

Byron Court Care Home Limited

Byron Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 28 November 2016 and was unannounced.

This inspection was to follow up on concerns that were identified at our last inspection in April 2016 and to check if the provider had made improvements. During our last inspection we found nine breaches of the Health and Social Care Act 2008. The home was judged as 'inadequate' overall and placed into 'Special Measures.'

During our last inspection in April 2016 we found the provider was in breach of regulations relating to risk assessments, staffing, person centred care, consent, complaints, nutrition and hydration, premises and equipment, safeguarding and governance. During this inspection we found that improvement had been made in all areas and the provider was no longer in breach of these regulations.

Byron Court is a care home providing personal care and nursing care. It is registered to provide accommodation for up to 53 adults who require nursing or personal care. There is a separate unit for people who have dementia. The building is large three storey property. A passenger lift provides access to all areas of the home.

There were 44 people living at the home during the time of our inspection.

A manager was in post and they were in the process of becoming registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that even though some improvements had been made regarding the application of the Mental Capacity Act and Deprivation of Liberty Safeguards, the provider was not always following a best interest process or clearly documenting this. We saw examples of this in the records we viewed. The provider had improved enough to not be in breach of this regulation, however we have made an recommendation about this.

Staff were able to describe the course of action they would take if they felt someone was being abused or harmed in anyway. Staff had recently undergone training in this subject. During our last inspection we found safeguarding concerns were not always handled correctly and the provider was in breach of these regulations. During this inspection, we found that all concerns had been reported appropriately, and the provider was no longer in breach of this regulation.

We identified during our last inspection that the services approach to risk assessment was not always robust and risks which affected people were not always documented appropriately. We found the provider in breach of these regulations. We found during this inspection, this had improved, and risks to people's safety

and welfare had been adequately assessed and documented. The provider was no longer in breach of this regulation.

There were regular checks in place on the environment and we observed the environment was clean and tidy. During our last inspection we observed that fire doors were wedged open which would compromise the health and safety of people living at the home if there was a fire. We observed during this inspection that the fire doors were being used correctly and were not wedged open. The provider was no longer in breach of regulations relating to this.

Staffing levels were consistent, and there was enough staff on duty to be able to support people in a timely manner. We found during our last inspection that there was a lack of staff presence in most areas of the home, and the provider was in breach of regulations associated to this. We found during this inspection this had improved, and the provider was no longer in breach of these regulations.

Staff were recruited safely and the provider ensured relevant checks were completed on staff before they worked at Byron Court.

Medications were well managed, and the manager had a process in place for the regular checking of medication. People received their medication on time.

Everyone we spoke with told us they felt safe living at the home. Families told us they felt the home was secure and they felt happy their relative lived at Byron Court. Staff told us and records showed that they had completed training in topic areas such as safeguarding, MCA, infection control, medication and moving and handling. We saw certificates were in place for this training and the training matrix reflected this. Staff had been regularly supervised and we saw arrangements were in place for planned supervisions to occur in the next few weeks.

There was a programme of activities taking place in the home, and people told us they liked the activities.

The findings of our last inspection showed that people were sometimes not adequately supported to eat and drink what they needed, and this was not always documented for people who needed this type of support. We found during this inspection that this had improved and people were being supported to eat and drink enough and this was well monitored.

Everyone we spoke with told us they felt that the staff were caring and kind to them. Family members were complimentary regarding the care their relatives had at Byron Court.

During our last inspection, we found that people were not always in receipt of care which met their needs and found the provider was in breach of this regulation. We found during this inspection that there was a lot more personal information in people's care plans. The provider was no longer in breach of this regulation.

During our last inspection we were unable to locate the complaints log, so we could not tell if complaints had been responded to. The provider was in breach of regulations associated to this. During this inspection we saw that there was a process in place for recording and managing complaints; we saw that complaints were documented and responded to in line with the provider's complaints policy. The provider was no longer in breach of this regulation.

During our last inspection, we had concerns regarding the governance arrangements for the home as audits had not identified some of the issues we found during our last inspection. The provider was in breach of

regulations relating to this. We saw during this inspection that this had improved and audits were now robust. The provider was no longer in breach of these regulations.

People were complimentary about the manager and the director.

The overall rating for this service is 'requires improvement' To improve the rating to 'Good' would require a longer term track record of consistent good practice
We will review this on our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

Risks had been appropriately assessed and adequate information was recorded in people's care files.

Medication was managed safely.

Checks were undertaken on the environment regularly to ensure repairs and maintenance were carried out when needed.

Staff were recruited appropriately and checks were conducted on each staff member to ensure they were able to work with vulnerable people.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider was mostly working within the guidelines of the Mental Capacity Act, however some of the principles were not always being applied. We have made a recommendation about this.

Staff had completed all training as required by the provider and staff had been formally supervised and had an appraisal.

People told us they liked the food at the home and had choice over the meals being served.

Is the service caring?

Good 

The service was caring.

People and their relatives told us that they thought the staff were kind and they treated them with respect.

Staff were able to describe how they respected people's privacy and protected their dignity.

Information was stored confidentially.

Is the service responsive?

The service was responsive.

Records showed that people were receiving care which was person centred to suit their individual needs and preferences.

There was a process in place to record and address complaints, which was in line with the provider's policy.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice

Requires Improvement ●

Is the service well-led?

The service was well-led although further improvements were required to ensure the principles of the MCA were consistently upheld.

There was a manager in post who was in process of registering with CQC.

People were complimentary about the manager and the directors.

There were quality assurance processes in place which were robust. These were completed regularly. Action plans were drawn up to improve any areas identified as needing improvement or attention.

There was a system in place to gather the views and feedback from both people living at the home and their family members.

Requires Improvement ●

Byron Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 November 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors, an inspection manager and a Specialist Advisor with expertise in nursing care and tissue viability.

Before our inspection, we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted health and social care commissioners and providers to obtain their views of the service. Who told us they had noticed improvement in the service over the last few months.

During the inspection, we spent time with three people who lived at the home and spoke with six family members who were visiting the home at the time of the inspection. We spoke with one of the directors, the manager; human resources manager, two registered nurses and two care staff. There were two visiting healthcare professionals in the home at the time of our inspection.

We looked at the medicine records for six people. We also reviewed five staff recruitment files for newly appointed staff and records relevant to the quality monitoring of the service. We looked around the home, including some people's bedrooms, bathrooms, dining room and lounge areas. We carried out a Short Observational Framework for Inspection (SOFI) on the dementia care floor and the residential floor. SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

Is the service safe?

Our findings

During our last inspection in April 2016 we found breaches in relation to staff training and staff numbers premises and equipment, safe care and treatment and safeguarding. The overall rating for this domain was 'inadequate.'

During this inspection, everyone told us they felt safe living at the home and there was always staff about when they needed them. One person said, "Oh yes, the staff are around a lot." One family member told us, "They have been great [the staff]; we always see the same faces so it is easy to build up a good relationship with them." Our observations showed that each of the floors was adequately staffed and we did not hear anyone calling for assistance for long periods of time. This meant the staff had attended to them in a timely way. We looked at the staff duty rotas and they showed a consistent number of staff covering each floor. Staff told us they had enough time to care for people, and were not rushed. The provider was no longer in breach of regulations relating to staffing.

We identified during our last inspection that the provider was in breach of regulations relating to the environment. This was because doors and cupboards where harmful substances were stored were not always locked. During this inspection we found storage cupboards containing harmful substances were kept locked during this inspection and we did not see any toiletries or cleaning products left in bathrooms. The provider was no longer in breach of these regulations.

We found the home to be clean and this included the kitchen and bathrooms. We saw staff using gloves, aprons and hand gel in accordance with good standards of infection control. Daily cleaning schedules were in place, as part of monitoring the standards of cleanliness.

During our last inspection, the service had not acted upon a specific safeguarding concern, which left the person at risk of financial abuse. We found the provider was in breach of regulations associated to this. We found during this inspection that all staff had undergone additional training in this subject and any safeguarding concerns had been reported and recorded appropriately. We discussed safeguarding with the staff at the home and checked to see if all safeguarding concerns had been addressed appropriately.. Staff were able to describe the course of action they would take if they felt someone was being harmed, and people's care plans reflected their vulnerability. The provider was no longer in breach of this regulation.

During our last inspection we were concerned as not all risk assessments had been updated and some people's needs had changed and they had not been reassessed. We also saw there were gaps in some people's risk assessments and information was not always recorded. The provider was in breach of regulations associated to this. We found during this inspection that risks associated with people's care and support was well documented and reviewed monthly. Risk assessments were completed in areas such mobility, skin viability, nutrition and falls. They also contained a thorough explanation of the risk to the person and how staff were required to manage the risk. We saw that risk assessments were written in a way which both upheld people's dignity and independence, and kept them safe. For example, we saw that one person liked to sleep in late and if they were not supported to do this they could display unpredictable

behaviour. We observed this person later on in the day and asked the staff member what time the person had got up. The staff member was able to describe the content of the person's risk assessment and why it was in place. We also saw that handovers occurred twice daily, and important information about people was shared. These examples demonstrated that the provider is no longer in breach of regulations relating to safe care and treatment.

We checked the process for recording incidents and accidents. We saw that clear processes were in place to monitor incidents and accidents and act on trends. We saw that there was different paperwork in the file which could be confusing, as it means staff are using different forms to document on so there was a risk that information might get missed off some forms. We highlighted this to the manager at the time of our inspection who assured us one form would be in use going forward.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as fire prevention, hot water, legionella, gas and electric installation. Staff told us maintenance work was completed in a timely way to ensure the home was kept in a good state of repair. In addition, the home had recently undergone a deep clean procedure and scored five stars based on how hygienic and well-managed food preparation areas were on the premises (the highest score being five).

We looked at the process in place with regards to medication administration. We saw that medication was administered safely well managed and stored appropriately. We checked the MARs (medication administration records) for six people and saw no gaps in MAR sheets, and stock balance matched the totals recorded. We observed one person being given their medication by staff. We saw they spoke to the person who was receiving the medication to explain what they were doing and what the medication was.

We saw one person was being administered medication covertly. This means that the medication was disguised in food or drink to ensure the person takes the medication as directed. We checked to see if the correct process had been followed for the procedure of covert medications. We saw that the MAR sheet reflected this. We could see that the service had sought involvement from the GP, as well as decision specific mental capacity assessment. However, there was no best interest process documented for this person as required under Mental Capacity Act 2005. We raised this with the manager at the time of our inspection. Who told us they would take action to address this.

Medications were stored appropriately and fridge temperatures were checked regularly to ensure they were in the required range. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. We looked at the staff training in this area, and asked the staff what additional training they had. Staff told us they were required to shadow more experienced members of the team, undergo regular supervision, and complete their medication-training course. We saw from the training records that all senior carers who administered medication had completed this training. Other people in the home had their medications administered by the nurse on duty.

We reviewed five files relating to staff employed at the service. Staff records we looked at demonstrated there were robust systems in place to ensure staff recruited were suitable for working with vulnerable people. Full pre-employment checks were carried out prior to a member of staff commencing work. This included a record of the interview process for each person, two references and police check on file prior to an individual commencing work.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice

Is the service effective?

Our findings

During our last inspection in April 2016, we found breaches relating to nutrition and hydration and consent. The overall rating for this domain was 'requires improvement'.

During this inspection we looked at the provision for planning and preparing food. During our last inspection, we found that the provider was in breach of this regulation as people were not given a choice about what they ate and were not always given adequate fluids. We saw during this inspection, a new four week menu was being introduced which people had been encouraged to participate in. There was a menu displayed in the dining room.

We saw that people were supported to have regular drinks throughout the duration of our inspection. No one told us they disliked the food, and when we observed at lunch time we saw the food was well presented. We saw that people who required support to eat their meal were being supported appropriately by staff. The new menu was varied and contained balanced meals, included different options for people if they wanted a lighter lunch. One person told us, "I don't eat loads, so I always opt for something a bit smaller." The provider was no longer in breach of this regulation.

During our last inspection we found the provider was in breach of regulations relating to the Mental Capacity Act 2005 (MCA) as decisions were not always made in people's best interests.

The 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On this inspection we checked to see whether the service was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met.

The registered manager was knowledgeable about the MCA and DoLS and knew that CQC needed to be notified when the outcome of any applications were known. We found during this inspection that some improvement had been made in this area, however the service had not always evidenced that a best interest approach had been taken. Even though assessments had been completed to assess people's ability to make certain decisions, we found this was inconsistent. For example, one person had been assessed as requiring the use of bedrails. We could not see if the person or anyone advocating for them had been involved in this decision. We also saw another example which a person living at the home was being given medication covertly (disguised in food or drink). We saw that the GP had given permission for the service to do this, however we could not see any best interest meetings which showed the rationale for the decision. We saw that one person had a DNAR (Do Not Attempt Resuscitation) in place which had been signed by the GP,

however the person or family had not been involved in the decision and there was no mental capacity assessment in place for this person to determine if they understood the decision. We raised these concerns at the time of the inspection with the manager who told us they would review this process for everyone living at the home. We saw that consent was clearly documented in people's care plans, and anyone subject to a DoLS authorisation had regular reviews. For most people capacity assessments were decision specific and we saw that the most unrestrictive option was considered first.

We recommend that the provider continues to review its practices to ensure the principles of the MCA are consistently upheld.

We looked at staff training records, and spoke with staff about their training. One staff member told us, "We have been on loads of training; that is definitely one of the improvements here." Certificates we saw confirmed that training had taken place in topics such as manual handling, safeguarding, MCA, infection control, medication, and dementia awareness. Staff confirmed that all training was classroom based. Staff also had access to regular supervision with the service's management team. We saw that one recent starter had completed their induction in line with The Care Certificate. The Care Certificate is an identified set of standards, which health and social care workers adhere to in relation to their job roles.

We looked at the supervision schedule for staff and saw that all staff had been supervised in the last two months in accordance with the provider's policy. Staff we spoke with told us they engaged in regular supervision

We spoke with two medical professionals who were attending the home to provide care to someone who lived there. They told us they had no concerns with the service and staff followed any instructions they were asked to. We saw from looking at people's care records that medical advice from GP's, SALT (speech and language therapists) and dieticians were sought promptly when needed. One family member told us, "I never worry, as I know if [family member] is ever ill and needs to be seen by the doctor the staff will always call and let me know. They also ring me at home to let me know if [family member] is okay."

On this last inspection we saw the home was not dementia friendly, there was limited signage in place, and walls and doors were plain. On this inspection we saw there was a plan in place to redecorate the section of the home which cared for people living with dementia. We saw wallpaper swatches pinned to some of the walls, and people's bedroom doors had already been painted a different colour. We saw that there was directional signage clearly marking the bathrooms, lounge and toilet.

Is the service caring?

Our findings

During our last inspection we were concerned as staff supporting people in the dementia side of the home had limited knowledge about the people they were caring for and did not engage with them. We observed in other parts of the home some areas were often left unstaffed, and people were calling for assistance. We rated this domain as 'requires improvement'.

During this inspection everyone we spoke with told us that they felt the staff were caring. One family member said they were "Made up [with Byron Court] and it had improved." We spoke to another family member who spent a lot of time at the home due to their relative being unwell and they praised the staff for their caring approach. They said, "The staff are wonderful. I don't know what we would do without them." This family member also went on to say, "They just treat [family member] well; they are wonderful with the whole family, nothing is too much trouble for them." Another family member told us, "They [staff] and the management are wonderful now, they have really got it right." Someone else said, "I don't know what I would do if they [family member] had to move somewhere else." One person who lived at the home told us, "The staff are great, they treat me well." Another person said, "I like the staff."

We spent some time in two areas of the home during our inspection. We were able to observe how staff interacted and their relationships with people who lived at the home. We saw positive interactions between them. Staff spoke kindly and respectfully to people. We saw an example of staff providing support in dignified way. The staff member discreetly asked someone if they wanted help to change their top, (as they had a spillage on it). We, we observed the staff member lean in to the person and whisper to them. We saw staff knock on people's doors and ask if it was okay if they tidied their rooms. This showed that the staff were treating people with respect and dignity.

People we spoke with confirmed that the staff treated them with respect. One person said, "They don't just barge in, and I prefer that."

We saw people's records and care plans were stored securely in a lockable room which was occupied throughout our inspection.

We saw from looking at care plans that they had been signed by the person receiving the care or their family member to show they had been involved in the planning of care. When we asked people if they had been involved in their care plans people told us they had. One person's family member said they were being asked regularly about their family member and the things they like to do. The family member said they felt involved and felt this approach was the correct approach to take. They also said they were made aware straight away of any accidents or illnesses and not informed on their next visit (as they had been in the past).

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We were informed that no one was accessing these services during our inspection.

Is the service responsive?

Our findings

During our last inspection in April 2016 we found the provider in breach of regulations relating to person centred care and complaints. We rated this domain as 'inadequate'.

On this inspection we looked at how the service provided care which suited people's individual needs and preferences. We saw that care plans contained an appropriate level of person centred information, such as some background knowledge about the person, and what their interests were. We also saw that people who required care delivered in a certain way, were having these needs met. For example, we checked to see if people who required specific equipment, such as pressure relieving cushions and mattresses were in place. We saw that everyone who required pressure-relieving equipment had this. We also checked that people who required assistance with moving and changing their position regularly to prevent a skin breakdown were having their needs met. We saw that all turn charts were completed correctly, with the allotted times when the person was moved. This meant that staff were providing the correct care for people in accordance with their assessed need.

We saw that people were being weighed when needed and their weight was recorded in their care plan. We saw that if a person had lost weight for a consecutive amount of weeks a referral was made to the dietician. The manager had introduced new paperwork for the staff to complete around people's weights, which showed the weight loss and the action taken. One of the issues we found during our last inspection was that, even though staff could demonstrate a comprehensive knowledge of the people they supported, actions such as when referrals were needed, or when additional monitoring of blood pressure needed doing, was not recorded anywhere in the person's care plans. This showed the provider had made improvements and is no longer in breach of this regulation.

During our last inspection the service could not locate or provide us with the complaints log, so we were unable to track if the service had received any complaints. We found the provider in breach of this regulation. We saw during this inspection, that the complaints log showed the service had one complaint which had been dealt with. We checked the process of the complaint and saw that the manager had followed the procedures outlined in the provider's policy and procedure. They had provided a detailed response to the complainant. We saw that the complaints procedure was clearly displayed in the main hallway for people to see. People we spoke with told us they knew how to complain. One person said, "I would just see the manager." Someone else said, "There is no cause to complain, they have been getting loads done lately." The provider was no longer in breach of this regulation.

We saw a programme of activities in place for people who lived in the home. The manager informed us that they were recruiting a new activities coordinator, so there would be two staff in post to cover every day. We spoke with one of the directors who told us that the home had signed up to 'Oomph!' Oomph! provides a set of complementary services to enhance the mental, physical and emotional wellbeing of older adults. They do this by working with care staff to create inspiring activities for older people. Our observations in the dementia unit showed some people were engaging in puzzles with the staff member, and others were interested in various objects in the room, such as puzzles and one person had a doll with them which they

were rocking and singing to. We also observed that some people had visitors.

We saw that people bedrooms had been redecorated. They confirmed their involvement in the choices regarding this. The dining room had also been redecorated.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice

Is the service well-led?

Our findings

During our last inspection of the home in April 2016 we found the leadership of the service to be inadequate and found the provider was in breach of regulations relating to good governance. We rated this domain as 'inadequate'.

We saw during this inspection that the new directors of the provider had clearly addressed our concerns from the last inspection. We saw improvements had been made although some where still required to ensure the principles of the MCA were consistently upheld.

There was a manager in post, who had been in post for a few months prior to our inspection. They were in the process of becoming registered with the Care Quality Commission.

We checked the procedures in place for the quality assurance (checking) of the service in relation to care plans, health and safety and medication. We saw that these audits had identified errors in records relating to care planning, such as missing information, and the manager had taken action to discuss this with the nurse in charge. We saw that the medication audit was effective and the system for reporting medication errors was robust.

We spoke with one of the directors at the time of our inspection. They informed us that as part of continuously improving their approach to quality assurance they had hired an independent quality assurance officer to visit the service every few months and assess all audits for effectiveness and compliance.

There was a process in place for gathering feedback from people who lived at the home. We saw that a low number of people responded to the surveys; however we saw an action plan was in place as to how the provider could encourage more of a response next year. One of the directors advised that they would seek further feedback in the near future and would keep us updated.

People, their relatives, and staff who we spoke with were complimentary about the manger and the director. One relative said, "The manager is lovely." Another relative said, "The director is a nice guy." The staff were also happy about the managers approach. One staff member said, "[Manager] is really fair, they seem to have everything moving in the right direction." Another staff member said, "[Directors name] is really down to earth, he leaves his mobile number in case we ever need to get hold of him, and he always answers his phone."

We observed that staff morale was high. One family member said, "It is different in here now, the staff talk, they laugh and joke, and it's nice to see them enjoying their jobs."

We saw that there was a 'memo' on the notice board for the attention of staff which informed them that all team meetings were compulsory. We saw that the last team meeting took place in November 2016 and we viewed minutes of this. We also saw that resident meetings had taken place in November 2016. We saw that

items on the agenda included, 'Christmas, activities, a mini bus and the menu'.

The home had policies and guidance for staff to follow. For example whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The manager was aware of their role with regards to when they are required by law to notify CQC and we had received notifications as required.