

Byron Court Care Home Limited

# Byron Court Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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 18 December 2018 and was unannounced.

Byron Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Byron Court accommodates up to 54 people across three separate units, each of which had separate adapted facilities. One of the units specialises in providing care to people living with dementia.

At the time of our inspection there were 39 people living in the home.

A manager was in post, however they had not yet registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post for the past three months.

We last inspected the home in December 2017 and we rated the service requires improvement overall.

This is the fourth consecutive time the home has been rated 'requires improvement'. We plan to meet with the provider to discuss this, and any changes they plan to make to ensure this rating improves to at least 'good.'

During our last inspection in December 2017, we found breaches of regulation in relation to governance. This was because auditing systems were not always robust in identifying missing information in people's records. We saw during this inspection, that the registered providers approach to quality assurance had improved. However, there were still some discrepancies in records which showed that governance systems, despite being improved, were still not as robust as they should be. We have made a recommendation concerning this.

Our observations and conversations with staff evidenced that there were not always enough staff, particularly on the top floor of the home. We have made a recommendation concerning this.

People told us they felt safe living at Byron Court.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy.

We saw that risk assessments were clearly accessible for staff and appropriate plans were in place to manage those risks. We saw that risk assessments differed from person to person depending on their level of

need.

The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. There were other environmental checks in place such as the gas and electricity, we spot checked some of these certificates and they were in date.

Medicines were safely stored in medicine trolleys in a locked clinic room. Arrangements were in place for the safe storage and management of controlled drugs. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff had the correct skills to support people effectively. We viewed the training matrix which evidenced that staff had all been booked to attend courses, and some courses had recently taken place.

Staff received a one to one supervision every eight weeks, and all staff told us that the manager had an open door policy where they were able to request a supervision if they needed one. Appraisals took place annually.

New staff were required to undertake a twelve week programme of induction training which was aligned to the principles of the Care Certificate.

We saw that various improvements had been made to the home since our last inspection. The manager discussed with us that the registered provider was accommodating when it came to redecoration and design of the home.

People were supported with their eating and drinking needs. There were menus available for people to be able to choose what food they wanted. The meal choices were also displayed on a board in the dining room.

People were assessed prior to them being admitted to the home. The initial assessment process we viewed focused on people's needs and choices while taking into account the type of care and support they required.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits.

The home was working with accordance with the principles of the Mental Capacity Act 2005. Any required authorisation to deprive people of their liberty were in place. During this inspection we found that people's capacity was routinely assessed.

We received positive comments with regards to the caring nature of the staff.

We observed staff interaction with people. We saw that people were treated with kindness and respect and consideration was given to people's feelings.

Staff we spoke with described how they protected people's privacy during personal care. This included

closing doors and windows and covering people up with towels and blankets.

Care plans were signed by people who were able to do this. For people who were not able to sign their own care plans we saw this had been done via a best interest process.

There was detailed information around people's backgrounds and any hobbies or interests they had before coming to live at the home. There was information in people's care plans which described how they wished to be supported with their clinical needs.

All information was safely secured at the registered address and was not unnecessarily shared with others in accordance with General Data Protection Regulation principles.

There was a programme of activities on the communal board, and people told us they liked the activities.

People's equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. Equality and diversity support needs were assessed from the outset as part of the initial assessment process.

Complaints were managed and responded to in line with the registered providers complaints procedure.

Everyone we spoke with, without exception, told us that the home had improved since the new manager had taken up post. All of the staff we spoke with said the manager was approachable and they felt they could raise any concerns with them.

We saw that team meetings were taking place regularly, the last one had taken place in November 2018 and we viewed the minutes of these, as well as the previous months.

The service also regularly gathered and analysed feedback from people living there, the staff, and relatives. We saw that no issues had been raised in the last feedback report.

The service worked well with the local hospitals to support people to safely transition into Byron Court.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

We had the opportunity to discuss lessons learnt with the manager who gave us an example of how they had tried to promote a healthier team dynamic within the home.

The manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings were clearly displayed in the communal area from the last inspection and on the registered providers webpage.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always Safe.

Conversations with staff and our observations showed there was not always enough staff on duty at certain times throughout the day. We have made a recommendation concerning this.

Staff were recruited safely, and checks were undertaken with regards to their suitability to work.

Risk assessments were in place and there was detailed information within risk assessments to help keep people safe. These were reviewed regularly.

Medication was managed, stored and administered safely.

### Is the service effective?

**Good** 

The service was Effective.

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

The service was working in accordance with the principles of the Mental Capacity Act and associated legislation.

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

People had access to regular healthcare when they required it.

### Is the service caring?

**Good** 

The service was Caring.

People spoke kindly about the staff.

Staff we spoke with described how they supported people with dignity and respect.

There was evidence which showed people and their relatives had

been involved in their support plan.

### Is the service responsive?

Good ●

The service was Responsive.

People received care which was right for them, and took into account their backgrounds, needs and wishes.

Complaints were appropriately responded to and documented in line with the service's policies and procedures.

People were supported sensitively with arrangements for end of life care

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

There were processes (checks) in place to ensure service provision however, in some cases, the actions from these audits and not been checked. We have made a recommendation concerning this.

People spoke positively about the provider and the manager and said they were approachable and there had been improvement in the home since the manager had taken up post.

Team meetings and residents' meetings took place.

The ratings were displayed from the last CQC inspection.

# Byron Court Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 18 December 2018 and was unannounced.

The inspection team consisted of an adult social care inspector, an expert by experience with expertise in the care of older people and an Advanced Nurse Practitioner Specialist Advisor (SPA).

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A 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 had received a PIR for this service. We also looked at the intelligence the Care Quality Commission had received about the home. We also contacted the local authority to see if they had any feedback they wished to share about the home. We were sent details of the last local authority visit and any actions that were discussed with the registered provider.

During the inspection we spent time with three people who were living at the home and they shared their views of the home with us. We also spoke to four relatives who were visiting at the time of our inspection. We spoke with five staff, the manager, the chef and the activities coordinator.

We looked at the care records for four people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

# Is the service safe?

## Our findings

People told us they felt safe living at Byron Court. Comments included, "I think it's very good", "I feel very safe." Also, "Staff are excellent, "They work hard" and "I get on well with them". One of the relatives said that they felt the home was "Definitely safe" and that they were "Definitely satisfied".

We saw there was not always consistent staffing levels in some areas of the home which effected the care people were receiving. No one receiving care or their relatives raised any concerns, however, staff we spoke with told us they were often rushed and pressured on the top floor of the home. This was because there were people who had more clinical needs to be met. We also saw, from looking at rotas, that staffing dropped towards the end of the afternoon when some people's one to one hours had finished. Depending on people's behaviours this could sometimes mean staff had to spend more time supporting them as well as care for other people. Our observations on the middle floor twice during the day evidenced that staff were not always in communal areas as they were busy helping other people.

We recommend the registered provider reviews their approach to staffing and takes action accordingly.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy. There were some substantiated safeguarding reports from the local authority that demonstrated further learning and development was required for some members of the staff team. We saw this had been put into practice. The manager discussed with us how they used feedback from the local authority safeguarding teams to help improve their own practices. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to.

We saw that risk to people had been assessed and appropriate plans were in place to manage those risks. An analysis of the falls, which was completed by the manager, showed that most falls occurred on the side of the home where people were living with dementia and were mobile. The manager had implemented assistive technology to people's bedrooms, such as pressure mattresses and door guards in attempt to alert staff if people were walking around unaided.

We saw that risk assessments differed from person to person depending on their level of need. For one person whose main need was support around their mental health, their risk assessments contained information with regards to how to manage episodes of illness and how this might present itself, such as delusional behaviour. The risk assessment contained information with regards to how staff should interact with the person, including what words or phrases usually worked and helped them, and what would make their mental health worse.

Another risk assessment for someone else who lived at the home primarily focused on the need for a sleep protocol which included what staff were required to do in order to reduce the risk of the person being unable to sleep. The actions for staff to follow were clear and well described. We saw that the risk assessment was reviewed every month.



The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file. Disclosure and Barring Service (DBS) checks were completed for each member of staff. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enabled the manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. For the nursing staff, checks and documentation relating to their professional registration were also kept to ensure they did not expire. All registered nurses and midwives in the UK are required to register with the Nursing and Midwifery Council who is the regulator for nursing and midwifery professionals in the UK. They make sure people have the right skills and competencies to practice in this profession.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric and gas service, and legionella. These were all in date.

Medicines were safely stored in medicine trolleys in a locked clinic room. The temperature of the medicine fridge was being monitored and recorded, along with the temperature of the clinic room. If medicines are not stored at the correct temperature it can affect how they work. Temperatures recorded were within safe limits. Medication requiring cold storage was kept in a dedicated medication fridge.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people became upset or anxious.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Act. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

We looked at how covert medicines were administered. Covert administration means giving people medicines without the person's consent or knowledge in their 'best interest' when they lacked capacity to understand the risks of not taking their medicines. We saw a best interest meeting had been held with the full involvement of the person's family and their GP regarding the decision to administer medicines covertly. A plan of care was in place to support this method of administration, however there was some information missing. We did not see advice from a pharmacist of what food or drink it was safe to put the medicines in. We raised this with the manager at the time of our inspection and they took action to rectify this.

We checked the process for preventing the spread of infection in the home. The home was clean and odour free and there were provisions for hand sanitizer on the walls. Sluice rooms were kept locked when not in use and staff wore personal protective clothing (PPE) when supporting people with personal care.

## Is the service effective?

### Our findings

Staff had the correct skills to support people effectively. We viewed the training matrix which evidenced that staff had all been booked to attend courses, and some courses had recently taken place. We saw the training statistics had been improved in the last few months, with nearly all staff achieving over 80 per cent in all courses. Where the percentage was below this, we saw that staff were booked on to attend these courses. Some of the courses which took place included moving and handling, first aid, safeguarding adults, and dementia. Staff we spoke with confirmed that they had attended these courses and said that they felt the training was good quality.

Staff received a one to one supervision every eight weeks, and all staff told us that the manager had an open door policy where they were able to request a supervision if they needed one. A supervision is a regular meeting between an employee and their line manager to ensure the employees wellbeing and to discuss any other business privately.

New staff were required to undertake a twelve-week programme of induction training which was aligned to the principles of the Care Certificate. The Care Certificate was introduced to care providers as a way to support newly recruited staff who had not completed any formal training in health and social care to develop the skills they needed. This was to be completed within the first twelve weeks of their employment. This programme would then be signed off by a more senior member of staff once completed.

We saw that various improvements had been made to the home since our last inspection. The manager discussed with us that the registered provider was accommodating when it came to redecoration and design of the home. It was evident that improvements had been made, including the scheduled planning of a new lift to be installed in the home.

People were supported with their eating and drinking needs. There were menus available for people to be able to choose what food they wanted. The meal choices were also displayed on a board in the dining room. We spoke with the chef, who discussed people's individual preferences for food and drink, including how any specialist diets, such as low fat and sugar free meals were catered for. We received the following comments in relation to the food, "The food is all right." Also, "I get what I want to eat". Another person said that they liked the food and there was plenty of it. This person said there were plenty of drinks "Anytime you like". An additional person said that the food was lovely and that they could have a choice.

We saw that where people required their food and fluid to be delivered a specific way, such as a PEG, staff had the correct training to support people with this. A Percutaneous Endoscopic Gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed in the person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were clearly documenting how much food and fluid the person was getting via their PEG.

Other people were prescribed thickening agent in their drinks. Thickening agent is added to people's drinks to enable the person to swallow the drink easier and to minimise the risk of choking. We saw where people

were prescribed thickening powder this was clearly documented in their care plans, including how many scoops of the powder they required.

People were assessed prior to them being admitted to the home. The initial assessment process we viewed focused on people's needs and choices while taking into account the type of treatment and support they required. This is important because it ensures that the service is taking the time to meet people and find out about them before they come to the home, to make the transition as smooth as possible. We saw that this information had been transferred into people's care plans which were then reviewed every month for changes.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits. These were completed by staff following each appointment people attended, including the reason for the appointment and the outcome.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that people's capacity was routinely assessed. The manager obtained people's consent to care and treatment. Where people couldn't provide consent, the relevant 'best interest' meetings and decision took place and the appropriate Deprivation of Liberty Safeguards (DoLS) applications were submitted to the Local Authority. For example, one person's care plan stated that they had bedrails in place. We saw that the use of the bedrails had been assessed in the person's best interests and included on their DoLS application.

# Is the service caring?

## Our findings

We received the following comments in relation to the caring nature of the staff. "They are very good", "They knocked on (Family members) door before entering." Someone else said that the staff knew them well and were kind. Another person said, "Staff treat me with respect" the same person went on to describe how the staff respected their dignity and privacy and knew them and their preferences, well. Someone else said "I can't say a wrong word about the staff".

When asked about the staff's approach a relative said "Excellent-always stop and speak". Another said that the staff "Are very respectful". Someone else said that the staff's approach was "Good, positive".

We observed staff interaction with people. We saw that people were treated with kindness and respect and consideration was given to people's feelings. One person was being supported to make calendars with a member of staff in the dining room, and was happy chatting to them.

We saw at lunch time, one person did not want their meal, and staff sat with them and chatted to them whilst they ate their food. Staff discreetly asked people if they required support with the toilet, or if they wanted support to their room.

Staff we spoke with described how they protected people's privacy during personal care. This included closing doors and windows and covering people up with towels and blankets. One staff member discussed the importance of not discussing people's personal information in communal areas, as it would be breaking their confidentiality.

All of the staff we spoke with told us they enjoyed working at Byron Court and liked spending time with the people who lived there. When we asked the staff what they liked the most about working in the home, all of the staff said, "The people who live here."

Care plans were signed by people who were able to do this. For people who were not able to sign their own care plans we saw this had been done via a best interest processes. People who were able to had also signed consent forms within their plan of care to say they agreed with the plan, and have given permission for their records to be shared with appropriate professionals.

There was information provided for people with regards to the local advocacy agency. At the time of our inspection there was no one making use of this service.

During the inspection we checked if confidential and sensitive information was protected in line with General Data Protection Regulations (GDPR). All information was safely secured at the registered address and was not unnecessarily shared with others. The 'registered address' is the address which has been registered with CQC and is the address where all records and documentations should be safely stored.

# Is the service responsive?

## Our findings

People told us they received care and support which was person centred. Person centred means care which is based around the needs of the individuals and not the organisation. For example, we saw how one person chose to have a bubble bath every night with lots of bubbles as this was something they used to like doing at home. Additionally, information around people's backgrounds, hobbies and interests were also documented in their care plans. As far as possible, people had choice and control over their care. For example, we saw information recorded in people's care plans which stated what time they liked to get up and go to bed. Also how they liked their personal care to be carried out, which gender of carer they preferred and what shampoos and soaps they liked to use.

People were getting care and support which was right for them and met their needs. Visiting family members told us they were involved in their relative's care plans or knew that they were available for them to look at. Care plans contained information with regards to people's clinical needs and how they needed support with areas such as moving and handling, nutrition and personal care. One person's care plan had specific information recorded with regards to their eating and drinking needs. This included information from professionals, such as Speech and Language Therapists (SALT) and dieticians. We saw that people were being weighed regularly and action was taken if people had lost a certain amount of weight. The service had made appropriate referrals to other healthcare professionals, such as the falls team, and Occupational Therapists (OT) where appropriate.

There was a programme of activities on the communal board, and people told us they liked the activities. The activities coordinator completed regular activities with people, and singers regularly attended the home which people said they enjoyed.

People's equality and human rights were respected. People were supported to follow their religious beliefs and engage in friendships within and outside of the home. Equality and diversity support needs were assessed from the outset. We discussed with the manager how some policies and care plans could be presented in a way which was more accessible for people to help support their understanding.

Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider was assessing all areas of care which needed to be supported and established how such areas of care needed to be appropriately managed.

People we spoke with told us they knew how to complain, and we saw the complaints procedure was displayed in the main hallway of the home, as well as in the Service User Guide. There had been two complaints since December 2017. We tracked one of these complaints through to ensure the manager had followed the process, we saw that they had.

There was an end of life training program for the staff, to ensure that people were subject to a dignified and pain free death. The end of life training was in accordance with local best practice guidance, 'Six Steps.'

## Is the service well-led?

### Our findings

During our last inspection in December 2017, we found the provider in breach of regulations in relation to the governance of the home. This was because records relating to people's care were not always accessible and kept in good order. Additionally, quality assurance systems were not robust enough and there was no process in place for formulating or checking some action plans. We saw during this inspection, that there was a range of audits completed at the home which checked and assessed the quality of service provision. There were audits completed for the dining room, health and safety, providers walk around, care plans, environment, health and safety, training and medication. Most of the audits we viewed were completed within the correct time frame, and most had clear actions drawn up, and followed up the next month. The registered provider had improved enough to not be in breach of regulation, however, there were further improvements which we highlighted.

Some of the medication audits had not had any follow up action recorded. For example, when errors were identified and the action had been to re-train the staff and address at supervision, there was no evidence in the audit to show this had taken place, however we did see staff had been retrained. Also, some of the audits were missing. For example, the weekly walk around audit, was only completed every month, and the health and safety audit had identified the need to change the mattress covers in one of the rooms. We checked and saw that these actions had been completed, again, they were not documented anywhere. We discussed this with the manager and the quality assurance manager, who has since sent us some updated audits which contained follow up actions.

We recommend the registered provider reviews their process for checking quality and takes action accordingly.

There was a manager in post and they had recently submitted their documentation to become registered with the Care Quality Commission. The manager had been in post for the past three months.

Everyone we spoke with, without exception, told us that the home had improved since the new manager had taken up post. All of the staff we spoke with said the manager was approachable and they felt they could raise any concerns with them and they would be addressed without delay. Staff spoke equally as positively about the registered provider, who visited the home often.

The staff we spoke with had been in post for a long time, and commented on the culture of the home being a 'home from home'. One staff member said they had seen a lot of managers come and go, however they felt that the current manager was right for the role.

We saw that team meetings were taking place regularly, the last one had taken place in July and we viewed the minutes of these, as well as the previous months. We saw topics such as safeguarding, training and health and safety were discussed. Resident meetings also took place every other month and we saw minutes of these.

The service also regularly gathered and analysed feedback from people living there, the staff, and relatives. We saw that no issues had been raised in the last feedback report from January 2018.

The service worked well with the local hospitals to support people to safely transition into Byron Court. Additionally, the service worked closely with the Local Authority and contracts commissioning teams, as well as district nurses and GP's.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We had the opportunity to discuss lessons learnt with the manager who gave us an example of how they had tried to promote a healthier team dynamic within the home. This was done by speaking to staff during team meetings and supervisions about their roles and encouraging shared learning.

The manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings were clearly displayed in the communal area from the last inspection and on the registered providers webpage.