

Byron Court Care Home Limited

Byron Court Care Home

Inspection report

Gower Street
Bootle
Merseyside
L20 4PY

Tel: 01519220398
Website: www.byroncourt.co.uk

Date of inspection visit:
06 December 2017
12 December 2017

Date of publication:
16 February 2018

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 6 & 12 December 2017.

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 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 36 people living in the home.

A manager was in post and they were in the process of becoming 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.

We last inspected the home in November 2016 and we rated the service requires improvement overall.

Some paperwork and audits were not organised in a way which reflected good practice. Medicine audits could not be located by the provider and manager despite the provider providing assurance these audits had recently taken place. We did see some evidence of other regular audits and director oversight even though this was not always documented. Therefore it was not always possible for us to see what actions had been taken and how the service was improving. Manager feedback and action points on incident and accident forms was not always completed. External auditors had visited the home and given action points to the service to help them improve. It was not always clear when actions had been implemented as these were not documented anywhere.

We spoke at length with the manager who was new in post about this. They assured us they were putting documentation in place which would help support them adhere to the provider's own governance requirements.

Medications were managed well. People were getting their medications correctly and on time, and procedures in relation to covert medication were documented. Covert medication is medication which is disguised in food or drink so the person does not realise they are taking the medication. This can only be agreed following 'best interests' discussions with interested parties including GP involvement. We did not see a record of who was in receipt of covert medication, but the nurse we spoke with knew this information. We raised this with the manager at the time of our inspection who rectified this.

Risk assessments in relation to falls, nutrition and hydration, pressure area care, and moving and handling

were regularly reviewed and completed accurately. We saw that when there had been a change to a person's care needs the corresponding risk assessment had been changed to reflect this.

There were sufficient number of staff on duty to support people appropriately. At the time of our inspection there was a high usage of agency nurses, however our conversations with them indicated they worked at the home often enough to get to know people well.

Staff were able to describe the course of action they would take if they felt someone was at risk of abuse or abuse had occurred. This included reporting the concern to their line manager or speaking to external professionals. We discussed some safeguarding concerns, and where concerns had been substantiated. We looked at what additional actions and learning opportunities had been taken by the service from this.

Staff were recruited safely and all checks were carried out in accordance with the provider's own recruitment policy. This included satisfactory references and a criminal background check.

Systems and processes were in place to prevent the spread of infection at the home. Hand sanitiser was available on all floors.

Staff had the correct skills and knowledge to enable them to care for people safely and effectively. The training matrix we viewed showed that staff had been trained in a range of subjects, and training was updated when needed. There were certificates in staff files to show the training courses they had attended.

People were supported to eat and drink by staff if they required it. Where specialist dietary needs were identified, guidance and support from external organisations was sought and acted on. Staff documented what people ate and drank to assure they were not at risk malnutrition. These records had been filled in correctly.

The service worked closely with external healthcare professionals to ensure that information about people's care and support was communicated well. There were frequent visits from district nurses and GP's which evidenced people had access to healthcare services when they needed them.

The manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. People's consent was recorded for most areas of care, and where they were not able to consent a 'best interest' process was recorded.

People could not always remember whether or not they had been involved in the development of their care plans. Some care plans were signed by people where they had the capacity to do so; however care plans for other people showed no evidence of the person's involvement.

There was information in each person's care plan with regards to their likes, dislikes, routines and preferences. Information was recorded with regards to people's backgrounds, hobbies and interests.

Care plan's evidenced that each person had been consulted with prior to them coming to the home in order for staff to develop a good understanding of how each person required their support to be delivered.

People told us they could make decisions regarding their care and support and there was documentation in place which evidenced that people who lived at the home were consulted with regularly. Care plans also showed that people were getting care which was meaningful and right for them.

At the time of our inspection the home was in the process of being redecorated and the lift was not completely free functioning. We saw that the provider had made arrangements for a new lift to be installed and provisions had been made on the upper floors of the home, such as extra staffing, more activities, and new seating area. We did see one of the bathrooms was being used temporarily as a smoking area which we expressed concern over due to the smell of smoke in the surrounding hallway. However, this had been risk assessed and was just temporary until the lift was fully operational. Since our inspection we have received feedback that the lift is fully operational.

We received positive comments about the staff, and observed kind pleasant interactions between staff and the people who lived at the home.

Staff were able to describe how they protected people's dignity and respected their wishes when providing care.

Complaints were listened to and addressed in line with the provider's complaints procedure.

People were supported with their wishes to have a pain free and dignified death, and staff had undergone training with regards to how to support people and their families.

The general feedback from staff and people who lived at the home was positive regarding the registered manager and the directors of the service. We saw there had been lots of improvements regarding the environment of the home, most of which were still on-going.

You can see what action we told the provider to take at the back of the full version of this report.

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.

Medication was managed safely, and administered by staff who were trained and deemed competent to administer them. There was some missing information which we brought to the managers attention at the time of our inspection.

Checks on the health and safety of the environment were taking place, however action points were not always recorded.

Incidents and accidents were documented and analysed for patterns and trends. Some sections of the form were not always completed.

Risk assessments were in place for people and were reviewed regularly and in line with people's changing needs.

Staff were recruited safely, once all satisfactory checks had been completed.

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 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 positively about the staff and throughout our inspection we saw staff treating people with kindness..

Most people told us they were involved in the planning of their care. Care plans we looked at confirmed people had been consulted..

Records and confidential documentation were stored securely, in a lockable cupboard.

Is the service responsive?

Good ●

The service was responsive.

People received care which was right for them. Information was personalised and focused on people's preferences, likes and dislike.

People enjoyed their time at the home and there was enough going on to help stimulate and engage people.

Complaints were managed in accordance with the provider's policy. People we spoke with said they knew how to complain.

People were supported with their wishes with regards to end of life care and support.

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 action plans were not always drawn up following audits and some other audits/records could not be located.

People spoke positively about the provider and the manager and said they were approachable.

Documented records such as 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 6 & 12 December 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors, and an expert by experience with expertise in the care of older people.

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.

During the inspection we spent time with seven people who were living at the home and they shared their views of the home with us. We also spoke to three relatives who were visiting at the time of our inspection. We spoke with six staff, including manager, the chef, the activities coordinator and the maintenance person. We also spoke with two visiting healthcare professionals and one of the directors for the organisation.

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

We asked people what made them feel safe at the home. Some of the comments we received included, "It's just that feeling you're protected" and "Just the way the staff treat you." Two visiting family members told us they felt their relative was safe. They said, "[Family members name] is well looked after."

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. 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 discussed some recent safeguarding concerns with the manager, as we wanted to be sure that opportunities for learning lessons and reflecting on practice was undertaken at the home. 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.

We saw that risk assessments were clearly accessible for staff and appropriate plans were in place to manage those risks. For example where risk had been identified, this was a recorded plan of care devised to support the person and to ensure their safety. We saw that a person had a specific risk assessment process in place in relation to their moving and handling needs. This included the equipment that staff were required to use in order to help the person transfer. Information was clear and described how staff should ensure any risks to the person were minimised, whilst ensuring the person's dignity was protected at all times.

The service 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 member of staff and ensuring two references were obtained and kept on file.

The service also requested a Enhanced Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid check is a requirement for all staff employed to care and support people within health and social care settings. This enabled the registered manager to assess the applicant's suitability for working with vulnerable adults prior to an offer of employment. For the nursing staff, checks and documentation relating to their PIN numbers were also kept to ensure they did not expire. All registered nurses and midwives in the UK are required to register with the NMC who is the regulator for nursing and midwifery professions 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. An external audit check had revealed that the provider had been

required to take action in some areas relating to the hot water checks and the fire assessment. We checked these areas and spoke to the maintenance person. We were reassured the required action had been taken; there was however no action plan in place to say when these actions had taken place and by whom. There was a maintenance book which was used to record when actions had taken place. However, this book was not checked or audited by the manager. This meant that the manager was not keeping up to date records of when action points were addressed. This made it difficult for us to check if actions had been taken to keep the environment safe for people who lived at the home. We spoke to the manager regarding this, who agreed to keep more up to date records of this in future.

There was a process in place to record, and analyse incidents and accidents. We checked a sample of incident and accident forms, and saw that most of the form had been completed accurately. Additionally, staff were analysing incidents by breaking them down specifically. For example, times of day, person on duty, and other factors to enable them to look for any patterns or emerging trends from the incidents. However, we saw on most of the records, that the section where the manager devised action points was blank. This meant that the manager was not routinely documenting any action taken from people's incidents or accidents.

We observed there was enough staff on duty to keep people safe. People told us, and we saw that the service was using a large number of agency nurses. The same agency nurses were used to help provide a consistent staff team. This was confirmed by an agency nurse who told us they often worked at the home and had a good knowledge of people's care needs. People told us that sometimes staff did not always have time to sit and chat with them, however, on the second day of our inspection we observed staff sitting and talking to people at different times of the day. Call bells were answered in a timely way and people told us they did not have to wait for a member of staff to help them.

We looked at the management of medicines to see if safe arrangements were in place. Medicines were safely stored in medicine trolleys in a locked clinical room. The temperature of the medicine fridge was being monitored and recorded, along with the temperature of the clinical room. If medicines are not stored at the correct temperature it can affect how they work. Temperatures recorded were within safe limits.

We looked at a number of medicine administration records (MARs). The MARs we viewed contained photographs to assist staff with verification, as well as information relating to known allergies. We looked at a number of MARs and saw that staff had signed the MAR charts to say they had administered the medicines. This included nutritional supplements which were prescribed for people who had a poor intake; the administration of topical preparations, such as creams and administration of 'as required' (PRN) medicines. We saw that for a person who was prescribed Paracetamol, staff had recorded whether the person had been given one or two tablets and also the exact reason they were administered to ensure accuracy of the record. For a medicine that needed to be given at a specific time, staff had administered this in accordance with the prescription. This helped to ensure the efficacy of the medicine.

For a person who had been prescribed a reduced dose of a medicine we saw that the change to the MAR had not been dated or signed by the staff member who had made the alteration. We discussed the need to accurately record any change on the MAR. The manager said they would action this.

Quantities of medicines received into the home must be checked to provide an accurate stock check. We found quantities of medicines received had been checked and recorded. We checked the stock balance of a number of medicines (including a controlled medicine) and they were accurate. Controlled drugs were stored in a controlled drug cupboard in the clinical room. Controlled drugs are prescription medicines that have control in place under the Misuse of Drugs Act and associated legislation.

Some of the people living at the home were prescribed 'thickening' powder to thicken their drinks. This is to aid people who may have swallowing difficulties to accept fluids and reduce the risk of choking. We saw staff had not always signed or documented that thickening agents had been added to a person's drinks. We discussed with the manager the need to record this either on the MARs or on the person's fluid/diet sheet in accordance with people's nutritional assessment and the advice from the speech and language therapy team (SALT). Discussions with staff confirmed they were knowledgeable of the requirement for people required thickened fluids to support their health needs. Staff advised us the thickened fluids was made up to stage two which was in accordance with the person's plan of care and SALT guidance. Staff told us that they checked people's care documents to ensure all drinks were given at the right consistency when thickening powder was added.

We looked at how covert medicines were administered. Covert administration for medicines means giving people medicines without the person's consent or knowledge in their 'best interest'. 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. This is because the person concerned did not always take their medicines and they also lacked capacity to be able to make any decisions regarding their health and wellbeing. A plan of care was in place to support this method of administration and care need, however there was some information missing. We did not see a record of the medicines that were to be given covertly although the nurse administering the medicines was aware of when and how to give them to the person covertly. This meant that if a nurse who did not know the person was administering their medication they might not know which medicines were required to be administered covertly. 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

Everyone we spoke with except for one person told us that they felt the staff had the correct skills and knowledge to enable them to do their jobs. One person did comment that there was agency staff being used, who "Didn't always know as much as the others."

Staff training records showed that staff had attended courses as required by the provider's training policy. Mandatory training was a mixture of e-learning and face to face training sessions. Staff progress with regards to their training was tracked using a training matrix and all certificates for courses attended were stored in staff files. New staff completed an induction aligned to the principles of the Care Certificate. The Care Certificate is a twelve week programme designed to help newly appointed staff working within the health and social care sector develop their skills within the role. This can then be signed off by a senior colleague when completed. All staff received supervision every six to eight weeks and an annual appraisal. We saw records to confirm this.

We reviewed the care of four people in depth by tracking their care through observation and looking at a number of care records. The pre-admissions assessment and people's plan of care contained sufficient information to enable the staff to provide care and support in accordance with people's individual requirements.

People were supported to access medical care when they required it. Each person had a health record in their care plans detailing their last appointments with GP's, district nurses, opticians and chiropodists. We looked at a person's care needs assessment and this recorded information regarding their medical history, their current state of health, care and support, medicines and whether they had capacity to make a decision around their admission to a care home and subsequent decision around key areas of care. We spoke to a medical professional during our inspection who was complimentary regarding the running of the home and responsiveness of the staff. They said, "Some people here [at the home] are quite complex, and I think they manage to support them well."

People told us they enjoyed the food at Byron Court. We spoke to the chef who discussed the meals in more detail with us. The chef was knowledgeable regarding people's preferences, dietary needs, or specialised diets such as people who were dietetic.

For people who were at risk of poor nutrition as they were frail in health and we saw evidence of referrals to a dietician and also the SALT (Speech and Language Therapist) team to fully support them.

We saw staff completed care monitoring charts. For example, fluids and diet and a change of position for people being nursed in bed. The charts seen were up to date. These charts helped staff to monitor people's health and to provide an effective evaluation of the care they were receiving. Staff told us how they completed these charts during their shift and reported any concerns such as poor dietary intake to the nurse in charge.

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 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).

At our last inspection, we made a recommendation to the provider regarding the Mental Capacity Act 2005. We followed up on our recommendation during this inspection and saw that the provider had taken action as a result of our recommendation and the principles of the MCA had been reviewed and improved. All staff had completed additional training in respect of the MCA, and documentation had been introduced to clearly explain decision making processes for people who may lack capacity.

The home was working within the principles of the MCA. Additionally, we checked to see whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The manager was knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any applications were known.

We saw that the 'best interest processes' were being followed for people who had limited capacity and understanding of complex decision making. The need for 'best interest' processes were clearly identified in people's support plans. This included an overview of what decisions the person could make independently such as what they wore or ate and what they needed help with.

The building was adequately adapted to meet people's needs. There was directional signage in place to support those living with dementia, and various parts of the home had been redecorated. The provider informed us that plans were on-going to further improve the environment for people. We saw this during our inspection as rooms were being painted and decorated. We did see one of the bathrooms was being used temporarily as a smoking area which we expressed concern over due to the smell of smoke in the surrounding hallway. We saw there was a mobile smoke extraction system in use to remove the odour and smoke from those using the room in order to protect other people from the odour and passive smoking effects. This had also been risk assessed and was just temporary until the lift was fully operational. Since our inspection we have received feedback that the lift is fully operational.

Is the service caring?

Our findings

We asked people if they felt the staff treated them well and with respect and kindness. We received the following comments, "[The staff are] alright, you can ask them to get stuff and they'll get it for you." Someone else said, "They keep checking on you in the night" Another person said "I get on alright with them." One visiting relative told us, "Brilliant, [family member] gets on with them all." Also, "They're good" and "They're very good". "Very well, they're kind". "They're good to [relative] and [relative] likes the staff". "They treat [relative] nicely, they have empathy with [relative]". The visiting healthcare professional we spoke with also told us they thought the staff were, "Kind and caring."

On day one of our inspection we did not witness a lot of interaction between people who lived at the home and the staff. We could see that staff were busy helping people. We fed this back to the manager. However, we did observe one staff member reassuring a person who had become very upset and anxious. The staff members approach was very warm and kind, and we observed staff managed to help the person relax and they appeared a lot calmer.

On day two of our inspection we spent some time walking around the home, and we observed lots of kind and warm interactions between staff and people who lived at the home. People appeared relaxed and the atmosphere across all floors in the home was very peaceful.

Care plans had been reviewed and signed by the person (if they were able to) themselves or their relative, if legally allowed to do so, and people told us they had been involved in their care plan. Family members said they had been involved with care planning. Everyone we spoke with agreed that there was a good understanding of people's likes and dislikes.

Staff we spoke with during our inspection were able to describe how they preserved people's dignity and respected their choices when providing care. One staff member said, "No two people are the same, so you have to get to know the residents and do things how they like." Another staff member we spoke with told us how much they enjoyed their role and had been in post for a long time. They said, "I try to treat people how I would expect my family member to be treated, or it's just not good enough."

We asked the staff how they ensured people's dignity and privacy was protected and staff told us they made sure they closed doors and windows before helping people undress or wash. We saw that the room which held people's confidential information was kept secure throughout the duration of our inspection.

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.

Is the service responsive?

Our findings

People told us that they received care and support that was right for them. Our examination of care plans clearly showed that people's backgrounds, likes dislikes, medical needs and routines were taken in account at the home. People had information in their care plans to ensure they were getting appropriate care for their needs, such as weight charts, food and fluid balance charts, and skin care plans. We saw that these charts were completed every day and there were no gaps in the recording of information

People had a plan of care which provided staff with detailed information around their medical back ground and also their current care needs. This included care and treatment for a person who had suffered a recent fall; the person was being nursed in bed to ensure their comfort and well-being. The person's plan of care provided staff with information on how to support the person safely in bed, including carefully positioning at night. We saw the person had necessary assessments in place to monitor the risk of skin breakdown, moving and handling. The person was supported with pressure relieving equipment and received a change of position every two hours by the staff.

Another person had a wound assessment and plan of care which outlined the status of the wounds and current treatment plan. The records were up to date and a nurse told us about the condition of the wounds and how they had improved. The person was under the care of a consultant to oversee the treatment plans and general condition of the person.

We saw that the service was recording and monitoring people's weights in accordance with their needs and following advice from dietitians. We saw that one person had been correctly referred to the dietician following weight loss, and had been put on a specific weight gain plan. When we checked this person's recent weight recording we saw that they had gained weight and were now within in healthy BMI range.

We looked at the MUST (malnutrition screening tool) in place to support people. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. The MUST tool is also a key element in identifying people who are at risk of developing pressure sores. We saw everyone had a MUST score in place, and there was accompanying plan of care for people who were deemed at being most at risk, this included meal supplements and milkshakes which were given by the staff to promote a good nutritional intake which in turn aided their skin integrity.

There was also detailed information around the people's background and any hobbies or interests. One person had been supported to find a job in the local florist because this was something they used to do. The person had expressed an interest in engaging in this again. The staff member had made the necessary enquires on behalf of the person to facilitate this.

There was a good programme of activities in the home. There was an activities coordinator at the home who worked well with people to ensure they were involved in 'what was going on'. People told us they

enjoyed the activities and spoke positively about the activities coordinator. The service used 'Oomph Wellness' and 'Oomph Out and About' for internal activity programmes and for trips out into the community and to various sites for people. Oomph wellness is a structured activity to promote physical and mental wellbeing

People we spoke with told us they knew how to complain. 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 seven complaints in the last 12 months. We tracked one of these complaints through to ensure the registered manager had followed the process, we saw that they had.

Staff were trained in end of life care, and people would be supported to remain in the home. Families were also supported to remain at the home with their relatives. People had information in their care plans regarding what arrangements would be needed to be made in the event of the person's death.

Is the service well-led?

Our findings

We saw that some improvement was required to the governance systems in the home. This was because during the inspection we found record keeping was not organised appropriately. We requested to look at recent medicine audits which the provider assured us had been completed, however these could not be located. There was a lot of decorating going on at the home at time of our inspection, so the provider informed us they might have been put away for safe keeping. However, we were unable to view them and have not been provided with them since our inspection. Therefore the last documented medication audit we viewed took place in November 2016.

Additionally, action plans were not always formulated when areas of improvement were identified. For example, we saw that recent external fire risk assessment and legionella check had taken place in the home, and the service had been assigned actions to be completed straight away. We could not find a corresponding action plan to say when these actions had been completed and by whom. We checked the environment and we could see that most actions had been completed, such as the removal of equipment from under the stairs.

We saw that some incident forms had accompanying information which stated any action that needed to be completed by the manager after the incident had occurred. We spot checked these and saw that this information was missing on most of the incident forms. This meant that we could not be sure that remedial action was put into place to prevent the incident from happening again, or if there was any information which needed to be shared amongst the staff team.

We spoke to the manager about these findings at the time of our inspection. We were concerned that the auditing systems already in place at the home had not identified these concerns or that action points were not being routinely checked and followed up. The manager had been recently appointed, and assured us that they were being supported to devise robust quality assurance systems. The manager informed us these would be checked using peer support from another registered manager within the same organisation. Additionally the directors of the service spent time every week at the home performing 'walk rounds' and checks. These were not documented so we were unable to check if any concerns had been highlighted or addressed.

This is a breach of Regulation 17 of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who had worked at the home for a long time and had just stepped into the position of registered manager. Their documentation to become registered with CQC had been submitted.

People, staff and visitors were complimentary about the manager and felt they were approachable. During day one of our inspection we brought a sensitive subject to the manager's attention and they dealt with it professionally and empathetically. Some comments we received from a visiting family member about the manager included, "[Managers name] is really nice, they will do a good job here, they know everyone so

well." A person who lived at the home said, "I like the manager, nothing is too much trouble."

Checks on care plans, and the environment, such as the smoke alarms and water temperatures, were taking place every month. We saw that any action needed in care plans had been action planned and followed up by the manager. We spoke to maintenance person who described some of the checks they undertook, and how often they were required to do this.

Team meetings took place every month. We were able to see minutes of these and saw agenda items such as staffing, call times, training and health and safety. There were residents meetings arranged, some people told us they went, whilst others said they 'did not bother' but they knew how to give feedback about the service if they needed to.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, equality and safety. 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.

The manager was aware of their role with regards to notifying CQC about events or occurrences which had taken place at the home and we had received or notifications as required by law.

The manager and provider the worked with other agencies such as hospitals and the local authorities to support admissions to the home, and discharges from hospital.

The manager was aware what was required to be reported to CQC by law. From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Byron court was displayed in the main part of the building, and the provider's webpage.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | Records relating to people's care were not always accessible and kept in good order. |
| Treatment of disease, disorder or injury | Quality assurance systems were not robust enough and there was no process in place for formulating or checking some action plans. |