

## Accomplish Group Limited

# Byron Lodge

### Inspection report

1 Coldstream Avenue  
Manchester  
Lancashire  
M9 6PG

Tel: 01617954084  
Website: [www.accomplish-group.co.uk](http://www.accomplish-group.co.uk)

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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

This inspection took place on 8 and 9 January 2019 and the first day was unannounced.

Byron Lodge was previously inspected in October 2017. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to providing safe care and treatment and good governance. At this inspection we found sufficient improvements had been made and the service was meeting the regulations.

Byron Lodge is registered to provide accommodation for persons who require nursing or personal care for up to 14 people. There are 12 self-contained apartments and two en-suite bedrooms. At the time of the inspection 14 people were living at the service.

There was a registered manager in post who was supported by two deputy managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Byron Lodge provided care and support that was safe. During our inspection we found people were relaxed and settled in their surroundings. Risks to people were identified and measures implemented to mitigate these risks. The provider had made the required improvements since the last inspection to help ensure medicines were managed and stored safely.

There was sufficient and adequately trained staff to support people safely. All relevant pre-employment checks had been completed, to ensure they were appropriate to work with vulnerable people. The provider had suitable systems in place to protect people from abuse including accidents and incidents.

People were protected from the risk of infection because suitable arrangements were in place to ensure hygiene standards were maintained. The home was visibly clean and free from unpleasant smells. Staff were knowledgeable about and demonstrated good infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had submitted appropriate applications for the deprivation of liberty safeguards to the local authority.

Staff were competent and had adequate professional support to enable them to support people safely and effectively. Staff received an induction, training considered mandatory by the provider and shadowed experienced colleagues prior to working unsupervised. Staff had regular supervisions and annual appraisals. People could participate in giving feedback for staff's appraisals.

People's nutrition and hydration needs were met effectively. Where possible, people were supported to shop and prepare their own meals. The service acted proactively to ensure people maintained a balanced diet and that they received relevant health and medical attention as required. This helped to ensure people achieved a good quality of life and wellbeing.

People were supported in a friendly and respectful way. People, relatives and staff got on well and staff were aware of people's personalities and behaviours. Staff responded promptly when people asked for help and were seen to support people in a patient and unhurried manner. People, relatives and visitors were complimentary about the staff and their caring attitude.

People and their relatives were involved in the decision-making regarding the care and support provided. Where required, people could use advocates to help them understand and be involved in their care and support.

The care home operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised.

Care plans contained detailed and adequate person-centred information to guide staff to provide personalised care. These plans were reviewed regularly.

People engaged in activities and events that were meaningful and personalised. During our inspection, we observed activities taking place. Daily planners in people's care records and photographs evidenced people's participation in a range of events within the home and in the community.

Concerns and complaints were managed effectively with a clear process in place. Records demonstrated people and their relatives knew how to make a complaint. There had been one complaint made since our last inspection in October 2017. This had been dealt with appropriately.

The registered manager was visible within the service and known to the people supported. Staff were equally complimentary about the registered manager and spoke about their 'open door' policy. People and their relatives were very pleased with the service. They felt very involved in the care provided and were always kept informed and consulted with.

Staff had appropriate mechanisms to support them in carrying out their jobs. These included staff meetings and policies and procedures.

The provider complied with the legal requirement to display its most recent rating within the home and on their website.

## 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.

Improvements made since the last inspection helped to ensure medicines were managed safely.

People told us they felt safe at the home. Risks to people had been identified and actions developed to minimise these risks. Staff knew what action to take to keep people safe.

There was sufficient staff deployed to help ensure people were supported safely within the home and when in the community.

### Is the service effective?

Good ●

The service was effective.

The provider followed the principles of Mental Capacity Act to ensure people's rights were safeguarded. Appropriate applications for Deprivation of Liberty Safeguards were made to the relevant authorities.

Staff had received an induction and were suitably trained to support the people living at Byron Lodge.

People accessed health care services when required.

### Is the service caring?

Good ●

The service was caring.

There was a good rapport between people using the service and staff. Staff had a good understanding of people's personalities and their individual needs.

People were treated with dignity and respect. Staff used various ways to communicate with people supported.

The service promoted and develop people's independence and confidence.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and personalised to people's needs. Care plans were reviewed monthly or when people's circumstances changed.

People were engaged in meaningful activities and recreation within and outside of the home, which they had been involved in planning.

Complaints were responded to in a timely manner. People and their relatives were complimentary about the staff.

### **Is the service well-led?**

The service was well led.

Audit processes in place helped to ensure a good standard of care and support was provided.

People told us the registered manager and staff were approachable and friendly. People and their relatives were able to provide feedback to help make improvements to the service.

Staff felt valued in their roles. The registered manager participated in national conferences which helped them update their expertise.

**Good** ●

# Byron Lodge

## 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 8 and 9 January 2019 and the first day was unannounced. The inspection team consisted of two inspectors from the Commission 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 service.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We contacted agencies such as Manchester local authority and Healthwatch to find out what information they held about the service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We received no information from the local authority. Healthwatch held no information about this service at this time.

During the inspection we spoke with eight people who were living at the home. We spoke with four support workers, the registered manager, a deputy manager and the area operations manager. We reviewed records relating to the care people were receiving; these included four care plans and risk assessments, daily records and medication administration records. We also looked at records relating to the management of the home, including four staff recruitment files, staff training and supervision, equipment maintenance, quality monitoring and policies and procedures.

## Is the service safe?

### Our findings

At the previous inspection in October 2017, various aspects of medicines administration were not managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities 2014). At this inspection we reviewed the improvements made and found the provider was now meeting the regulation. However, we found the recording of 'as required' creams could be more consistent. Staff told us they did apply creams when required. Our checks of people's skin integrity and regular repositioning charts confirmed no concerns had been raised. We discussed this with the registered manager who said they would seek advice from head office about implementing a more effective recording method.

We saw more robust plans were implemented to manage stoma care. A stoma is where an opening is made in the abdomen which allows a person's waste to be passed out of the body. Stock levels for stoma supplies were recorded daily and there was sufficient information to guide staff on when to reorder new stock. Staff responsible for administering medication had received appropriate training. Medication competency assessor training had been completed by those staff members responsible for assessing the competency of other staff administering medicines.

People received their medicines safely and as prescribed. We saw everyone living at Byron Lodge had an acquired brain injury (ABI) support plan which described how each person liked to take their medication. Medicines were stored safely in a locked medicines cabinet secured to the wall in a locked medication room. Only staff who were suitably trained had access to the medicines room.

Protocols for 'as required' (PRN) medicines were in place and contained detailed information about when the medication should be administered. PRN protocols provide staff with information about when these medicines should be administered and their intended effect.

Where medicines had to be administered covertly (hidden in food and without the consent of the person), we found the service had considered and applied the requirements of the Mental Capacity Act and associated good practice. The registered manager had sought guidance from the pharmacist on what food or drink the medicines should be put in. However, we noted the instruction for one medicine was that it should not be crushed and we asked the registered manager how this was administered covertly. They told us the person was usually compliant with taking their medication. The medication administration record confirmed this. However, we asked the registered manager to review this issue with the pharmacist and the GP.

Sufficient staff were deployed within the service to support people safely. Concerns around rota management identified at the previous inspection in October 2017 had been addressed. Records we looked at evidenced the service used a staffing levels/skills risk assessment to determine the level and skills mix of staff required. The assessment was detailed and considered people's individual needs such as morning routines, day and night time requirements, mobility and community engagement. Staffing requirements were reviewed every three months or when circumstances changed such as a new person moved into the service. Staff we spoke with said there was sufficient staff on duty at all times. During both days of our

inspection we saw the staffing levels were adequate to support people's assessed needs within the home and in the community.

The provider had reduced the number of agency staff used across the home since the last inspection in October 2017. The registered manager told us that where possible they requested the same agency staff. Staffing rotas and agency staff on shift confirmed what the registered manager told us. There were appropriate checks in place to help ensure the agency staff's suitability. Staff handovers helped to ensure all staff including agency staff knew the concerns of people living at the service.

There were good systems and procedures in place to help ensure people and their finances were safe at Byron Lodge. Safeguarding concerns and action taken were recorded on the provider's electronic reporting system called RADAR. Appropriate referrals had been made to the local authority and CQC. Staff we spoke with knew the types of abuse and what action to take if they suspected abuse was taking place. Safeguarding training for all staff was up to date. The registered manager told us people's finances were checked twice daily.

We asked people if they felt safe living at the care home. They told us, "I do feel safe here," and "I feel quite safe and protected."

Accidents and incidents that took place within the service were recorded on RADAR. We saw appropriate action had been taken to safeguard people and lessons learnt to reduce the likelihood of future incidents. Incidents had been reported to the relevant authorities such as the local authority and CQC.

Recruitment processes were safe and helped to ensure only suitable staff worked with the people living at Byron Lodge. Pre-employment checks such as references and Disclosure and Barring Service (DBS) checks were carried out. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. As stated on the PIR, during our inspection we saw people where possible participated in staff interviews. We spoke with the person who had done this. They told us they had done other interviews before and gave us examples of questions they had asked.

Risks to supporting people's health and wellbeing had been assessed. We looked at four people's care records and found detailed assessments relating to areas of risk, their support needs and how staff should manage these. Risks identified included health issues such as poor nutrition, mobility, alcohol and drug abuse and skin integrity. The service also assessed the risks around people's behaviour and going out into the community on their own. Risk assessments included any previous history of behaviours and a description of the current risk and the management plan. There was sufficient information to guide staff to support people safely and effectively. Assessments were reviewed every six months or more frequently if needed.

There were appropriate measures in place to protect people, their belongings, staff and visitors from the risk of infection. People were supported to keep their living areas clean and tidy. Personal protective equipment (PPE) such as gloves and aprons were readily available for staff to use and was located around the home, as were dispensers containing anti-bacterial gels.

People were safeguarded from harm because premises and equipment checks and regular maintenance were carried out. This included regular examinations of lifting equipment such as hoists, fire systems, portable appliances and gas and electrical safety. Weekly fire drills and six-monthly fire evacuations were carried out. Greater Manchester Fire Services had carried out a fire safety inspection in November 2018 and

found the service was generally compliant. One issue had been identified, the need for a door guard on the medication room door, and we saw this had been installed.

The provider had risk assessments in place relating to fire safety and legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults.

Everyone living at Byron Lodge had an up to date personal emergency evacuation plan (PEEP). A PEEP provides information about a person such as mobility needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire.

# Is the service effective?

## Our findings

From our inspection, we found the service continued to provide effective care.

People were supported by staff who had received an induction and training considered mandatory by the provider. At the last inspection we found not all staff had received training in areas such as fire safety and diabetes. At this inspection we found the provider had ensured that all staff were up to date.

Staff received training on topics such as safeguarding, fire safety, person-centred planning and mental capacity, Deprivation of Liberty Safeguards and Control of Substances Hazardous to Health Regulations (COSHH). COSHH regulations require employers to control exposure to hazardous substances to prevent ill health. All staff who administered medication had completed training and had additionally completed a competency assessment. New staff were provided with a mentor who they shadowed for the first two weeks, or until they were confident enough to work independently. The registered manager told us the service used a mix of classroom and E-Learning courses to deliver training to staff. The provider used the care certificate to induct staff that were new to the care industry. The care certificate is a nationally recognised programme that sets out knowledge, skills and behaviours expected for specific job roles within the health and social care sector.

From the training matrix we saw all staff completed service-specific training around acquired brain injury (ABI), deaf awareness and managing challenging behaviour. Staff we spoke with told us that at times, several people displayed 'challenging behaviour' so behavioural training was essential to ensure both people and staff were kept safe at all times.

There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. Staff who had worked more than a year received annual appraisals of their performance. We saw people living at the service contributed to the appraisal process by providing feedback to the registered manager about the staff's performance.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

People were not unlawfully deprived of their liberty as appropriate applications had been made to the local authority for DoLS authorisations. We saw evidence that mental capacity assessments and best interest discussions had been completed. Staff we spoke with were aware of people who were subject to a DoLS authorisation and any conditions associated with this. We were satisfied the service was working within the principles of the MCA.

People's needs and choices were assessed in line with current legislation and best practice to ensure care and support was delivered effectively. Care records we looked at contained detailed initial assessments. Assessments of people's needs were comprehensive and identified expected outcomes such as personal care and safety, communication, eating and drinking, and social interaction. Assessments had been carried out before the person moved into the home with the involvement of the person, relatives and relevant professionals as required.

The service proactively managed people's weights, nutritional screening and smoking cessation as needed. For example, care records evidenced that people's weights were regularly monitored if particular risks such as malnutrition had been identified. We saw staff contacted the dietician when these concerns arose. Where people were fitted with a percutaneous endoscopic gastrostomy tube (PEG), we saw information in place to help ensure the PEG tube was managed safely. A PEG tube is inserted into the stomach, often to provide food, fluids or medicines to people who are not able to take them orally. We found however the requirement for rotating the PEG each day could be more specific to help ensure staff did this consistently. Recording charts evidenced PEG rotation had been completed in line with requirements and there was no indication of infection.

People had access to appropriate healthcare when required. People's care records evidenced that appointments and referrals were made to other health care services as required. These included dental care, continence and behavioural issues. In the event of a hospital admission, everyone supported at Byron Lodge had a hospital passport. This document provided information on a person such as their likes, dislikes, communication difficulties and the best ways to support them and if they were subject to a DoLS.

People were supported to have a balanced diet. We observed staff assisting people with what they wanted to eat and drink, from which a shopping list was created. The service had considered people's cultural and religious preferences regarding food options. We saw for one person appropriate arrangements had been made to have their food stored separately. During our inspection we saw some people prepared their own meals with no support. In other cases, staff supported people with their meal preparation. Hot and cold drinks and snacks were on offer throughout our visit. People and staff told us on the weekends they sat together and had brunch on a Saturday and a roast dinner on Sunday.

People's apartments and rooms were personalised with their own items such as furniture, family photos and other personal effects. One person also kept two pets. Apartments contained kitchen and laundry facilities and we saw staff supported people in carrying out cooking and laundry tasks. The care home had a large lounge/dining area and a communal kitchen. The last food hygiene inspection was done in September 2016 and the home was rated a '5', the highest award.

There was an accessible bath with a ceiling track hoist and some rooms also had ceiling track hoist facilities.

The premises were well-maintained and appropriately decorated. There was an outdoor patio which was accessible to people living at the home.

## Is the service caring?

### Our findings

The service continued to provide care and support that was caring and compassionate. Daily routines were flexible with people rising and retiring when they wished. People chose where they spent their time, either with others in the communal lounge or the privacy of their own rooms. This was respected by the staff.

During our inspection we observed the interaction between people and staff was good. People told us, "The staff are easy to speak to", "Staff are very nice," and "The staff help me to go out to the lounge to watch TV." Each day people knew the staff team supporting them as there was a board displaying photos of the staff team.

From our observations we found staff knew people's personalities, what was important to each person and how best to support them. Practical arrangements were in place to help ensure staff had time to engage with people in meaningful ways. For example, we saw one person enjoyed playing a board game each day with staff.

People were supported by staff that knew and understood their care and support needs. Staff read people's care records to help ensure they had sufficient information to support people in a caring way. The registered manager told us and we saw "regular staff" worked alongside new or agency staff. Staff told us through daily handovers and monthly team meetings they kept up to date with any changes to people's care and support.

People's communication needs were supported using various methods such as pictorial cards, sign language and talking mats. Each person had a communication plan which helped to ensure staff knew how to communicate with the individual effectively. Records showed staff received appropriate training to support people.

People and their relatives, where applicable, were involved in decisions regarding the care and support provided. This was evidenced in people's care records and from relatives' responses in quality questionnaires. People were also supported to have advocates and representatives to help them understand and be involved in their care and support. During our inspection we saw that two people had visits from their advocates. With people's permission we were able to observe that people could express their opinions on the service in an honest and

The main aim of the service was to support people to relearn skills and maintain independence to enable them to move onto a more community-based support setting. People gave us examples of how staff supported them to develop and maintain their independence. They said, "I do need help to wash and dress, but they are kind," and "I can choose what I want to wear." A health care professional told us, "I found Byron Lodge's regime to be accommodating and encompassing in their endeavour to address [person's] challenges and [person's] opportunity for independence had been maximised." One person told us they managed their own finances and during our inspection we observed this was the case.

People were treated with dignity and respect. Staff were friendly yet respectful and communicated with

people in a sensitive manner that they could understand and people were given time to respond. One person said, "They don't force me to wake up." Another person said, "Staff treat me with kindness."

People's equality and diversity needs were acknowledged and respected. Care plans recorded relevant information regarding their ethnicity, religious and cultural beliefs and practices. The service had taken appropriate actions to help ensure people could practice their beliefs if they chose to.

Byron Lodge is located in a diverse and multicultural area and benefitted from an equally diverse workforce which was reflective of the local community. The provider had appropriate policies, procedures and training to help ensure staff understood how to protect people's rights and to challenge discrimination. Through speaking with staff and the management team, we were satisfied the culture at the home was non-discriminatory and the rights of people with a protected characteristic was respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

Confidential information relating to the people supported and staff personnel were stored appropriately in the office and only accessed by staff authorised to do so.

## Is the service responsive?

### Our findings

The service continued to provide care and support that was responsive and person-centred.

Care plans reflected a holistic assessment of people's health and social care needs and how staff were to meet these. We looked at the support plans for four people and found information was very detailed and person centred. There was information about people's acquired brain injury, preferred ways of being supported and techniques staff should use to reduce their anxieties.

We evidenced various examples of how the service was responsive to people's needs. The registered manager showed how they had worked with other services to help reunite a person they supported with a family member. This was evidenced by letters between the person and their family member. In another person's care plan, we saw one of their goals was to engage in meaningful work. During our inspection we spoke with them about this and they told us they assisted the registered manager and other staff with various office tasks. Care plans were reviewed monthly or as required and updated when necessary.

Each person was allocated a key worker (staff member). Where possible the service matched people with staff to ensure compatibility. The staff told us and care records confirmed people met with their key workers regularly. The key worker talked to people about what was going well, what needed improving and used this to develop new ideas for promoting independence, transitioning to their own homes or look at new activities. We saw evidence of this in peoples care files.

People were engaged in meaningful activities and recreation in which they had an interest. Daily records we looked at documented people were supported to engage in activities of their choice. Activities included, playing snooker, bingo and watching football at the local pub. The service had its own wheelchair accessible car which could be used to support people to visit their families or attend other activities. We saw trips had been arranged to Blackpool Zoo and Chester.

The service had an on-site gym which supported the service's philosophy of healthy lifestyles. Risk assessments were in place to support those people who wished to access the gym. During both days of our inspection we observed one person using the gym.

People were supported to maintain relationships with their relatives and friends. On the first day of our inspection, a staff member was taking a person supported to visit their family for the day. We saw evidence of people's relatives visiting. The service had no restrictions on families and friends visiting as long as the person was happy with this.

Complaints and concerns were managed effectively. Since our last inspection in October 2017 there had only been one complaint. The complainant had received a response to and resolution of their concern in a timely manner. One person told us, "I would speak to the manager if I something was wrong."

People, relatives and visitors were very complimentary about the home and the staff. They said, "The home

smells fresh, looks clean and the staff are warm and welcoming", "Lovely home, always filled with laughter", "Staff do a great job caring for my daughter," and "Very impressive service. Good staff employed and good documentation."

The service met the Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. People's communication needs and preferences were assessed and recorded in their care files.

## Is the service well-led?

### Our findings

At the last inspection in October 2017, we found the provider was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality monitoring systems were not sufficiently robust in identifying areas needing improvement. At this inspection we found sufficient improvements had been made and the regulation was being met.

There were processes in place to help ensure the standard of care and support was of good quality. We saw the home's management team carried out various audits on medication, finance and health and safety, and unannounced inspections of the service during the night. The service also received regular quality assurance visits from the quality team and the area operation manager. Concerns found on audits were logged onto RADAR (the electronic monitoring system) and checked by the provider. Actions were monitored and had to be completed within a set timescale. The provider and the registered manager used RADAR to identify trends in concerns and to ensure any learning was shared appropriately to improve practice in the future. While quality monitoring systems had been strengthened, we pointed out to the registered manager the medication audits had not identified the inconsistent recording of creams we found on this inspection.

The provider had recently implemented a key performance indicator management ranking tool which covered all aspects of quality compliance. This was intended to improve service delivery and performance across all services.

There was a registered manager in post as required by the provider's registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The registered manager was supported by two deputy managers and three senior support workers in the day to day operation of the service. There was an area operations manager and a quality officer who also offered additional governance support.

The registered manager, deputy managers and staff were clear about their roles and responsibilities and during our inspection we found staff team worked well together. We observed that the culture at Byron Lodge was open and transparent. Staff told us they felt valued and supported by the organisation.

The registered manager was knowledgeable and passionate about acquired brain injuries (ABI) and working with people with ABI. They had a clear vision for the service which was to enable people to integrate into the community and be as independent as possible.

People told us the registered manager and staff were approachable and they felt the home was a good one. Health care professionals also gave us positive feedback about how Byron Lodge was managed. One professional said, "I found the staff to be proactive and anticipatory of challenges that may arise, the general

ethos of the approach to residents was to be enabling and respectful with a rationale to focus on the needs of the residents."

People and their relatives had the opportunity to provide feedback on how the service was delivered. The responses of quality questionnaires were positive. From our observations on the day of the inspection we saw feedback could be given at any time.

The registered manager told us they had held their first family forum in November 2018. The purpose was to give family members the opportunity to meet and interact with other families with loved ones affected by ABI and share ideas about how the service could be improved. We reviewed the minutes of this meeting which confirmed families welcomed this method of providing feedback and that future meetings would be scheduled. Their comments included, 'Very happy with the home; no complaints,' and 'The manager is available at all times. Any problems we can speak to her. The door is always open.'

The registered manager told us residents' meetings had not been successful due to the nature of people's injuries. They said it was more effective to get people's views through their monthly key worker meetings. They also emphasized and we saw this on inspection that people could come to their office for a chat. Records we looked at showed people and relatives where appropriate were able to share their thoughts on what was working well and where improvements needed to be made.

The registered manager understood their statutory obligations to report any incidents in relation to a person using the service to the appropriate authorities and the CQC. RADAR also prompted the registered manager if a notification was needed. We checked our records prior to our visit and found they had submitted appropriate notifications to CQC in line with their legal obligations.

There were appropriate support mechanisms in place to ensure staff performed well in their jobs. Policies and procedures were up to date and provided guidance and support to staff in carrying out their roles. Monthly staff meetings were held and the minutes we looked at showed staff could discuss staff and service related issues with their colleagues. The managers at Byron Lodge also held weekly management meetings; we saw relevant aspects of these meetings such as training and rota management, were shared with the staff team.

We saw evidence Byron Lodge benefitted from clinical input and the experience of a multidisciplinary team which included a neuropsychologist and a neuro physiotherapy team. The work of these professionals helped to improve the quality of life for people supported and provided staff with training sessions. Two people we spoke with told us about their involvement with these professionals.

The registered manager was a member of a national ABI forum. We saw that they participated in exhibits and conferences which helped them to keep up to date with best practice and improvements within the field of acquired brain injury.

The provider displayed its last inspection rating on the premises and also on the provider's website as required by law.