

Westgate Healthcare (Aylesbury) Limited

Byron House Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Byron House is a residential care home providing personal and nursing care to up to 28 people in an adapted building. The service supported older people across 3 floors, some of who were living with dementia. At the time of our inspection there were 25 people using the service.

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

People received care from highly skilled staff who had received training based on people's needs. The provider's value-based recruitment and induction strategy focused on key attributes of empathy, kindness and strong teamwork skills rather than the individual's experience. People were involved with the staff induction process.

There was strong emphasis on staff development and the provider had invested in specific training based on people's needs. Staff had completed high quality training that ensured they were confident and competent at delivering person centred care. All training was delivered in practice which allowed better understanding of the content. Staff were encouraged and supported to develop their skills and follow a streamlined career progression path within the service.

The provider ensured their practices were in line with the current good practice, guidance and legislation. There was a focus on continuous development, for example, they took part in research which resulted in changes in care to both people living at the service and for the wider general public. People experienced a positive dining experience. People's feedback was sought and used to always improve nutrition and hydration.

There was a warm, welcoming atmosphere promoted by caring, compassionate staff. All staff despite their roles, were trained to care. For example, domestic and maintenance staff knew people well and were trained to support people with care needs. People enjoyed worthwhile relationships with staff, who valued and respected them. There was a strong commitment to providing personalised care that appreciated people for who they were and recognised the value of their life experiences. Relatives were considered partners in care and their involvement was key to providing person centred care. Relatives were extremely impressed by the positive outcomes people had achieved through the support and encouragement provided at the service.

The provider's vision and values put people at the heart of the service. These were centred around provision of a high-quality service to people whilst allowing people to live their lives the way they chose. People benefitted from exceptional care delivered by a dedicated staff team who were committed to the vision and values of the service. Staff excelled in managing people's complex needs, including distressed behaviours by using effective distraction techniques that had a positive impact on people's well-being. We saw many examples where staff successfully enhanced people's quality of life.

People living at Byron House were supported to lead purposeful lives, engaging with their families and the

local community. Whilst adjustments had been made due to the restrictions of the Covid-19 pandemic, measures had remained in place to ensure meaningful relationships and people's overall health and wellbeing was maintained. People had excellent opportunities and access to a variety of activities to prevent social isolation.

Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. The service had gone the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. People received exceptional personalised care and support specific to their needs, preferences and routines. The service took a key role in the local community and was actively involved in building further links with the local community. Contact with other community resources and support networks was encouraged and sustained.

The provider and registered manager provided exceptional leadership and had developed a dedicated staff team who were committed to providing outstanding care. Staff were motivated by, and proud of the service. They loved being part of dedicated team and vowed to provide excellent care. The registered manager was fully dedicated to providing high quality care that achieved the best possible outcomes for people. Without exception, feedback about the registered manager and the management team was exceedingly positive in relation to their exceptional leadership skills and caring, empathetic approach to everyone. The registered manager and provider constantly looked for ways to improve the service and had effective systems in place to monitor the quality of the service.

Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

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 supported to maintain good health and to meet their nutritional needs.

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 5 December 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Byron House Care Home

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 Health and Social Care Act 2008.

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

The inspection team consisted of an inspector, specialist advisor in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Byron House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Byron House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also looked at the provider's last inspection report. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 6 relatives. We requested feedback from 3 healthcare professionals. We looked at 5 people's care records and 6 medicine administration records (MAR). We spoke with the chief executive officer, head of quality, registered manager and 11 members of staff including nurses, carers, the chef, domestic staff, maintenance person, activities coordinator and students. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Byron House. Comments included, "Feel safe and it's the people here. I have never been made to feel unsafe. If something happened, I would talk to any of them [staff]" and "I do feel safe because the care team are always around. If anything is wrong, they get to it straight away."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "Report any abuse to manager or whistle blow inhouse. I can also report outside to safeguarding and CQC." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks, allowing personalised planning of care.
- People's risk assessments included areas such as malnutrition, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. During the inspection we saw staff constantly cleaning and they followed good hygiene practice and used PPE correctly.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs. They said, "Staff are very good, enough around. No, they're never rushed at all and do have time to talk to me when they are in", "Can get help alright. Have a call bell and when I use it, they [staff] come to me quite quickly usually" and "Seems to me that there are always staff about when you need them. Never had to wait for help."
- Relatives were equally positive about staffing levels. One relative said, "The security and staffing levels are good. Every resident seems to be happy and I have never had any doubt about my father's safety there."
- On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. Staff looked very relaxed and laid back when they

interacted with people. Records of staff rotas showed planned staffing levels were always met.

- The registered manager told us they were fully staffed and had maintained a zero use of agency staff. The provider's staff recruitment and retention strategies which included an overseas recruitment drive and the staff well-being initiatives had been very effective.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used a live electronic system to manage medicines which allowed real time auditing. However, some parts of the system were still being developed and missing errors which the provider's auditing systems had identified.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the Covid pandemic. We evidenced that staff at Byron House had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather. One relative commented, "I was well supported during lockdown and able to visit within the rules and phone or FaceTime too. Once the Covid rules relaxed, relatives were encouraged to take advantage of increased visits. The lasting restriction is the wearing of masks in the home."

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, reflective staff supervisions had been completed following shortfalls in records keeping where people had had accidents.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Byron House worked in partnership with other organisations and kept up to date with new research and developments to make sure staff were trained to follow best practice. The service also contributed to the development of best practice and equipment testing with other agencies. The service took part in a research programme for an external female catheter for incontinent women with the view of getting it added to the GP prescribing list. This was aimed at reducing night-time falls, keeping skin dry and improving sleep. Staff supported people with the project after receiving training. The information collected during this project contributed towards the equipment prescription in the community.
- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission that benefitted both people and relatives. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People using the service were supported to take part in the recruitment of staff. People were involved during probation observations and their feedback used as part of that process.
- The provider's value-based recruitment strategy focused on key attributes of empathy, kindness and strong teamwork skills rather than the individual's experience. Staff went through a comprehensive and fun 4 day induction that truly embedded the culture of the service. Staff feedback included, "I very much enjoyed my induction course, the size of the group meant we didn't feel overwhelmed and had opportunities to talk and ask questions. I have been inducted in the home working alongside the care practitioners and learning the role in action", "Excellent and relevant for our job. Good mix and I liked the activities course, gave me a better overview and I can understand the needs of the residents more" and "I have worked in care homes before, but this was the best training and trainer I have ever had. Very happy with how the knowledge that was passed to us."
- The home supported new staff with induction buddies. During induction new staff were allocated an experienced 'Buddy Bee' who they shadowed for the duration of their probation period and beyond. If and when the new starters successfully completed probation, the induction buddies were rewarded by the provider. This initiative encouraged staff to effectively support new starters and as a result improved the provider's retention rates.

- The provider ensured social inclusion for new starters. New starters completed 'Tell us About You' cards which gave the team more information about the new staff and allowed the team to support them in a person centred way. During probation they were met with in their first week formally as part of the provider's 'First Week Reflection' initiative and regularly thereafter. This was to ensure they received the support they needed and identify any training and development needs earlier.
- The home supported student nurse placements from a local university. All nurses were trained in mentorship. One student commented, "This placement gave me a view of opportunities for nursing outside of hospitals."
- The provider had a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. Records showed, and staff told us there were several opportunities and pathways for staff to develop. The provider had made a commitment to invest in staff individuals and grow their own staff. For example, two members of staff had requested and completed the Care Home Assistant Practitioner (CHAPS) training with manager's support. Both were now working as care practitioners. There were many examples of staff development success stories.

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

- There was emphasis on the importance of eating and drinking well and we saw people received excellent support. Staff had a good understanding of the impact dementia may have on a person's dietary intake and were skilled ensuring people had sufficient food intake. People were supported to have snacks and the excellent staffing levels at mealtimes enabled staff ample time to sit with people, creating a social atmosphere that encouraged people to eat. We saw people had access to drink stations and snacks where people were encouraged to help themselves or request drinks and snacks.
- The provider considered feedback as a valuable tool for improvement. For example, people's feedback on dining experience had described it as institutional. As a result, a meal-time long-term feedback project had been introduced which focused on the basics such as environment, time, choice, crockery and background music. The project had now incorporated snacks variety and drinks as well as continuous feedback from people regarding quality and choice of food. The impact of this was people were experiencing a much better dining experience where their input was sought and support provided in a more person-centred way.
- People told us they enjoyed the food and said, "I am asked what I like, if there is something I don't like, they will make me something else like an omelette. The food is very nice I like it. I can get snacks all day, cakes in the afternoon. Had a lovely chocolate the other afternoon, really gooey, I love chocolate" and "The food is alright; get a choice and the carers bring it to me in my room."
- Relatives were equally complimentary about the food and commented, "The food is excellent, and dad has options depending what his appetite is like on any given day" and "We have been at Byron House at mealtimes and my mother really enjoys the food."
- Food was considered an important part of activities. Themed foods such as Egyptian, American Diner, English afternoon tea, Halloween spaghetti and meatballs, fish and chips and many more were a small example of how people were involved in making food during activities.
- Mealtimes were set to suit people's needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.

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

- Byron House was adapted and designed around people's needs and wishes to help them to be as independent as possible. It was designed with aids to cope with most disabilities, including lifts, appropriate grab rails and handles.

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories.
- There were several decorated sitting areas around the home where people could spend their time. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. For example, a well-furnished conservatory which was in constant use and sensory room. The outside space boasted of a well-maintained beautiful garden with raised beds which had been specifically requested by people.
- The home was well lit with dementia friendly effects which aided easy navigation around the home. There were a variety of themed corridors and destination points such as nautical and beech themes which we saw staff using as talking points. The home also had a cinema which was used to screen films of people's choosing. We saw pictorial evidence supporting this.

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

- The provider had invested in champion roles within the service who actively supported staff. These roles were based on staff interests. For example, a member of staff was keen to be an end of life care (EOLC) champion. As part of development the registered manager organised a trip for them to spend the afternoon at a local funeral home to gain a better understanding of what happens after people were brought to the funeral home. The member of staff was also going through end of life training to ensure better knowledge in that area. They shared information and updates with staff, and this led to better experiences of care for people and their relatives
- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not

evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We always give choices and allow people enough time to make decisions. We do some things in their best interest. We deter rather than stop residents when trying to get out."

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture that ensured everyone was valued, loved and respected. Everyone, without exception, spoke of the incredible kindness, compassion and understanding shown by staff. One relative told us of their experience when their loved one moved to Byron House and they said, "My mother has dementia and finds it hard to settle into care/nursing homes as she does not think she should be there and will continually ask to go home. The staff are very patient and understanding with her. Mum is continually asking questions and the staff use a white board or paper and pencil to answer her questions, she can then read the answers again later on to remind her."
- Staff at all levels were passionate about their roles, showing an overwhelming commitment to ensuring people were at the heart of the service. We received a significant amount of feedback from staff displaying their dedication to improving the lives of everyone at the service. One member of staff said, "The people that work here makes it amazing. We really care about the residents. This is a really good home and I do hope you saw that too. After working here, I don't think I will be able to work anywhere else. This is how care should be done and I am glad I made the change before I started hating working in care."
- People highly complimented staff and said, "The staff are lovely. There is a total of lack of being up against a deadline. Very well looked after, a wonderful home", "Staff excellent, I would say that they do know me as a person. Always interested in me" and "Staff are all very caring. They talk to us about different things, but they are always interested to hear if anything is wrong and they say do let us know."
- Relatives commented, "The staff are all wonderful, very competent and knowledgeable. I have no concerns whatsoever as to their ability to care for dad", "The interaction I see between mum and any member of staff coming into her room while I am there, or when she is elsewhere in the building again indicates that they truly care, and that they know and understand her needs" and "I am so pleased we chose Byron House. Seeing dad doing so well and receiving such great care is a huge relief for the family. My dad likes to talk, and they make sure to take the time to chat with him. They are very aware of his needs."
- The service ensured that staff focused on building, encouraging and maintaining open and honest relationships with people and their families as well as each other. People told us, "I've built up a relationship with the staff, ask their names, where do they come from. We have 10 nationalities working here and I have learnt to say thank you in 10 languages. I think that I have an extended family of granddaughters. It's a pleasure when they come in", "My relationship with the staff is excellent. They bring their children in, very special" and "I have a pretty good relationship with the carers. If I hadn't moved here, I wouldn't get the care I need, it is so good. I feel protected, needed, and wanted here."
- Equality and diversity were celebrated at Byron House and an inclusivity promoted that ensured people's diverse needs were respected. For example, 'Veganuary' where vegan foods were introduced to people and

staff. St Georges day an English celebration, St David's Day a Welsh and St Patrick's day of Ireland. Chinese New Year was celebrated with traditional Chinese decorations and themed for the animal of the year. People and staff learnt their names in Chinese, the chef cooked a traditional Chinese meal. Activities such as quizzes were aimed at expanding knowledge in the culture celebrated. People enjoyed these celebrations and talked about them. One person said, "They have organised some super events here. Various people come in singing. They have organised days which are trying to get families together, like a day on the beach here, Halloween and we are having a Christmas party."

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

- The service was a family run organisation which excelled in making the service a home from home. The provider put people at the centre of everything they did. When we spoke to the chief executive, they were emotional and passionate about the service they provided. They told us how they had supported their parents' dream of providing the best care possible before they took over overall responsibility of the service following their parents' retirement. We saw evidence they did all they could to ensure staff had all the tools at their disposal to ensure they could give high quality care. For example, their staff training initiatives were focused on staff retention. As such, staff retention rates had significantly improved. This had boosted staff morale and created a relaxed, caring and passionate team who strove to give outstanding care which they all considered a human right.
- Relatives were involved in decisions and felt valued as partners in people's care. All relatives we spoke with gave examples of how they were as involved as they wished to be in decisions about people's care that resulted in the best outcomes for people. One relative told us, "We are kept updated with any changes in mum's care. Mum's doctor and I have spoken several times, and we regularly see and are updated by the nurses at Byron House. They ask for our views and they are taken into consideration. Really a great collaboration for mum's care."
- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate. Staff took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. Staff were extremely sensitive to times when people needed caring and compassionate support. One person looked distressed, staff took time to explain and respond to the person in a normal and non-patronising way. The person calmed down, but we saw staff stayed with the person for longer as this was part of the person's behaviour management strategy.
- The provider facilitated a 'make a wish' initiative. People were encouraged to make wishes-big or small and staff supported them to make the wishes come true. For example, one person wished to have their hair coloured pink. This was a challenge as the person had a restrictive condition. Three staff who knew the person well and who the person trusted, supported them and made their wish come true. Staff told us, the person's smile made it all worthwhile.
- The provider was always striving to improve through ongoing evaluation of care. They identified that sometimes staff were not fully interacting with people and discovered that most staff simply didn't have the confidence or skill to start conversations about simple day to day things or if they did, the conversations soon ran dry. So, the concept of 'Chatterbox' was born, a bright, colourful box full of simple questions, put together by people that supported the team to start easy and meaningful conversations. During staff handover, staff took a card, read their question and committed to ask every person they care for that day the question. Staff and relatives were asked to sign to pledge to 'build meaningful relationships' with people to break down barriers and they received a badge and certificate in recognition of their commitment. The cards were refreshed regularly to ensure the conversations kept flowing. People, staff and relatives embraced the concept and they had meaningful interactions.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People told us they were treated with respect. They said, "They [staff] ask me if they can help. I need help with showers and washing, staff are always with me, absolutely sensitive and treat me carefully. Yes, I would say that they treat me with dignity, and they are respectful" and "Definitely treated with dignity, they [staff] knock on the door. If I am getting dressed and there is someone at the door, they tell them to come back later, very considerate."
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. One person commented, "I can do what I want and can go anywhere in the building. Asked about things and they know what I like to do, never stopped."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept electronically and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service understood the needs of different people and delivered care and support in a way that met those needs and promoted equality. For example, the service had ensured all staff had received training in a practical dementia training. Staff got to experience what it felt like to live with dementia. It focused on communication, environment, activities and behaviour. This aimed at getting staff to feel what it was like to be in people's shoes and understand living with dementia better. This enabled staff to provide meaningful personalised care tailored for each individual's needs. Staff told us this training had resulted in a positive change in their practices, therefore enabling them to support people effectively. Our observations during the inspection supported staff understanding of people's needs and the positive impact this had on people's care.
- Staff took time to support people with orientation to time of the year and aid cognition and wellbeing. For example, decorating Byron House using striking and obvious decoration, colour schemes such as yellows and oranges for Autumn and pastels for Easter which gave visual representations of the time of year. Also, flower choice such as tulips and daffodils for spring and poinsettias for Christmas all added to the visual experiences and atmosphere. People could easily link that to the correct time of the year. Staff used this a talking point for meaningful conversations.
- The registered manager knew people and relatives very well. She always took time to talk to each and every one on a daily basis. On the day of the inspection, we saw them interacting with people and taking time to listen to them without rushing. It was very clear this was a daily occurrence and that the registered manager knew everyone very well.
- The registered manager told us they and staff took time to know people in order to support them effectively. For example, when one person with complex needs came to live at Byron House, they had expressed distress and were reluctant to accept support with personal care or medicines. The team realised they needed to establish a relationship with the person and took time to establish that. The person went into hospital for major surgery and following that they refused any support, food and medicines from hospital staff and demanded to go back home. Staff at Byron House took turns to call the person and encouraged them to accept care so they could come home sooner. When that failed, the registered manager and a member of staff who knew the person well, drove a 2-hour journey to visit the person in hospital. They brought them their favourite food, snacks and drinks which the person ate. They spent time with the person and reiterated the importance of accepting care to aid quicker healing so they could come back home. The person was very happy to see staff and obliged to their suggestions. After a few days the person was well enough to be discharged back to the home.
- The service kept routines to a minimum. People chose when and how to have support. For example, when

they needed personal care and where they wanted to have their meals. Staff knew people's preferences and respected their choices. On the day of the inspection we saw people having lunch at the time of their choosing. They were served food in a timely, non-rushed manner, whatever time they chose to come for meals. The atmosphere was very relaxed and allowed meaningful interactions between people and staff.

- Staff used individual ways of involving people and their family in their care and support plans, so that they felt consulted, empowered, listened to and valued. For example, earlier on when the service had staffing challenges, staff struggled to ensure that the team, including agency staff, really knew people's likes and dislikes. Information was buried in the care plans and life history books and relatives were not engaged. As a result, the home designed their own 'About Me' book which was completed with input from people and relatives. This was short and simple and accommodated photographs as well as simple words. It also incorporated the 'Play list for life' - an evidence-based way to connect to the past and help people living with dementia.

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

- The service went the extra mile to find out what people had done in the past and evaluated whether it could accommodate activities and made them happen. For example, a keen artist had been supported to continue their interest. Staff arranged for the person's work to be exhibited in an art space in the local theatre. The person because their wish had been to have their work exhibited in Aylesbury. It made a real difference to their wellbeing.

- People and staff had opportunities to complete fundraising projects for good causes. For example, people and staff had completed a 6-mile walk fundraising so they could afford themselves an extra special Christmas this year following the last hard couple of years brought on by the Covid-19 pandemic. There was such anticipation and planning for Christmas parties and entertainment for people, staff and relatives.

- Another person who expressed distress loved outdoors. Staff dedicated time to sit with the person outside and went for walks with them. The person was supported to take part in a sponsored walk at a local National trust property, walking 1.5 miles. This positively impacted on the person's well-being and they were now coping well.

- Activities were planned daily to fit what people wanted and the programme offered a full range of group and 1 to 1 activities, including; pet therapy, puzzles, pamper sessions, sports and games, movie afternoons, sensory sessions, table tennis, cookery and flower arranging. A number of days were designed to bring families in and involve them with the activities. For example, intergenerational family activities such as Beauty and the Beast. This event brought the younger generation into the home where they spent the afternoon with people. One person commented, "I enjoyed everything and that my family was able to come and have a good time with me. I also liked that I got to spend time with my grandchildren."

- People had opportunities to go out often. For example, a recent trip to Waddesdon Manor to see the 'Standing with Giants' art exhibition in light of Remembrance Day. During the visit, one person spoke fondly of their time in the navy and another talked about their father who was in the military. This trip meant so much to the people who attended and was personal to others.

- People with sensory impairments had access to calming 1 to 1 experiences during varied themed sensory sessions. These included physical things to touch and feel, visual stimulation, different smells in the air, lights and calming atmospheric music. Some of the themes' experiences included space, floral, under the sea and light. These sessions focused on interaction, especially for people cared for in bed. One person said, "Sometimes I am not able to make it to the conservatory for the activity, but the staff always ask me if I would like do it in my room."

- People were complimentary of the activities available. They said, "Lots happening, like doing word searches, jig-saw puzzles, in fact they gave me a frame to do my puzzles in. We go to the arts and craft things, make pom-poms. Go for a walk sometimes, staff come with me", "They have organised some super events

here. Various people come in singing. They have organised days to get families together, like a day on the beach here, Halloween and we are having a Christmas party" and "There are always things going on, but I am not joining in much. My choice."

- There were many examples where people were supported to follow their hobbies. For example, a keen gardener, has been supported to follow their previous interest. They wanted to change the vegetable patch to flowers, so staff took them out and bought the plants which the person planted around the edge of raised beds. During summer, the person took charge of the garden, watered the seedlings, weeded and pruned the plants. The person is now a resident gardener.
- Another person used to be a florist and was withdrawn, they were taken every week to a local supermarket to buy flowers and were involved in arranging them around the home. The person also helped to arrange an arch of flowers for 'Westgate in bloom', a local flower display. This helped this person to come out of her shell and gain confidence. We saw fresh flowers displayed in the home which the person had arranged.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to allow people enough time to respond to any questions.
- Information was accessible to people in different formats such as audio, pictorial and large print. Staff were advised of any significant communication barriers via a handover where significant risks are highlighted.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. We saw formal complaints had been investigated and addressed in line with their policy.
- Many people and relatives told us they had never had the need to complain and any issues were addressed before they became complaints. There were many compliments received regarding good care.
- People told us they knew how to make a complaint. One person told us, "No complaints at all. I would tell you if I had." Another person commented, "What is there to complain about?"
- Relatives were complimentary of the provider's response to complaints. One relative said, "Never complained, although took issues up with [manager], which were usually swiftly resolved." Another person we spoke with explained how their complaint had been dealt with to their satisfaction.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The home's end of life champion led and supported the team during end of life care and ensured people and relatives had a positive experience during the difficult periods.
- People were supported by staff who understood their needs, were competent and had the skills to assess

their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The directors and management of Byron House were driven by quality and their philosophy was to treat and respect people as if they were one's own parents. The service was a family business where there was no room for compromises when it came to care. The provider's values and ethos of family orientation put people at the heart of the service and were owned by everyone. These were centred around provision of a high-quality service to people.
- People were complimentary of the way the home was run and said, "On the whole I think it is very well managed. The laundry is good, the meals, it's clean. Everything runs pretty smoothly", "I think that it is managed very, very well led, regular staff, all good" and "Well managed, very good because I am well looked after. Well run throughout."
- Relatives were equally complimentary of the way the service was exceptionally led. They commented, "We can go in at any time. The staff are lovely, management extremely open and contactable. I have no issues and would highly recommend Byron House, the manager and the team" and "I think Byron House is very well managed. My dad is very happy there, the home is spotlessly clean and there always appears to be plenty of staff on hand."
- The registered manager and provider provided exceptional leadership and had developed a dedicated staff team who were committed to the vision and values of the service. Staff commented, "Support here is overwhelming. Registered manager is very supportive with work and personal experiences", "Manager is fair but firm. Responsive to our demands and approachable. Provider is visible in the home, directors come into the home" and "[Registered manager] is very supportive and will try their hardest to push you to achieve what you want to. This empowers us all to be our best. Always available and open. Directors are very visible in the home and they are really caring."
- Staff were motivated by and proud to work at the service. They had a very strong teamworking ethic. They spoke passionately about their commitment to people and the staff team. They commented, "This home has homely feeling. Good teamwork. We all muck in. It's a learning environment with a friendly vibe" and "It's like working with a family that you get on with. Its homely."
- There were high levels of satisfaction across all staff and the provider truly appreciated them. Staff had access to a wellness scheme which was aimed at celebrating and recognition of their hard work and dedication. Staff received themed 'happy boxes' with relevant messages to specific times. For example, on valentine's day staff received sweet cones with a poem 'Roses are red, violets are blue, this home wouldn't run without you'. One member of staff commented, "I find our wellness scheme great because when I was employee of the month it made me feel recognised for my hard work and to know that I am appreciated by

my manager and fellow colleagues which is an amazing feeling."

- One of the directors explained the commitment behind staff well-being and said, "We pride ourselves in offering a working environment that is inclusive supportive and rewarding. Having a wellness scheme that benefits everyone who works for Westgate Healthcare [provider] has allowed us to attract the right staff with the right values, behaviours and attitudes to work in this industry. It's important that staff enjoy the time they spend in the home as this will be reflected in the standard of care and the atmosphere that is delivered for the people." Having the right, happy staff that fit with the provider's values resulted in staff commitment to providing people with excellent care.

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

- Leadership at the service was exceptional. The registered manager had been in the post for one and half years. They were knowledgeable, passionate and determined to achieve the best outcomes for people. They had created an effective management and staff structure in the home where staff were aware of their roles and responsibilities, were motivated, and had confidence in the management team. They were supported by a dedicated hands-on executive team. All the staff we spoke with were passionate about their roles and had a clear vision to always improve the quality of the service. The constant availability and visibility of the management team allowed continuity and provision of platformed care throughout the year.

- The home supported staff to excel professionally. A couple members of staff had been supported to complete a practitioner's course. The service also supported several staff in training with work experience. One member of staff commented, "Manager will go above and beyond for her staff. She sees potential in her staff and pushes for them to develop and advocate for them to progress. She sees everyone's roles as equal importance to ensure the team works in partnership which positively impacts on the holistic care provided. Her passion is empowering and infectious. A true role model." Staff development opportunities had resulted in increased staff retention which meant better outcomes for people from staff who knew them well.

- There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. For example, the provider employed a young person from the community who lived with a developmental disability which affected communication and interactions. They supported them through a career in hospitality. This had involved a lot of planning, patience and adjustments to ensure the learning environment was suitable for this person. Staff received awareness and training, so they understood the support that was required from them. They all came on board and supported this person with their career journey. This person now worked independently and were very proud of their achievements.

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

- The management team developed, discussed, promoted and implemented ways of involving people in developing high-quality, outstanding practice that was sustained over time. For example, during monthly residents meeting, people suggested what activities they would like. These were added to the activities planner and included baking, flower arranging, exercise, games, music and puzzles. We saw pictorial evidence these requests had been acted upon. One person had requested a puzzle board, and this had been provided. We saw the person using the board and they told us how this kept them occupied and entertained.

- There was evidence of consistently high levels of constructive engagement with people, staff and relatives. For example, before any environmental refurbishments to the home, the provider facilitated a lot of discussions during meetings to gain people's input. Everyone was fully engaged and kept updated with progress throughout the process. The project was staged to ensure minimal disruptions to people's lives.

- The service was an important part of its community. Staff had developed community links to reflect the

changing needs and preferences of the people. There were a significant amount of collaborations between the home and the community. For example, people and staff helped to collect and pack up contributions to the Ukraine Appeal. A local beekeeper donated some honey which the home used to make honey cakes. Also, a local florist in Aylesbury donated hundreds of lilies and flowers to the home for their 'Westgate in Bloom' competition entry which was led by a keen florist in the home. A number of local businesses donated items ranging from beauty products to roses, wine and vouchers when the home worked with them to promote small local independent businesses following the Covid pandemic.

- There was a particularly strong emphasis on continuous improvement. The provider's innovative strategy and approach to induction and training had a positive impact on staff retention, therefore consistency of care for people. For example, a 'Coroners Court Session' where safeguarding cases were addressed through a formal court approach and the training manager played the role of the coroner and staff were put on the stand and questioned. This allowed staff to have a much clearer understanding of the principles of safeguarding and the underpinning provider's policies.
- Another example was a practical dementia training module where staff were exposed to realities of living with dementia. This exercise brought better understanding and empathy within the staff team. Staff commented, "Dementia training made me understand the struggles for people living with dementia" and "Training here is second to none, always endless opportunities to do extra training. Dementia training 'in their shoes' is great."
- All of the providers training modules were delivered practically and made to be fun to give staff a better understanding of the content. For example, during health and safety training, staff inspected the home, completed risk assessments and simulated an incident and accident whilst completing the relevant paperwork. For fire training, staff used a fire extinguisher and simulated evacuation using the ski pads within the home. They also drew up PEEP [personal emergency evacuation plan] assessments for each other to ensure awareness of all different types of people's needs. Personal care training involved a blow-up doll who wore a catheter and stoma bag so staff could visually see what it looks like and how to ensure they were able to look after a similar person with such needs.
- The provider saw staff appreciation and commitment to staff well-being as a long-term investment to better outcomes for people. Staff attended team days which included activities such as escape room and a cocktail afternoon. Social Media was used to spread the word of appreciation and share achievements. Staff were highlighted and recognised in special days such as the international women's day, Nurses day and Champion events.

The provider facilitated a 'Make a Wish' initiative where a staff draw gave staff an opportunity to 'wish' for something special they might not get for themselves. For example, a pair of shoes, a day trip, a trip to the theatre, etc. In the last draw a member of staff had won an afternoon tea voucher that she had wished for. The member of staff said, "It was an absolute shock. I never win anything. It feels amazing to work for a company that appreciates all their employees." These initiatives resulted in higher staff retention which ensured consistency in care and excellent outcomes for people.

Working in partnership with others

- Byron House was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
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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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.