

CareTech Community Services Limited

Byron Court

Inspection report

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Bedfordshire
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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?	Requires Improvement ●

Summary of findings

Overall summary

Byron Court is a residential care home for people living with a learning disability and autistic people. It is registered to provide personal care for up to seven people, at the time of the inspection seven people were living at the service.

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 or autistic people.

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

People's care and support was not always provided in a safe, clean, well equipped, well-furnished and well-maintained environment.

The service could show how they met the principles of Right support, right care, right culture. People lead confident, inclusive lives which they have control. The ethos, values and behaviours of the management and staff support people to focus on areas of importance to them.

The needs and quality of life of people formed the basis of the culture at the service. Staff understood their role in making sure that people were always put first. We observed people receiving care that was genuinely person centred.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. Staff felt confident to raise concerns and complaints and were passionate to improve outcomes for people.

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.

People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People were supported to be independent and had control over their own lives. Their human rights were upheld.

We observed people receiving kind and compassionate care from staff who protected and respected their

privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.

People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.

We observed people making choices and taking part in activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.

People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.

People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice.

People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal. Competency checks had been completed with staff to ensure they had the understanding and skills to deliver safe care.

Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.

People were supported by staff who understood best practice in relation to learning disability and/or autism.

People and those important to them, worked with leaders to develop and improve the service.

Our last inspection found a breach of regulation 9 (Person centred Care). This inspection found people being supported in a way which promoted their interests and considered individuals future aspirations.

Our last inspection found a breach of regulation 10 (Dignity and respect). This inspection found staff were respectful of people they supported and provided care in a dignified manner.

Our last inspection found a breach of regulation 11 (Need for consent). This inspection found that people were encouraged to make choices and decisions whenever possible.

Our last inspection found a breach of regulation 12 (Safe care and treatment). This inspection found staff were knowledgeable and confident in raising safeguarding concerns. Systems had been reviewed to ensure the safe management and administration of medicines.

Our last inspection found a breach of regulation 17 (Good governance). This inspection found improvements had been made and an audit system had been implemented to identify and address failings of the service.

Our last inspection found a breach of regulation 18 (staffing). This inspection found staff had received additional training and competency checks had been completed by senior staff. This provided assurance that staff had the skills required to provide safe and effective care. Staff were supported by the management team and worked together as a team.

The positive conditions imposed following our last inspection facilitated the development and

improvement found during this inspection. The management team had reviewed processes and had led the development of the service and delivery to people.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

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 received about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

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 Care Act 2014.

Inspection team

This inspection was carried out by three inspectors, a medicine inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. Two inspectors visited the home on 3 August 2021, whilst the third inspector and medicine inspector returned to the home on 4 August 2021. An Expert by Experience made phone calls to relatives on 6 August 2021.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC) at the time of our inspection. A new manager had been recruited and was in the process of completing their induction. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan the provider sent us. We sought feedback from the local authority. We used the information the

provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met all the people living at Byron Court, and spoke with four people who used the service. We spoke with eight staff members including, three care staff, peripatetic manager, deputy manager, locality manager, operational director and new manager. We spoke with four family members.

We reviewed a range of records. This included three people's care records and seven people's medication records. We looked at two staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

At our last inspection risks to service users were not managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our last inspection the provider failed to ensure that systems in place for safeguarding service users from the risk of abuse were effective. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Following the last inspection the provider had implemented a refurbishment programme in the home. This included replacement of kitchen appliances which were previously locked and were now accessible for people who live at the home. In addition, further decoration of the lounge and people's rooms had taken place with their involvement. The provider had used pictures and mood boards to support with choosing colours.
- People's care and support was provided in line with care plans. However, for one person their care plan did not contain updated information relating to their current needs. We spoke to staff who were knowledgeable of the person and the appropriate support which they required. This was discussed with the provider at the time of inspection who advised us, there had been several recent professional meetings which had provided conflicting advice and were awaiting further clarification from professionals before updating the records.
- People were kept safe from avoidable harm. The service had enough staff, who knew the people. One staff member told us, "Staffing levels have improved. We do use agency, but these are consistent, familiar staff members who know the people well."
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff told us they felt confident in raising safeguarding concerns internally and were aware of processes to follow to report safeguarding concerns to external organisations including the local authority and CQC.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. Staff had a good degree of understanding of people's needs. One staff member was observed giving a person their headphones to help them relax when the noise levels increased as people returned to the service during the day. Another staff member was observed requesting support to position a person in their bed in an upright position to have their meal, reducing the risk of choking. People were observed being encouraged to make themselves drinks and lunch of their choice. People were heard informing staff they had their face masks with them when they

were preparing to go out in the morning.

- Restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible. Staff had received training in approved restraints, however advised they did not use restraint but instead used other methods of de-escalation including distraction, reassurance and encouragement.
- Staff were knowledgeable of people's needs and how to support them appropriately. For example, people were supported to access the community with the appropriate levels of staff support.
- Since the last inspection the provider has provided secure cabinets within the manager's office for the storage of people's confidential records, which were accessible at all times to the staff team. Care records continued to be reviewed and were person centred. We saw health plans which had been written using pictures as aids to support the person in understanding their needs. One relative told us, "I attend review's at [persons] request. The last one was via zoom."
- People were supported to make their own decisions about medicines. Information about medicines was available in an accessible format. People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store medicines. Staff worked alongside prescribers to ensure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) or STAMP (supporting treatment and appropriate medication in paediatrics) were followed. We saw evidence of use of antiepileptics being reviewed and reduced where appropriate.
- The service kept people and staff safe. The service maintained an accident and incidents log and analysed information within this. We saw examples of recent medicine administration errors and clear records of the incidents, learning and actions taken to prevent them from happening again. Lessons learnt were shared with the staff team through supervisions and staff meetings.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. All families spoken with during the inspection felt the environment could be cleaner however had not visited the service recently due to the COVID19 pandemic lockdown. Whilst people were encouraged and supported to clean their own rooms, it was evident in one room the person still required additional prompting in maintaining their cleanliness. Staff were responsible for the cleaning of the communal areas in the home. Following the inspection, the provider told us they had implemented a manager's daily walk of the service to ensure the level of cleanliness was consistent. This will be used to identify and address any infection control issues observed each day and ensure they are resolved in a timely manner.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure that staff received the training and support to ensure they could effectively complete their job. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

At our last inspection the provider failed to obtain people's consent in an accurate and meaningful way. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. We observed people making choices with the structure of their day and activities which they participated in. During the inspection one person was observed discussing plans for a holiday and putting in place steps to support this.
- Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place. Staff were knowledgeable of people's needs and how to provide care and support with a person-centred approach. One person preferred to sleep in during the morning and rise from their bed at 11am. On the day of inspection, the person was observed sleeping until 10.45am. When they woke up staff offered them a drink and asked if they would like breakfast. Staff were knowledgeable that the person preferred to complete activity in the afternoon and ensured there was support available to facilitate this.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly.
- People were able to choose their food and plan their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. One person told us, "The food is lovely here, I help to make my food, I did all the quiche, I did all the salad and stirred it round, put the scraps in the bin."
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
- Staff were familiar with people and their needs and recognised where deterioration in their condition had occurred. People were referred to other professionals such as psychological therapies where appropriate in a timely manner.

- People had good access to physical healthcare and were supported to live healthier lives. One person told us they were being supported by staff to lose weight and choosing healthy meal options.
- People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aspirations. One staff member told us they were supporting a person to plan and cook a meal for their boyfriend. This involved discussing meal options, developing kitchen skills and practising cooking. On the second day of inspection some of the people chose to go out together on a picnic, however staff ensured that for those who did not wish to join in other options were available. One person who enjoyed going out for drives in the car was observed being asked by a staff member if they would like to do this instead of the picnic, as this was an activity they preferred.
- People received support from staff who had received relevant training, including around learning disability, autism, mental health needs. At the time of inspection, the provider was reviewing the training and told us they ensured rotas provided a balance of competent trained staff on each shift.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. Staff spoke positively about the induction process and felt this had provided them the skills required for their role. One staff member told us, " The induction process was thorough and in depth. I feel like I really leave training with an increased knowledge and understanding." Another staff member told us the induction process had been reviewed and had improved since the last inspection. The reviewed induction contained additional training and shadowing and better prepared people for their role.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards.

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.

At the last inspection this key question was rated as in adequate. At this inspection this key question has improved and is now good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- We saw information recorded within people's records of conversations held with families updating them on changes with people's health and hospital appointments. In addition, the provider used newsletters, video calls and meetings to communicate with people, families and staff. One relative told us, "They bring {person} to see my relative and help them to call several times a week." However, one relative advised they felt communication could be improved. This was discussed with the provider who told us they would look to make further improvements to communication.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their support. Staff were observed sitting and speaking with people in sensitive tones using language, which was clear and understood, allowing opportunity for people to respond.
- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. Staff were observed encouraging people to remove heavy bags which people had placed over their shoulders, as this would help them with the heat and to cool down.
- People spoke highly of staff and the care they received. One person told us, "They {staff} talk to me, they don't shout at me, they listen to me, sometimes they have time to chat to me, if I have any problems they talk to me and I talk to them." A relative told us, "They are such a lovely home. Staff have accompanied, {person} to our holiday home abroad. {Person} is so happy there, we hardly hear from {person} maybe every three weeks. When we don't hear we know {person} is happy." We observed people sat with staff in the garden laughing and chatting whilst eating their lunch together. One staff member was observed supporting with adjusting a person's position in their seat, explaining to them this was to keep them from hurting themselves.
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support during keyworker meetings and service user meetings. People told us they felt listened to. Staff were observed taking time to respond to people when they were spoken to and engaging with them in conversation in the garden over lunch.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider failed to promote people's interests or encourage them with person centred experiences. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had access to a range of activities in line with their personal preferences which included visiting friends, going out for meals, going for walks, visiting the seaside and visiting friends and families. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. One person had expressed an interest in assisting with the maintenance of the service and were supported by the staff team with completing safety checks of the garden and safe disposal of rubbish in the appropriate bin.
- People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals. One person was being supported to move to an alternate setting. The provider was working with the person, family and professionals in exploring new settings and the care support required to enable the move to take place. One person told us they liked to visit the seaside and had recently travelled to Brighton with a staff member for the day to sit on the beach.
- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom and ensuite. Following the last inspection, the provider had met with people and worked with them to decorate and personalise their room. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information in appropriate formats. We saw people's health support plans had been written in an easy read format. Staff told us how they used cues from facial expressions and body language to communicate with one person.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service.
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.

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.

At our last inspection this key question had been rated as inadequate. At this inspection this key question has improved to required improvement. This meant the service management and leadership was inconsistent.

At our last inspection the provider failed to ensure that governance systems in place were managed effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was no registered manager in post at the time of inspection. A new manager had commenced employment at the service on the second day of the inspection and was completing an induction process. Support had been provided to the service by a peripatetic manager and the senior management team to provide oversight of the management and governance of the service, whilst recruitment to the managers role took place. Following the inspection, the provider advised us the new manager had started the process to become the registered manager. Not having a registered manager in post is a rating limiter, therefore we are unable to rate above requires improvement in this key question.
- Our findings from the other key questions showed that whilst processes had been reviewed to support improvements within the governance of the service, these required time to embed into the service to ensure they were robust to continue to identify failings and drive positive change.
- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. Staff told us the management team were visible in the service and approachable for people and staff. One staff member told us, "Management are brilliant, very supportive. I would feel confident approaching them with concerns." During the inspection people were observed approaching management confidently to hold conversations.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Since the last inspection improvement had been made to the culture of the service. Training had been provided to staff and discussions had taken place during team meetings to enhance staff understanding and application of what they had learnt. One staff member told us, "It is paramount that the care provided is safe and what people want. People we care for are number one to all our actions."
- Staff felt respected, supported and valued. Staff told us they were able to put forward suggestions during team meetings which would be discussed, and feedback provided. Staff told us the change in management was positive and they felt confident in approaching the management team with concerns they had both professionally and personally. The provider promoted equality and diversity in its work.
- People, and those important to them, worked with managers and staff to develop and improve the service. A staff member told us, "Staff morale has improved and continues to do so since the changes in management." Another staff member told us, "Things are going in the right direction now. The management are approachable and responsive when I speak with them."

- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Staff told us team meetings and supervisions provided opportunity to reflect and discuss how to make improvements to the delivery of the service.