

Westgate Healthcare Limited

# Byron House Care Home

## Inspection report

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Date of inspection visit:  
28 January 2016  
29 January 2016

Date of publication:  
29 February 2016

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 28 and 29 January 2016. It was an unannounced visit to the service.

Byron House is a care home for older and younger people, some of whom may have dementia. It is registered to provide accommodation for 28 people who have nursing care needs. At the time of our inspection 15 people lived at Byron House.

Byron House has been registered with the commission since 2014 and has not been inspected previously.

The service did not have a registered manager in post. 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 service is located in a sympathetically renovated building, which was carried out to a high specification. It had successfully created a welcoming homely environment suitable for people who needed nursing care.

The atmosphere was calm, warm and friendly. Staff provided a person centred service that was respectful and promoted individual dignity.

People were protected from harm, as risks were identified and plans to reduce those risks were reviewed regularly. Staff had understanding of different types of abuse and knew what actions to take if a concern was raised.

Robust recruitment processes were undertaken to ensure that only suitable people to work with vulnerable adults were employed.

People had access to a wide range of activities, both within the home and the community. Staff took time to understand people's likes and dislikes.

Staff were compassionate and caring in their nature, it was clear from observations made people were happy in the company of staff.

The service had not had a registered manager in post since April 2015; however the provider had systems in place to ensure the smooth running of the home. Feedback was gathered from people about their experience of the service and this would be used for service development.

## 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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

### Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were supported to maintain good nutrition and had access to drink and snacks.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

People were supported to access a range of healthcare and appointments were made promptly when needed.

### Is the service well-led?

The service was not always well – led.

There had been a lack of continuous management support and no registered manager in post since April 2015.

People were supported to provide feedback on their experience of care and treatment.

Staff felt supported by the management team. Staff were confident that any issues raised would be dealt with.

**Requires Improvement** 

# Byron House 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.

The inspection took place on 28 and 29 January 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by 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.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at Byron House who were receiving care and support, two relatives; the manager, operational manager and eight staff. We reviewed four staff files and four care plans within the service and cross referenced practice against the provider's own policies and procedures. We carried out observations of practice and spent time listening to people's views.

# Is the service safe?

## Our findings

People told us that Byron House was a safe environment. Comments included "I feel safe here, there's no bullying," "I like the Home and I feel safe." One relative told us "X is safe."

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on how to safeguard people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Contact details for the local safeguarding team were displayed around the home. Staff we spoke with was aware of what to do in the event of a concern being raised. One staff member said, "I would not hesitate to contact the manager if I had a concern, if the concern involved the manager I would contact the local authority."

People who lived at Byron House had confidence that they could address concerns with staff, we observed open communication between staff and people living at the service. One person told us, "I can always talk to [staff], they always listen."

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where required additional checks were made on qualified staff to ensure that they could practice as a nurse. A review of this compliance was undertaken on a regular basis. The provider had a recruitment procedure in place which was checked first by the human resources team and then by the home's administrator.

We observed there was enough staff to support people within the home, this was supported by what people and relatives told us. We observed that call bells were answered swiftly. One person told us, "When I press my button, they come fairly quickly". This was confirmed by another resident. People and relatives told us they felt there was enough staff. The home has support from another home managed by the same provider. A member of staff we spoke with told us that when staffing levels were low due to sickness, cover was provided by the other home. We spoke with the manager about staffing levels. They advised us that a number of vacant posts have been filled and they were awaiting confirmation of a start date, they also advised that there was on-going recruitment as they will need to increase staffing levels as the home increases its occupancy.

Each person using the service had a dependency assessment, this was reviewed monthly, this information was fed into the numbers of staff required for each period.

Incidents and accidents were recorded and acted upon as required. Staff was aware of the need to report accidents and felt confident to do so. The manager was required to complete a weekly report detailing incident and accidents. This allowed an opportunity to identify trends and take remedial action to prevent further accidents and incidents.

People were protected from potential risk and the service had a risk management policy. Risk assessments

were written for a wide range of activities including falls and risk of developing pressure sores. Risk assessments were reviewed by the nursing staff on a regular basis. Risks associated with pressure were clearly documented. This included a body map to show where pressure risk was. It was dated and reviewed when needed. We saw that where specific advice had been given from nursing staff to care staff regarding frequency of support required to change someone's position, this was followed and evidenced in writing.

People's medicines were managed safely. Staff who provided support with medicines had received training. Medicines were stored securely. We observed good hygiene techniques prior to and whilst medicines were administered. We observed that records were accurate and updated as required. We observed a medicine administration round. Staff did not rush this task. People were advised about the medicine and what it was for. Where people were prescribed medicines for occasional use (PRN), staff ensured that the person was asked if the medicine was needed, rather than assume. Staff had guidance on PRN medicine in the form of a protocol, this detailed when the PRN medicine should be given.

A pharmacy audit conducted on 12 January 2016 highlighted a few issues regarding the process around medicine storage and stock control. We spoke with a registered nurse and they confirmed that action has been taken to rectify concerns raised. We undertook a check of a sample of medicines that required additional storage. We found no discrepancies in stock or record keeping.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency. Fire procedures were displayed in many areas within the service. A recent contract monitoring visit from the local authority had highlighted that fire drills were not carried out. Since that advice the service had implemented fire drills. A record of who attended was held. We spoke with the person in charge of fire safety. They advised us that this will be undertaken on a regular basis.

Process and procedures were in place to ensure that equipment within the home was safe and well maintained. Records of checks made were comprehensively completed. Safety certificates were in date. On the second day of our inspection we observed a fault with the call bell system. This was reported to the maintenance team who swiftly responded and fixed the issue. People were protected from risk of falling from stairs as additional doors were placed at the top and bottom of stairs cases. This meant that only people who were safe to use stairs had access.

The service was supported by domestic staff. The home was kept to a high standard of cleanliness. The housekeeping staff were passionate about their work and kept accurate records of infection control audits undertaken. Rooms and corridors had simulated wood floors and en-suite facilities had non-slip floors. Corridors were cleaned during times of minimum activity, and dry areas were left to walk on.

# Is the service effective?

## Our findings

People and relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

The service was in the process of recruiting for qualified staff and care staff. We observed that there was an induction programme in place for new starters. When agency staff were used, time was given to them to familiarise themselves with the service.

We reviewed the formal support staff were offered, in particular supervision meetings and annual appraisal meetings. We found these did not always happen when the provider's policy stated they should. We spoke with the manager and operational manager who both confirmed that this was an area of improvement required. We saw the manager had developed a plan to ensure this improved and dates of next supervision or appraisal were recorded. Staff told us they felt very supported by management and their peers. One staff member commented "My induction involved me shadowing other staff for a week, I felt supported." Another member of staff told us "Any experience I have, I share."

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where required the service undertook mental capacity assessments. For instance where there was concern about someone's ability to consent to having bed rails in place the principles of the MCA were followed correctly. We noted that some care plans identified that people had awarded lasting power of attorney for welfare decisions to another person. The service did not routinely have copies of this documentation. We spoke with the manager and operational manager about this and they advised they will ensure that the documentation is available to ensure families have legal authority to make decision about their relatives care and treatment.

We observed two lunchtime meals and spoke with the chef. People advised us that they felt the food was "Good and hot enough," another person told us "Lunch was nice and I ate it all." A relative told us "X is happy with the food. We looked at three other Homes but fell in love with this one and thought it was 'home from home.'" People had access to fruit and drinks throughout the day. The service had an area described as a 'garden café', where people and relatives could access a choice of drinks and snacks. We observed a number of relatives used this facility throughout our two days.



The meal times observed were relaxed, people who required support to ensure they were not at risk of malnutrition received this. Care plans detailed what support people needed with meeting nutritional needs. We observed staff supporting someone with their meal; this was carried out in a calm, respectful manner. A comments book was available for people to feedback to the chef about meals. The manager advised us the chef would attend resident meetings, to improve the communication and involvement of people in menu choices.

The home had been completely renovated to a high standard prior to anyone moving in. The renovation had created a safe, comfortable and homely environment. Throughout the building there were themed displays ranging from sporting to hobbies. This was used as a prompt in conversation with people who had some memory loss. The service had a quiet sensory room, where people could go to relax and listen to soothing music. A cinema room provided an opportunity for people to watch films and have a cinema experience, if they were unable to access the community.

We saw evidence that people were supported to maintain good health; onward referrals were made to external healthcare professionals as required. For instance one person was being support by a specialist doctor. A GP visited the service weekly.

# Is the service caring?

## Our findings

People were supported by staff who were caring, dedicated and compassionate. Comments included, "They are looking after me well and the staff are good" and "I get on well with the staff because they are very nice, they look after us pretty well, and they treat me with respect." One relative told us "I looked at many other Homes, but I am pleased with this one because it is better and she is well cared for," another stated "He'd never had such a wonderful greeting when he arrived here."

Staff we spoke with were enthusiastic and positive about their role within the service. Comments included "I love working here," and "I wake up and I happy to come to work." Another staff member stated "We work as a team, we communicate well." We observed staff speak to people in a manner that promoted dignity and respect. Staff we spoke with were knowledgeable on how to promote peoples dignity. We observed staff knocked on doors and waited for a reply from the person prior to entry into a room. People appeared very relaxed in the company of staff and were observed to be laughing and joking with staff.

We observed that people were relaxed in each other's company and group discussions were respectful. We observed a person discussing a forthcoming shopping trip with someone. People were sharing stories about their families with each other. Relatives who visited took an interest in all the people who lived in the service as well as their relative.

People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people as to ensure sensitive information was not discussed in the open.

We observed that rooms were personalised and people advised us that they really do feel at home. One relative told us "We looked at three other Homes but fell in love with this one and thought it was 'home from home'." Another person told us "its excellent here."

We found there was some evidence of a key or named nurse system. This person should be responsible for the lead in the care planning of a person's support. However when we spoke with staff they were not fully aware of their responsibilities with regards to this. We spoke with the manager about this and it is a system they are keen to develop. They advised that this will be discussed in team meetings. A number of people who lived at the service identified a few named staff that they would approach to discuss their care.

People were supported to access religious services both within the service and in the community. On person we spoke with stated "they respect my religious beliefs."

The service asked people about end of life care, we saw evidence of advanced care planning which detailed end of life care wishes. Where people were being supported towards the end of life, care plans were in place to manage changes in condition.

At the time of our inspection no-one was having support from an advocacy service; however in the reception area information was available for a support group. Advocates are independent and represent the person's

interests, supporting them to speak or speaks on their behalf to ensure their needs and wishes are taken into account.

# Is the service responsive?

## Our findings

People received care and treatment that was personalised to them. Pre-admission assessments were completed by a senior member of staff. The pre-admission assessment covered a wide range of a person's health, life and wellbeing. Topics included consideration of previous life interests and occupation, cultural interests and religious beliefs. Information gathered in the pre-admission assessment was reviewed post admission. This was to ensure that any change in the level of care and treatment provided was up to date. Care plans provided staff with clear guidance on what level of support was required.

Staff were able to provide person-centred care as they had the opportunity to get to know people and their preferences were recorded. When we spoke with staff they could tell us a lot about people, their likes and dislikes.

The service operated a 'resident of the day' process. This meant that each day one person would be reviewed by all team members, including maintenance and domestic staff. The purpose of this was to provide an opportunity for all parties to be kept up to date with any changes in people's needs. If people had family they would be invited to join in this process. We spoke with the staff about this. They advised that it has not been fully adopted by all staff and some work is required to ensure staff have the time to complete it. We did see some records of 'resident of the day'; the records viewed gave a good insight to people's progress. Handover meetings between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

We saw that one person was being supported with treatment for damage to pressure areas. The care plan was detailed with actions necessary. We saw that photographs were taken to monitor the progress of the skin condition. We spoke with nursing staff and they advised us that referrals to specialist staff are completed when needed. A healthcare professional we spoke with told us that staff made appropriate referrals and the team were very responsive when advice or treatment plans are put in place.

The service has a weekly visit from a GP, details of those visits are kept and records of any changes to medicine or onward referrals were kept by the service. This was to ensure that the service always has the most up to date information. We saw that when requested by GP the service kept records of changes in people's behaviour to support a robust clinical decision based on evidence.

The service employed an activities co-ordinator. They produced a weekly activity planner which showed daily activities; this involved such activities as ball games, art, table-top games, crosswords, quizzes, and cinema club. The more mobile residents were keen on outdoor activities, and so the coordinator was planning trips that could use volunteer helpers. The service had support from volunteers six out of seven days a week. On the second day of our inspection the activities co-ordinator was supporting someone access the local shops to purchase new clothing. The activities people participated in were recorded. The staff used two tools, 'life and times' and 'my life story book' to record likes and dislikes. These were documents which were updated as and when required.

The service had a complaints procedure, which was clearly displayed in various places around the building. The service had no recorded complaints. This was commented on by the recent contract monitoring visit. We spoke with the manager about this. They plan to ensure that comments as well as formal complaints are recorded. Staff we spoke with was aware of what to do if a complaint was raised.

## Is the service well-led?

### Our findings

People told us they knew who the manager was even though they were recently new to the service. Staff told us they felt "very supported", "valued" and that management were "open," and "approachable." There was a mixed understanding of the provider's core values. Some staff could not tell us what they were, however when talking to some staff it was clear that they followed the same principles as the mission statement 'We are here to make a difference'. One member of staff told us, "I come to work and if I feel I have made a difference to someone's life, and then I know I have done a good job."

Staff told us they felt that their views are listened to, they felt involved in the development of the service and all the staff we spoke with was passionate about providing a high quality service.

The service has had a number of changes in management in recent months. The previous registered manager was de-registered with the Commission in April 2014. The provider had appointed a manager into the vacant post and they commenced employment in January 2016. However they will not be in the post long term due to an internal promotion. The provider has an operational manager who had been providing additional support to the service.

Systems were in place to obtain regular feedback from people used the service, their relatives and stakeholders. Feedback from people was collated and analysed. Where necessary an action plan was devised and monitored by the operational manager.

The provider expected a weekly report to be sent to them from the manager. This detailed number of falls, incident and accidents as a few examples. The service completed regular audits regarding key areas of care and treatment, for instance, health and safety and infection control. This information fed in to a 'continuous improvement plan'. This plan gave the manager and provider a clear picture of future improvements needed. It also identified a person responsible and a timescale for completion. We looked at the most recent plan. We noted that some actions were overdue; however this had been down to a lack of management presence. We saw evidence that there was a clear vision from the manager to ensure that future targets would be met.

The manager had a detailed programme of meetings which had dates attached. Meetings with people and their relatives and staff occurred. We sat in on a resident meeting on day one of our inspection. The meeting discussed routine matters such as food menu and residents' behaviour.

Since the manager has been in post they have been pro-active in their contact with the community and wider health and social care support systems. Links made include dignity network and 'My Bucks', which provided information on local issues. The service has also been contacted by a research project and is considering taking part.

The provider had a comprehensive index of policies which help with the management of the home. The business continuity plan had recently been updated and provided advice to staff for unplanned events.

The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. For instance we had received information when a safeguarding referral had been made to the local authority.