

Accord Housing Association Limited

The Byrons

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Byrons is a purpose built three storey extra care housing scheme comprising 40 self-contained flats in a small gated complex in North Manchester. The provider, Green Square Accord, provided personal care to 17 older people at the time of our inspection.

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

People received the care they needed to keep them safe and well. Staff used risk assessments and care plans to support people with their individual care needs. Staff complied with good infection control practices when supporting people such as wearing personal protective equipment. People received their medicines safely.

The service had a stable staff team who knew people well. Staff received the appropriate training and supervision to help them support people effectively. People received support that gave them maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff developed good working relationships with people and their relatives. They knew people well and supported them based on their needs, preferences and choices. Managers kept in regular contact with people and their relatives to check they were happy with the service provided.

Staff seemed happy in their jobs; they described good team working, showed dedication towards people, and found the managers accessible and supportive. Regional and local managers used a range of governance systems, tools and processes to assess the quality of the service and identify areas that needed attention.

The service promoted high quality, person-centred care and had an open and honest culture. People and their relatives gave positive feedback about all aspects of the service. They described the staff as dedicated, caring and well-trained. One relative told us, "The Byrons is a unique extra care facility that provides fantastic care and support to meet the individual requirements and needs."

Rating at last inspection

This service registered with us on 2 June 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection because the service had not been inspected before.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Byrons

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. We did this 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 comprised one inspector 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

We gave the service 36 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

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

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the care coordinator and care staff. We spoke with the independent living coordinator employed by the housing association responsible for the premises. We reviewed a range of records that included three people's care records, three people's medicines records and three staff files.

After the inspection

We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. We sought feedback from the local authority.

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 for 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

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. All staff received mandatory safeguarding training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so. The registered manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission.

Assessing risk, safety monitoring and management

- The care records we reviewed had up-to-date risk assessments and individual care plans for each risk identified, for example, relating to medicines, mobility, diet and hydration. Staff recorded the care they provided on daily care logs that people kept in their flats. The daily care logs we reviewed showed staff completed them fully and accurately. Staff completed safe and well checks for every person every day.
- The extra care scheme provided 24-hour staffing cover. People had buzzers in their flats, which meant they could contact the office or staff at any time during the day or night in case of emergency. For people's general safety onsite, the extra care scheme had CCTV cameras installed in public areas that staff could monitor from the main office.

Staffing and recruitment

- At the time of our inspection, The Byrons had a stable staff team with low staff turnover and no vacancies. The service operated over 24 hours, seven days a week with dedicated staff covering night shifts.
- Staff, people and their relatives told us that the service had enough staff to provide care. People and their relatives liked that the same staff had worked at the site for some years as this helped with relationships and continuity of care.
- The provider recruited staff safely. The staff personnel records we reviewed contained the appropriate information and documents and were in good order.

Using medicines safely

- The service had good systems and processes in place for managing medicines effectively. These included safe storage, stock control, administration and disposal.
- People received their medicines safely. Staff gave medicines at the right time and completed records fully and accurately.
- Senior staff completed regular audits, spot checks and competency tests to help ensure safe practice and identify any emerging issues.

Preventing and controlling infection

- The provider had a range of up-to-date infection prevention and control policies and practices in place. Staff used personal protective equipment (PPE) effectively and safely. Managers undertook random spot checks to ensure compliance.
- Staff participated in the weekly Covid-19 testing programme and most staff had received the Covid-19 vaccination. People received visitors such as relatives, and health and social care professionals in line with current government guidance, for example, they had to take a Covid-19 test on arrival and don PPE.
- The care provider and housing provider had worked together to develop and implement Covid-safe practices throughout the pandemic. For example, the site had hand sanitiser placed in all public areas. The communal facilities had very high standards of cleanliness and hygiene, good ventilation and were cleaned after each use.

Learning lessons when things go wrong

- The provider had a comprehensive range of audits completed by regional and local staff that helped identify any issues, gaps and risks, which they then addressed. In addition, the provider reviewed all incidents to identify themes and learning and shared any changes made with all staff. For example, following some issues with people's medicines running out, the service introduced changes that ensured staff re-ordered them when 7 days' supply remained.

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

- The service assessed people's individual needs holistically and developed associated care plans. The care records we reviewed showed up-to-date assessments with individual care plans for each need identified, for example, meal preparation, washing and dressing, and medicines administration.

Staff support: induction, training, skills and experience

- All staff underwent a full induction and a comprehensive mandatory training programme when they commenced employment. Staff received annual refreshers on much of the mandatory training.
- The service had a skilled and experienced staff team. The staff we spoke with said they felt suitably trained and experienced in their roles. People and their relatives expressed confidence in the staff team. One person told us, "All the carers know what they are supposed to be doing, I am very pleased with them, and they are definitely friendly and very caring."
- Staff received regular supervision and annual appraisals. The provider offered staff a good range of training and development opportunities. New staff enrolled on the Care Certificate; staff could apply to do a national vocational qualification (known as NVQ) in health and social care.

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

- Staff supported people with food and drinks where this was part of their care plan. Staff helped people prepare meals that took into account their individual dietary needs and preferences.

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

- The service worked with other services to ensure people received the appropriate care at the right time. Staff kept in close contact with other health and social care services involved in people's care such as district nurses, GPs, occupational therapists, and mental health nurses. One relative told us, "After [person's] recent hospital admission, the [onsite manager] and the team worked tirelessly with outside agencies to enable [person] to return home safely."
- The service worked alongside the housing provider to provide a coordinated and effective extra care housing service. The housing provider employed an independent living coordinator who shared an onsite office with the service provider.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection, none of the people supported by the service had a Court of Protection Order in place.
- Staff had received training on the Mental Capacity Act (MCA) and understood the principles of the MCA.

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 Good. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

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

- The staff we spoke with showed exceptional kindness and compassion to the people they supported. Staff knew people well and supported them based on their needs, preferences and choices. Staff developed a rapport and good working relationships with people and their relatives. One person told us, "Anything on my mind or any problems I can always talk to them and they will spend time with me, I have got to know them well and have become very fond of them."
- The people we spoke with praised the staff and the service. One person told us, "I would say if you can find a better set of carers it would be a miracle, you won't find a better set in my opinion." Another person said, "I find the carers fantastic, professional, kind and caring."
- All the relatives we spoke with told us they were very happy with the care provided to their loved ones. They expressed confidence in the service and the staff team. We saw feedback from one relative who said, "[The] team became an extension to [person's] family giving us support, reassurance and confidence in [their] total approach."

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

- Staff consulted people, their relatives and the professionals involved to assess people's needs comprehensively and agree care plans. The people we spoke with told us they were actively involved in decisions about their care throughout their care journey. They described collaborative working relationships and good communication with managers and staff.
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide genuinely person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed, including making referrals to other agencies where necessary.
- Staff had the time to support people effectively. One relative told us, "The carers are all very willing, they are very good in fact; excellent care is given, they are not in a hurry when they do the visits and are very friendly, always say hello to [person] and visitors, they always seem to be in a good mood and they come at the times they are supposed to."

Respecting and promoting people's privacy, dignity and independence

- Staff actively encouraged people's independence. They helped people maintain their independence and develop new skills if needed. Staff gave an example of a person they helped learn some new self-care skills and described how the person's confidence and wellbeing had improved.
- The service encouraged all their staff to get to know and work with all the people at the scheme who needed care. Due to the small size of the service this helped ensure that staff and people knew each other

well, which helped promote people's privacy and dignity. One person told us, "They are all lovely, I do tend to have the same carers and I have a very good relationship with them."

- People lived in their own flats and had high levels autonomy. The service respected people's right to live their lives without restrictions. People spent their days how they wished, received visitors when they wanted, and some had pets. Staff worked flexibly where possible adjusting their timetable to the person's daily plans.

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 Good. This meant people's needs were met through good organisation and delivery.

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

- The service involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences. The care records we reviewed described in detail how people wanted their care provided, for example, how staff should greet them when they arrived and how they should provide the care.
- People received the care they needed at appropriate times during the day and night. In addition, people had access to the emergency call service 24 hours a day.
- The service had access to a transition flat, which they offered people on a short-term basis. This helped people and staff decide if the service could meet people's needs safely and effectively.
- The housing complex had an assisted bathroom on the ground floor. Staff offered people access to the bath as the flats had showers only and supported them in the bathroom.
- The service offered new people access to the onsite care service for six weeks when they moved in. Thereafter, the service offered the care commissioned to meet the person's needs or liaised with commissioners if there were any unmet needs.

Meeting people's communication needs

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

- The service assessed people's communication needs and took them into account when planning care. Care plans included guidance for staff to help them communicate with people effectively when providing care.

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 helped people develop relationships and participate in activities. The people we spoke with listed a wide range of activities they had access to. These included onsite activities such as bingo, parties, darts, barbecues, curling, gardening, and fundraising events, as well as offsite activities such as boat excursions, and trips to Blackpool, the Lake District and Southport. One person told us, "I have been able to get out when I want to, I have been into the gardens which are lovely and this afternoon I am going to the lounge for tea and cakes."
- People had access to a wide range of indoor and outdoor facilities that included a large, air-conditioned communal lounge, a salon, and extensive landscaped gardens. Staff consulted people on the activities they

would like and helped arrange them. They then encouraged people to lead them, for example, we saw a bingo session run by people living at the scheme.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints. The service received very few formal complaints. None of the people and relatives we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.

End of life care and support

- At the time of our inspection, none of the people supported by the service received end of life care. However, the service had previously supported people who needed end of life care. We saw feedback from a relative that said, "As [person] approached end of life, [their] care and dignity remained intact throughout and this was only due to [the service's] loving, kind and respectful approach to not only [person] but [their] family."
- The service asked people about their wishes for the end of their lives. The care records we reviewed showed discussions about people's preferences.

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

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

- The service had a positive culture that focused strongly on person-centred rather than task-based care. The staff we spoke with described a caring environment where people and relationships mattered. Staff cared for people in the way they wanted and needed to achieve good outcomes. One staff member told us, "It's like home from home."
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. Staff recognised that the complex belonged to the people who lived there and that they had an ancillary support role. Staff worked well together as a team adopting an approach that valued people's rights and empowered them. One staff member told us, "It's their complex, we help them with what they need."
- During our inspection, we perceived a strong sense of wellbeing among the staff and people. This was confirmed by the staff, people and relatives we spoke with. One relative told us, "The joy and laughter [is] witnessed daily at The Byrons."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible.
- The service actively promoted openness and transparency to its staff and the people they cared for. Staff, people and relatives we spoke with confirmed that the provider had a genuinely open and honest culture.
- The provider had good working relationships with local agencies such as the local authority and commissioners and shared information appropriately.

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

- The registered manager showed a strong commitment to good governance of the service supported by their regional quality team. The provider had a range of governance systems, tools and processes that helped them assess the safety and quality of the service and identify areas that needed attention. For example, they completed audits on care records, medicines administration and infection control.
- The registered manager had responsibility for other local services as well as The Byrons, which meant they were not always available onsite. However, the extra care scheme had a dedicated care coordinator based

onsite who had responsibility for the day to day running of the service. This helped ensure there was a management presence at the scheme most of the time to help ensure the safe and effective provision of high-quality care and address any issues as they arose.

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

- The service engaged with people and their relatives on an ongoing basis. For example, the care coordinator maintained direct contact and open communication with people and their relatives. Records showed that staff asked people for feedback on the service at their regular care reviews. The service had recently consulted people about the activity programme. People, their relatives knew who the onsite care coordinator was and described them in glowing terms.
- The provider engaged with staff regularly. Staff had access to regular team meetings and one-to-one supervision sessions at which they could make suggestions or raise concerns. Staff attended daily handovers at which they received updates about people and the service.
- The Byrons had a strong presence in the local community and links with residents, local shops and services. When The Byrons held large events such as fundraisers, they invited local people to attend.

Working in partnership with others

- The service worked closely with local agencies including the housing provider, the local authority, and healthcare services. The local agencies we spoke with gave very positive feedback about the service at The Byrons. One agency we spoke with described the care team as "professional, proactive, responsive and cooperative."