

Dignus Healthcare Limited

Byron Court

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

Byron Court is a residential care home providing personal care and support, registered for up to a maximum of 2 people. The service provides support to people living with learning disabilities, mental health and Autistic people. At the time of our inspection there were 2 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care support provided.

Byron Court accommodates 2 people in 1 adapted building. Each person lived in their own individual separate flat, with their own kitchen, bathroom, lounge and bedroom area. Each person had access to a garden space. Staff and visitors made use of a central, communal space which housed an office, kitchenette, bathroom and central lobby.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence. The service supported people to have the maximum possible choice, control and independence and they had control over their own lives.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People received kind and compassionate care.

Staff protected and respected people's privacy and dignity. Staff understood people and responded to their individual needs.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People received good quality care, support and treatment because knowledgeable, trained staff could meet their needs and wishes.

People and those important to them, including professionals, were involved in planning their care.

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

This service was registered with us on 16 September 2022 and this is the first inspection.

Why we inspected

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

The inspection was prompted in part due to concerns received about supporting people experiencing periods of distress and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well Led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Byron Court

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Byron Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Byron Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, a new manager had been in post for 1 month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 July 2023 and ended on 2 August 2023 when we spoke with relatives by telephone. We visited the service on 26 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted Healthwatch for information they held about the service on their database. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the manager, 3 staff members, 2 people using the service, 1 relative and a visiting health professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 2 peoples' care plans and risk assessments, incident and accident documentation, staff training records, rotas, and recruitment records, medicines management documents, policy and quality monitoring records.

After the inspection

We continued to review and validate evidence obtained from the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the COSHH cupboard containing cleaning products which could be potentially harmful if ingested was not locked. Although this cupboard was not in an area accessible by people using the service, the nominated individual ensured this was locked and secured following our inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- We were assured that the provider was admitting people safely to the service. People had pre-admission assessments and risk assessments completed which were recorded in their care records.
- We were assured that the provider was using PPE effectively and safely. Staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection. The service tested for infection in people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. The policy was reflective of current Government guidance. Staff were trained in infection prevention and control.

Visiting in care homes

- The service supported visits for people living in the home in line with current Government guidance.

Assessing risk, safety monitoring and management

- The nominated individual and new manager had already identified shortfalls in the daily water temperature recording process and outstanding actions from a previous fire safety audit. They provided evidence following our inspection confirming these had been actioned. We found no evidence that people were at increased risk of harm from Legionella or fire safety. We will ensure that these processes have been embedded at our next inspection.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created

to help understand and manage behaviour in adults who live with a learning disability or Autism and may display behaviour which others may find challenging.

- People's care records helped them to obtain the support they required because staff maintained high quality records. Staff kept accurate daily records and stored them securely.
- Every person's record contained a clear one-page profile with essential information which was for use in the event of an emergency or a hospital admission.
- Personal Emergency Evacuation Protocol's (PEEP) were clear and reflective of each person's abilities. These were written in an appropriate format for each person to understand.
- Staff were trained in fire safety and evacuation processes within the service and understood people's individual requirements in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to achieve this.
- Staff had undertaken training on how to recognise and report abuse and showed from their interactions with people during our inspection they knew how to apply this.
- People and staff had access to safeguarding information and knew how and when to raise a safeguarding concern.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary; to keep the person safe from harming themselves or others.

Staffing and recruitment

- The service had sufficient trained staff, including for 2:1 support for people to take part in activities how and when they wanted. Any current staff shortfalls were being covered by an agency, with regular staff providing cover, to ensure minimal disruption for people using the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff understood people's individual needs, wishes and goals.
- One person and their relative who had raised previous concerns regarding staffing rota's and staff knowledge, told us they felt the new manager and nominated individual had listened to their concerns and addressed them. This person now received a regular rota of named staff who were allocated to support them. They told us this helped to reduce their anxiety and ensured they could be confident staff would understand their needs.

- The nominated individual and manager had arranged the staffing rota to ensure the numbers and skills of staff matched the needs of people using the service.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received support from staff to make their own decisions about medicines and to independently manage their medicines wherever possible.
- Staff were trained and competent to dispense medicines for people living at the service and understood the impact these medicines could have for people taking them.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom. Managers reviewed the use of restrictions to look for ways to reduce them to promote development and independence for people.

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

- People had care and support plans that were personalised, holistic, and reflected their needs and aspirations. These included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff showed they understood people's needs well. One staff member told us, "[Name] really enjoys music and has ambitions to be professionally involved in the industry." We saw from records the service fully supported this persons' wishes.
- This person showed us their room, which contained a large selection of equipment for playing music. They told us they were very happy when they were playing music and dancing.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant, good quality training to support their identified needs. This included training in the wide range of strengths or impairments people with a learning disability and or autistic people may have. This included mental health needs, Autism, positive behaviour support, dignity and human rights and all restrictive interventions.
- If staff had to use restrictive practice, teams held debriefing meetings and reflected on their practice to consider improvements in care.
- One member of staff told us they felt, "Confident the training covered all of the skills required to support people living here well. If we need any extra subjects, we only have to raise this with the manager at our team meetings."
- The service regularly checked staff's competency to ensure they understood and implemented training and best practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Staff encouraged people to maintain good hydration. The food and fluid care plans were reflective of people's preferences and choices.

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

- A person showed us their flat, which they had personalised to their own design. They had furnished their

space with items of specific meaning to them. They told us this space helped them to feel calm, we saw they had been able to fully express their personality within their home.

- People's care and support was provided in a safe, clean, well-furnished and well-maintained environment which met people's individual sensory and physical needs.
- One relative we spoke with told us, "Byron Court has a well maintained environment."

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

- People played an active role in maintaining their own health and wellbeing.
- People had health passports which were used by health and social care professionals to support them in the way they needed. We saw people had been involved in developing these.
- People's oral health needs were fully considered within their plan of care. Staff supported people where needed to ensure they maintained good mouth care and with regular access to dentist appointments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and were supported by trained and knowledgeable staff.
- Staff empowered people to make their own decisions about their care and support wherever possible.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff showed a calm, focussed and attentive approach towards people's support needs such as sensory sensitivities or emotional distress.
- Staff supported people to maintain links with those who are important to them.

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

- One person told us they had felt, "Heard, and listened to." Having raised a recent concern with the nominated individual and the manager. They told us, "Sometimes you only need 5 minutes rather than hours of talking to sort things out; rather than having a lot of unanswered questions."
- People were enabled to make choices for themselves and staff ensured they had the information they needed to make informed decisions.
- One relative told us, "The service have listened to my family member, to make sure they are comfortable with any decisions that have been made. They are very clear about what support they want."

Respecting and promoting people's privacy, dignity and independence

- Staff understood when people needed their own space and privacy and respected this.
- Each person had a plan which identified goals and aspirations and supported them to achieve greater confidence and independence.
- People had clear information within their care plans regarding what a good or bad day would look like for them and how staff could support with this.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. One staff member was supporting a person with modelling a virtual world of places important to them on a computer game. They both showed us the level of detail the person had created, and how they enjoyed exploring this together.
- People were addressed by their preferred names. Staff communicated with people in a way which they understood. People were allocated staff of their preferred gender if this had been requested within their care plan.

Meeting people's communication needs

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

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, if a person was exhibiting triggers for distress, anxiety or potentially harmful behaviour.
- Staff had good awareness, skills and understanding of peoples' communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- One person required more support from staff to enable them to participate in social activities, which was detailed in a highly personalised support plan. The person had co-written the plan, which was designed around their interests, wishes and feelings.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The manager and nominated individual had written a 'garden rules, social story' with one person. This

helped the person to understand their behaviours and the impact of these. We saw the service had compiled this in response to complaints which had previously been raised.

- People, and those important to them, could raise concerns and complaints easily and knew the process for doing this. One relative we spoke with who had previously raised concerns told us, "The nominated individual is an asset to the company, they have gone above and beyond. I feel they have addressed most of the issues we raised already. Things have definitely improved."

End of life care and support

- People's end of life preferences and choices were discussed where appropriate and documented. These included their cultural and spiritual needs.
- Provider policies and procedures were in place to provide end of life care where needed, although nobody at the service was receiving palliative care at the time of our inspection.

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 manager and nominated individual were creating a culture that valued learning, improvement and reflection. They showed they were receptive to challenge and welcomed fresh perspectives.
- One person told us, "They felt heard now. The manager had listened to them. This was really important to them."
- The manager, nominated individual and staff team showed they put people's needs and wishes at the heart of everything they did. The management team exhibited a strong knowledge of the sector and a clear understanding of the needs of the people living at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- One relative we spoke with told us, "They felt the service had taken prompt action to address the concerns they had raised."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and nominated individual understood and demonstrated compliance with regulatory and legislative requirements.
- Governance and auditing processes were effective and helped to improve quality, keep people safe, protect people's rights and provide effective care and support
- Staff could explain their support role in respect of individual people without having to refer to documentation. It was evident from observation and discussion during our inspection that staff knew people well and had built up positive relationships with them.

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

- The provider sought feedback from people and those important to them and used this feedback to share with staff to learn lessons and develop the service.

Continuous learning and improving care

- The manager had a clear vision for the direction of the service which demonstrated ambition and a desire

for people to achieve the best outcomes possible.

- The provider had a monthly newsletter which highlighted areas of good practice and celebrated employees. This newsletter also shared opportunities for learning and development for staff with information on how to whistle blow or speak up if they felt they had observed poor practice.

Working in partnership with others

- The service worked well in partnership with relevant health and social care organisations, which helped to ensure people using the service were able to improve their wellbeing.
- We saw records from regular multi-disciplinary meetings in peoples' correspondence records. Staff knew the key people who were involved in people's care and support and when they were next due to visit them.