooms were comfortable and there was a games room they could use when they wanted to.
- People told us they enjoyed the outside space available to them and a shelter was available for those who wished to smoke. Although the outside space was tidy, the registered manager said they were looking at options to make the outside space more inviting.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated well and staff respected them as individuals. One person said, "The staff are nice and [registered manager] is nice." Another person told us, "They treat me good; I do things different to other people and they understand me."
- Staff had a clear understanding of people's diverse needs and preferences and demonstrated a caring and considerate approach when interacting with people. They had received training about providing dignified and respectful care.
- People told us staff respected their privacy. One person told us they liked to spend a lot of time on their own to think about things. They said staff understood and respected this preference.
- We were aware that two people had previously raised issues about the way in which staff had spoken with them. The registered manager and staff had responded appropriately and in a supportive manner.

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

- People told us the registered manager and staff actively listened to their views and opinions. One person described how staff had talked with them about how they wanted to be supported and this was reflected in their care plan.
- Staff acknowledged that some people made decisions about their care and support that may be viewed as unwise. However, they demonstrated a respect for people's decisions and worked with them to promote their safety.
- People had access to advocacy services. Advocacy services are independent of the care home and can support people to express their views.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in planning their care where they wanted to be. Care plans reflected people's wishes. However, one person told us they were not interested in seeing their care plan as the care and support provided met their needs and wishes
- Care plans were detailed and gave clear guidance for staff about how to provide person-centred support for people.
- Since the last inspection the registered manager had made improvements to the way in which people's care was reviewed. Records showed that people's care plans had been reviewed and updated at least monthly or when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The ways in which people communicated and any specific needs they had were assessed and recorded in their care plans.
- Documents were available in different formats so people could access the information in ways they preferred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to maintain relationships with family and friends during the COVID-19 pandemic. A COVID-19 secure indoor visiting area had been created to facilitate visits and people were also supported to use telephones and social media platforms.
- Many people who lived in the home were largely independent in meeting their social needs. They spent time out of the home pursuing their preferred social and culturally relevant activities. Other people told us they liked to spend time watching TV or chatting with friends. They also spoke about playing pool and other games in the communal areas and enjoying trips out organised by the home.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint or concerns if they needed to and would feel comfortable to do so. One person said, "[Registered manager and staff] always listen to what I've got to say and help me sort it

out."

- During the inspection visit we saw several people raising minor concerns with the registered manager and staff. On all occasions people's concerns were listened to and resolved effectively.
- The provider had a complaints and concerns policy in place which was displayed in the home. There were no outstanding complaints at the time of the inspection visit.

#### End of life care and support

- Where people were willing to discuss their wishes for care at the end of their life they had been supported to do so. The information was recorded in their care plans.
- We saw some people had been supported to complete ReSPECT forms (Recommended Summary Plan for Emergency Care and Treatment) which sets out personalised recommendations for their care in a future emergency in which they do not have capacity to make or express their choices.
- The registered manager recognised some people found this subject distressing and discussion would impact on their mental well-being. However, they continued to explore different ways to support people effectively.
- No-one was receiving end of life at the time of the inspection.

# 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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have systems in place to effectively monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Since the last inspection a new manager had registered with the Care Quality Commission (CQC). They demonstrated understanding of their role and responsibilities and had clear oversight of the services provided.
- The registered manager had taken action to improve on the areas of concern found at the last inspection as highlighted, for example, in the safe and effective key questions in this report.
- Since the registered manager had been in post quality assurance systems had been embedded and strengthened. The registered manager completed regular audits for a range of topics, including care planning and medicines arrangements, and took action to resolve and improve any shortfalls identified.
- The registered manager had notified CQC of events which occurred in the home in line with regulatory requirements. Policies were in place which were reviewed regularly.
- The provider understood and complied with the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to share their views about the services provided and influence change where they wanted to. For example, one person said, "[Registered manager] does listen to us, we have meetings and fill in forms and stuff gets done. A lot of [people living in the home] aren't interested in going to the meetings though."
- Surveys had been completed to gather the views of people living in the home. Comments were mostly

positive and showed people were generally happy living at the home.

- Staff told us communication in the home was good and they were kept informed about issues and changes. They told us about regular staff meetings, daily handovers regarding people's support needs and supervision arrangements which meant everyone was kept up to date.
- People and staff said the registered manager was approachable and they were confident she would address any issues or concerns they had. One member of staff told us, "The home has a good atmosphere; [registered manager] and [senior carer] are great and don't mind you asking questions which is good."

Continuous learning and improving care; Working in partnership with others

- Records showed the registered manager and staff worked closely with health and social care professionals to ensure people received the care and support they needed and wanted. For example, there was evidence of appropriate multi-agency involvement in people's care and support which was confirmed by people we spoke with.
- The registered manager worked closely with the local authority to ensure they sustained service improvements required by the commissioners of services.
- The registered manager analysed reports of any incidents or accident to ensure opportunities to learn and make improvements were not missed. Minutes of staff meetings indicated learning from issues or events was shared with staff and actions were taken to improve the quality of the service.