

Achieve Together Limited

Byfield Court

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

About the service

Byfield Court is a residential care home providing personal care and accommodation to 11 people who live with autism and/or have a learning disability.

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

People's individual health needs, such as constipation, had not been risk assessed or guidance put in place for staff to follow. Following the inspection, the registered manager put guidance in place and shared this with staff.

Care plan audits were not always effective when identifying risks to people's health. The registered manager only took action to address these concerns when they were brought to their attention.

Medicines had been managed safely. People had guidance in place if they had 'as required' medicines. The service had a stable staffing team that knew people well. The home was clean and tidy and followed the current COVID-19 guidance including testing and vaccinations.

People were given choice regarding the care and support they received. People were supported to eat and drink a balanced diet. The service was adapted to meet the needs of people living there. People were treated with respect and dignity. Staff knew people well and supported people to maintain their independence.

People received person centred care. Staff supported people to take part in activities. Information was accessible for people in a format which suited them.

The registered manager had developed a positive culture within the service. Relatives and staff spoke highly of the management team.

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 his practice.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The home was registered to support a maximum of 11 people. This is larger than the current best practise guidance. However, they were able to reduce the impact to people by the way the building was used. One person had their own room on the top floor and the other rooms were spaced out across another two floors.

Right care:

- Staff encouraged people to make their own choices and maintain their independence. Staff encouraged people to carry out daily house chore such as mopping the floor with support. Staff also supported people to make choices using picture cards or in a format that best suited them. People received care and support that suited to their needs.

Right culture:

- Staff understood how to keep people safe. Staff understood people's communication preferences. For example a poster was on display in easy read format, informing people how to complain if they weren't happy with the service. The registered manager had developed a positive culture within the service.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 31 May 2019.

Why we inspected

This was a planned inspection due to length of time not being inspected while with a new provider. The service had been under the new provider since September 2020.

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.

We found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Byfield Court on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the service not identifying and mitigating people's individual health risks at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Byfield 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.

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Byfield Court is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

This is the first inspection for this service under a new provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's individual health needs were not always well managed. People who were at risk of constipation did not have a specific care plans or risk assessments in place. When people suffered with constipation, there was no information to guide staff when medical assistance was needed. If constipation is not well managed it could cause serious health implications.
- Detailed guidance was not in place for staff to inform them how to support people with identified risks. For example, there were no details on how to support someone living with diabetes, or what to do if they became unwell. The person's diabetes was diet controlled. One staff member we spoke to told us they did not know the signs to look for if someone became unwell due to their diabetes.'
- Some people had been identified as at risk of choking. Care plans and risk assessments gave staff information on what type of food they should avoid. However, there was no information on what to do if a person choked . The provider had issued the service with an anti-choking device, and people were supported by a team who had received training in how to use this safely in responding to people choking. Whilst the training provided staff with the knowledge needed to use the device, there was no specific documented guidance in people's support plans or risk assessments.
- The device was stored in a locked medicines room on the first floor. We discussed the location with the registered manager, and they made the decision to move the device to the ground floor, near the dining room. This was to ensure it was easily accessible in the event someone choking.

The provider failed to assess and mitigate specific health risks to people. This was a Breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager put detailed guidance and risk assessments in place for people who suffered with constipation to mitigate the risk.
- Risk assessments and care plans were in place for people who lived with epilepsy. Detailed guidance was available for staff. For example, one care plan outlined when specific epilepsy medicine needed to be used and what time an ambulance needed to be called.
- Risks to the environment had been mitigated. For example, before people had baths staff checked the temperature of the water to ensure the risk of scalding was reduced.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their loved one was safe at the service. One relative told us, "We are really happy [person] is there and [person] is happy they are there."
- Staff had completed safeguarding training and had a good understanding of what to look for and what to

do if they were concerned. One staff member told us, "People's behaviours and body language can change if there are any problems and we escalate this to seniors and management."

- People were protected from the risk of harm and abuse. The registered manager had a safeguarding policy and staff understood their role, and the process of reporting a safeguarding concern.

Staffing and recruitment

- Staff were not consistently recruited. One staff files did not contain a full work history. The registered manager confirmed that the recruitment checks are completed by head office but advised they would bring in an additional check to ensure all documentation is complete. We will check this on our next inspection.
- There were enough staff to meet people's needs and keep people safe. The number of staff needed was based on commissioners' assessments of how much support people needed. We observed staff having enough time to spend with people.
- Staff told us there were always enough staff. If there were gaps in the rota or sickness, the registered manager and staff told us that staff would always cover the shifts.

Using medicines safely

- Medicines were stored safely and in line with best practice guidelines. Medicines were kept at the temperature required to ensure they were fit to use. Regular checks for the temperature of the room and fridges were being completed. Liquid medicines had an open date to ensure staff knew what date it needed to be discarded.
- Staff who administered medicines had completed training. Staff also had regular competency checks which included them being observed administering medicines and questions on their knowledge of the medicines they were giving. This ensured staff had the skills and knowledge for their roles.
- Guidance was in place for staff regarding 'as required' medicines. For example, if a person was unable to tell the staff they were in pain, the guidance outlined other ways the person may express they are in pain, such as body language.

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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded where appropriate. The registered manager reviewed records to identify trends and took action when needed.
- People's needs were reassessed following a review of accidents and incidents. For example, one person had a fall and the registered manager ordered a movement sensor for when they are in bed. This alerts to staff if the person is moving around their room and may require staff support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed prior to moving into the service to ensure staff could meet people's needs safely. This was carried out in-line with best practice guidance including protected characteristics under the Equalities Acts 2010. This ensured people's protected characteristics such as disability and religion were positively promoted. The service had not admitted anyone recently.
- People's care plans included different assessments to ensure staff were able to support people in line with their needs. This included assessment regarding communication, dietary needs and mobility. One person's communication assessment described how they communicated when they needed support with different tasks.
- Staff were able to tell us about people's needs. They told us about people who were unsteady on their feet and what they do to support them. For example, they told us an occupational therapist was involved in their care and support and some people had sensors to ensure staff could support a person if they needed it.

Staff support: induction, training, skills and experience

- There was a consistent staff team at Byfield Court. Staff knew people well and we observed them providing effective support to people. One relative told us, "The staff are amazing, they know [person] very well."
- A visiting health care professional had contacted the registered manager to feed-back on staff competence. They said, "I cannot praise your staff enough for their familiarity with every resident, the residents' complex needs and the fact that they could tell us medical history, medication and allergies information from memory."
- Staff told us they received training and supervisions, they felt supported in their roles. One staff member told us, "The manager is excellent I have to say, very approachable."

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

- People's care plans outlined the support they needed from staff at mealtimes. Some people needed specialist diets, for example some people needed their food to be pureed to reduce the risk of them choking. Staff showed a good understanding of people's dietary needs.
- People were supported by staff on a weekly basis to make menu choices. People used picture cards where needed to help with their decision making.
- People were supported to eat sufficient amounts to maintain a healthy weight. People's weights were calculated regularly to ensure it was stable. If their weight had increased or decreased significantly then medical advice was sought.

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

- People were supported to access healthcare professionals regularly or when their needs changed. People had access to a range of healthcare professionals including speech and language therapists (SaLT), neurologists and GP.
- A relative fed back that appropriate support had been sought for their loved one, 'I am very happy with the care and support that [person] receives. The staff at Byfield Court always keep me updated with [person] and this includes his health. They also consult with necessary professionals. I believe [person] is cared for by an excellent team and I am grateful for their time and effort.'
- The home manager told us they had a good working relationship with the learning disability team within Medway hospital. If someone from the service was admitted to Medway Hospital, they were supported by someone from that team to ensure they were given the care and support needed.

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

- The service had been adapted to meet people's needs. One person had their own self contained flat within the service. Staff told us this enabled them to have some independence whilst having the company of peers.
- The service was spacious with different areas for people to spend their time. There was a sensory room for people to relax and equipment in the garden for people to enjoy time outside.
- People's bedrooms were personalised and homely. Each person's bedroom clearly demonstrated what their likes and interest were, and proudly showed us around their rooms.
- Some people needed equipment to support them, such as a hoist. These were available and each person had their own sling.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had undertaken training to understand their responsibilities around the MCA and seeking consent to care.
- When people lacked the capacity to make more complex decisions themselves, staff organised for capacity assessments, and best interest meetings to take place to ensure decisions were being made by all stakeholders. This included decisions such as if people should be vaccinated against the flu or with the COVID19 vaccine.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated and supported well. Staff told us that during personal care they always talked to people to make them feel comfortable and explained what they were doing.
- We observed people being treated with kindness and dignity. Staff knew people well and had built strong relationships with people. One relative fed back, that their loved ones, "keyworker is her second mum which for me is lovely they have a very special bond."
- People's equality and diversity needs were supported. Pre-admission assessments covered equality and diversity which fed through to care plans. For example, their sexuality.

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

- Staff supported people to make their own decisions. One staff member told us, "We always ask people if they would like a shower, bath or just a wash, we then encourage them to do as much as possible regarding personal care."
- People were supported to have choice and freedom around their care. Care plans stated people could choose when they wished to get up in the mornings. Staff told us that some people like to get up at lunch time and have a lay in.
- Staff understood how best to support people. One staff member told us, "We use a lot of picture cards to help them make choices, but we make sure we don't overwhelm them, we make sure we break it down to a few cards so they can understand."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. One staff member told us, "We encourage people to even just try, even mopping the floor, they may only do two mops but then we work from that an increase to three mops next time."
- People were supported to be as independent as possible at mealtimes. One staff member told us, "Sometimes people want us to do it for them, but we encourage them by doing hand over hand with the spoon to support them."
- People were treated with dignity and respect. We observed staff support people in a positive way, and always knock before they entered people's room. Staff told us, "Everyone knows that it's the service users' home and everything you do is for their benefit. We never lose sight of the fact that we are in their home."

Is the service responsive?

Our findings

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

This is the first inspection for this service under a new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred to meet their needs. Care plans identified individual needs and preferences. For example, oral hygiene, mobility, dietary needs and communication and emotional support.
- Staff were knowledgeable about people's daily care and routines. Daily records were completed by staff which included any personal care support and activities they have had done. Staff were able to tell us people's likes and dislikes.
- People were supported by staff to maintain a routine that suited them. Staff told us one person had a regular routine where they were supported to go horse riding and food shopping.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager ensured documents were available in an easy read format. For example, documents regarding how to make a complaint were in an easy read picture format on the notice board.
- Care plans had communication support plans to guide staff how best to communicate with people. This included actions or noises a person might make if they were unhappy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to keep in contact with relatives during COVID-19. Staff told us that some people used video calls or telephone calls.
- People were supported to take part in various activities in and out of the service. An activities weekly planner was available on the notice board which included yoga, painting, baking.
- An individual breakdown of daily activities were also available for the week. This displayed people's photo and what activity they were doing. Everyone's individual activity plan was different, one person would go swimming, and another have reflexology.

Improving care quality in response to complaints or concerns

- There had been no complaints logged with the service. One relative told us, "We have no concerns with the home, we are very happy and [person] is happy there too."
- The providers feedback questionnaire for family and friends to complete asked if people knew how to make a complaint, and all responses confirmed they were aware but had not needed to complain.

- The service had received a compliment from a visiting healthcare professional that stated, 'I wanted to make a point of the incredible service we have received from (Byfield Court).'

End of life care and support

- People had end of life care plans in place. When people were not able to complete these themselves, family members had been asked to complete this on behalf of people. Care plans considered information such as what music should be played at the funeral and where the person would want to be cared for.
- Some people had funeral plans in place in the event of them becoming unwell. When people had passed away staff had organised for a tree to be planted in the garden to remember the person.
- There was no one at the service who received end of life support. The registered manager informed us there was a range of tools for staff to access when the time came to ensure they were supporting people in the best way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service under a new provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Care plan audits were not always effective in identifying shortfalls in care plans and risk assessments related to people's specific health needs. This was identified to the registered manager during the inspection and action was immediately taken to address and minimise the risk to people.
- When we highlighted concerns around the risks of constipation, the registered manager acknowledged this was an area for immediate improvement. Following the inspection, the registered manager sought guidance and information and shared this with staff.
- We reviewed the training matrix for the service and identified that some training had expired. All staff had received online learning and the practical training had been scheduled. Face to Face training had been impacted due to the COVID-19 restrictions.
- There was a range of audits including infection, prevention and control and medicine audits. The audits identified any areas that needed to be actioned. For example, when a fire door was not working correctly, and the registered manager had organised for its repair in a timely manner.
- The registered manager ensured referrals were made to health care professionals to ensure people received the support they needed. This included occupational therapists, speech and language therapist and GP.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a positive culture within the service. Staff told us, "I have a sense of achievement when you get people to do something, it brings you job satisfaction."
- Relatives spoke positively about the care their loved one received. One relative told us, "[registered manager] is on the ball, she always phones us if there are any issues." Another relative told us, "We visit regularly, and the staff are always very welcoming."
- The registered manager had a whistle blowing policy in place and they encouraged staff to raise and concerns. Staff told us they felt they could go to the management with any concerns that they had.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives were involved in their loved one's care and support plan. One relative told us, "During lockdown the registered manager called a number of times to update and go through the care plan."
- The registered manager ensured relatives were able to engage and be involved with the service. The

registered manager gathered feedback from surveys and relatives told us they were happy to complete the surveys and were happy with the service. One relative told us, "We have regular contact with the management."

- Staff told us they felt supported by management. One person told us, "I am very supported by [registered manager] we can request a supervision anytime and the office door is always open."
- The registered manager ensured staff meetings took place to provide support and share any updates. The meetings discussed any training updates and areas for improvements. Staff told us they found the meetings useful.
- People had regular meetings with staff to discuss how they wanted to be supported with activities and food choices.

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

- The law requires providers to follow a duty of candour. This means that any unexpected incident or accident occurred regarding a person using a care service, the registered person must provide an apology and explanation to their representative. The provider understood their responsibilities regarding this. Relatives told us they were informed if their loved one had an incident or accident.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess and mitigate specific health risks to people.