Care Quality Commission

Byway Care Limited

Byway House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 13 January 2015 and was unannounced.

Byway House provides accommodation and care for up to 16 older people. There were 16 people living at the home at the time of our inspection. People living at the home had a range of needs related to their health and mobility and required differing levels of care and support from staff. Accommodation is provided over two floors with lift access. Rooms are en-suite and there are additional bathrooms and toilets on each floor. There is a ground floor dining room, connected to a sitting room and a ground floor kitchen. There is a level garden accessed from the main entrance or sitting room, with a raised flower bed and pond.

The service had a registered manager but this person was no longer managing the service. Prior to the inspection the provider informed us a new manager had been appointed. Our records showed that the provider had taken steps to remove the previous manager's name from our records and to register the new manager with the CQC. A registered manager is a person who has registered

Summary of findings

with the Care Quality Commission to manage the service. 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.

At our previous inspection on 14 October 2013 we asked the provider to take action to make improvements in relation to records. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection we saw that these actions had been completed.

People were positive about the home. One person told us, "You couldn't have a better place to be". People were cared for by kind and caring staff. A person told us, "Staff are marvellous, a lot of them are my friends" and another said, "They look after us very well". We observed staff offered reassurance to people when needed and laughed and chatted with people throughout our visit whilst they carried out their roles in a professional manner.

People felt safe living at the home. The provider had good systems and processes in place to keep people safe. Assessments of risk had been undertaken and were regularly reviewed to ensure that information was up to date. There were clear instructions for staff on what action to take in order to mitigate risks to people. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. Arrangements were in place to keep people safe in the event of an emergency. The service employed sufficient staff with the skills, competence and experience to meet people's individual needs. Staff felt supported and were positive about their roles and the home. One staff member told us, "It's lovely; I would be happy for my relatives to be here if they needed care".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. The home was clean and measures in place for the prevention and control of infection. People had sufficient to eat and drink throughout the day and had access to the healthcare services they required.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions in different areas of their life had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The manager actively supported people to consult with their representatives or advocates.

Staff knew the people they were supporting well and the choices they made about their care and their lives. The needs and choices of people had been clearly documented in their care records. People were supported to undertake activities of interest to them, for example one person had a wood working bench and tools in their room and produced craft items. Another person showed us the Chinese brush paintings they had painted and were preparing to display as the home was having a theme day to celebrate the Chinese New Year. Further activities took place within the home in line with people's interests. People were supported to maintain contact with family and friends. We observed people received visitors throughout our inspection.

Though there had been a change in manager the provider ensured that continuity of service had been maintained. The manager had a proactive approach and had quickly established positive relationships with both staff and people living at the home. We observed they spent time talking and listening to people who lived at the home and monitored the day to day standards of care and support that were provided. Staff, the manager and owner had a shared understanding of the values of the home. They described their approach as maintaining, "Hotel standards' whilst providing additional person centred care.

The provider sought feedback on the care and support provided and took steps to ensure that care and treatment was provided in a safe and effective way and where necessary improvements were made. Any complaints received were recorded along with the actions taken in response.

Summary of findings

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. People were supported by staff who understood their responsibilities in relation to keeping people safe. The provider followed safe recruitment practices.

There were sufficient staff to meet people's needs.

Medicines were managed, stored and administered safely.

Good

Is the service effective?
The service was effective. People were supported to have sufficient to eat and drink and maintain a healthy diet.

People had access to healthcare professionals and were supported to maintain good health.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured people's rights were protected in relation to making decisions about their care and treatment.

Good

Is the service caring?
The service was caring. People were supported by kind and friendly staff who responded to their needs quickly.

People were involved in the planning of their care and made everyday choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence promoted.

Good

Is the service responsive?
The service was responsive. People's choices and preferences were clearly documented in their care records. People undertook activities in accordance with their interests.

People were supported to maintain relationships that were important to them.

People and their relatives knew how to raise complaints if they were unhappy with the service and action was taken to resolve them.

Good

Is the service well-led?
The service was well-led. There was shared understanding of the vision and values of the service.

Staff were supported by the manager and felt able to raise any concerns they had.

There were systems in place to measure and evaluate the quality of the service provided.

Good

Byway House

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 13 January 2015 and was unannounced.

One inspector and an expert by experience with experience of the care of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and support in communal areas; spoke with four people in private, three care staff, the cook and the manager. We spent time looking at records including care records of four people, three staff records and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People felt safe living at the home. One person told us, "I feel safe because I can do what I want to". People felt safe in relation to the premises. One person told us, "The building is kept very well" and another, "Yes, they test to see if my window is locked". People confirmed that the fire bell was tested weekly. One person told us that when maintenance was carried out in their room a member of staff stayed with them the whole time to ensure that they were safe.

There were sufficient staff to meet people's needs and keep them safe. People told us they did not have to wait if they required help. One person told us, "Yes you get help when you need it; people come straight away, no problems". We observed that people got the support they needed and were responded to quickly when they asked for assistance. Staff told us that there were enough staff to carry out their roles safely and effectively. The provider used bank staff to cover any absences or staff sickness.

When they employed staff the provider followed safe recruitment practices. The required checks had been carried out to ensure that new staff had no records of offences that could affect their suitability to deliver care. Staff records held the required documentation including two references and proof of identity. The provider had policies and procedures in place to manage any unsafe practice they identified. The provider ensured that people were cared for by staff that were fit to do so.

Staff were aware of their responsibilities in terms of keeping people safe. They told us the different types of abuse that people might be at risk of and the signs that might indicate abuse took place. Staff described the correct procedures for reporting abuse including how to contact the appropriate external agencies including the local authority safeguarding adults' team. Staff told us they had safeguarding training and records indicated that this was refreshed annually. We observed a member of staff who was having a one to one meeting with the manager as part of their induction. The member of staff identified the reporting procedure they should undertake if they suspected abuse. The manager went through procedures for reporting to external agencies so that any concerns could be properly investigated in order to keep people safe.

She also went through the procedures for keeping people's money safe, to mitigate the risk of financial abuse. The home had made arrangements to ensure people's money was kept safely.

Systems were in place to identify risks and protect people from harm. Assessments of risk had been undertaken for each person specific to their needs. There was clear guidance for staff in order for them to be aware of what the risk was and what action to take in order to alleviate the risk. For example, in one person's care records we saw that the person sometimes experienced depression. There was information for staff on the signs that might indicate this such as `stopping eating'. There was information for staff entitled `how we can minimise this'. This included ensuring the person was sat in a good position in relation to their posture and for staff to sit with them as this led to a lift in their mood. The risk assessment identified that if symptoms should continue for two days to contact the GP. There was also information for staff on what to say to the person that had helped them in the past. Staff were to encourage the person to join other people in the lounge as this also helped the person to feel better. The risk assessment had been reviewed on a monthly basis in order to ensure the information was up to date.

The provider's risk management policies and procedures were followed in order to minimise restrictions on people's freedom, choice and control. For example, one person carried food trays back to the kitchen but was at high risk of falling. The person had agreed with staff that they would assist with carrying trays but when carrying them on stairs they would be assisted by a member of staff. People left the home as they wished but signed when they went out and on their return so the manager knew who was present in case of emergency. As well as in care records information was shared on risks in handover and in the staff communication book. This included information such as if someone was feeling unwell and when the GP would visit.

People's medicines were managed so that they received them safely. People told us they got the medicines required when they needed then. One person told us "Yes, medication is given when needed after each meal". Another person told us, "They do explain medication changes". People explained to us how staff were required to wait and check they had taken any medicine they needed. We observed that people were offered medication for pain relief in line with what they had been prescribed. Where

Good

Is the service safe?

people chose to administer their own medicines a self-medication risk assessment was completed. Monthly audits related to medicines were carried out by senior staff and the pharmacy completed quarterly checks. We looked at a recent audit undertaken by the pharmacy and saw that this was in order. We looked at records of the monthly audit and saw that it covered – procedures, recording, training, storage, completion of Medical Administration Records (MAR) and that medicines were still in date and safe to be used. We reviewed MAR and saw these were completed correctly. Senior staff had responsibility for administration of medicines. Records showed Senior staff completed training prior to administering medicine. Senior staff were also observed by the manager to ensure they were competent to administer medicine. This was recorded and signed by the manager.

Premises were well maintained and legal requirements such as Portable Appliance Tests (PAT), gas and fire safety checks were up to date. General maintenance tasks were undertaken as required. People had equipment relevant to their needs and these were checked to ensure they were safe to use.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances. People had alarm buttons in their rooms. Staff had received fire safety training and there was information for emergency services including a plan of the building located in the reception area of the home. The manager explained the progressive horizontal evacuation strategy which ensured in the event of an emergency people would be protected by two sets of fire doors. Bedroom and other internal doors had foot operated devices that held the door open if needed and could be closed automatically in the event of a fire.

Good

Is the service effective?

Our findings

People were positive about the support they received. One person told us, “They look after us very well.” Another person told us, “I’m very happy, could not fault it in any way”.

People were supported to have sufficient to eat and drink and maintain a healthy balanced diet. People told us, “I can ask for food anytime” and “Food is excellent”. People told us that there was a choice of food and that the cook went through the menu with them each day. One person explained, “They come in after breakfast and to ask what I want for lunch”. If people did not want the choices available on the menu they could ask for something else. One person told us, “On occasions I have said I did not want what was on the menu and they gave me something else”.

People told us they were encouraged to drink and stay hydrated. One person told us, “They fill your jug (in the room) every day, tea and coffee is available whenever you want”. Another person told us, “They just keep bringing them (drinks). They want you to drink”.

People told us they chose where they wanted to eat, either in the dining room, lounge or in their rooms. We observed lunch. People arrived at different times and there was no rush. Soft drinks were available and the menu was written on the board. People were asked what they wanted to drink and some people chose an alcoholic beverage. People’s meals were brought individually from the kitchen and were covered to ensure they remained hot. One staff asked a person if they wanted them to cut the food up to which they replied “yes” and the staff member did so. One person did not want the lunch so staff brought an alternative which the person was happy with. One person came into the dining room later. Staff did not rush them, offered her a seat at the table, told them what was on the menu and brought their lunch. Lunch was a social time with lots of discussion between people living at the home. One person was interrupted by a telephone call which she chose to take and her lunch was kept warm until her return. Staff brought a bright light for a person who had poor eyesight so that they could see their food better when eating.

We spoke with the cook who knew the preferences of people well. There was a comprehensive list in the kitchen of peoples’ requirements both in preferences and whether they required a special diet such as soft diet because they were at risk of choking or were diabetic. The cook undertook a quality survey with people every two weeks. We saw it had been noted that, `everyone had enjoyed the kippers’. Meals were cooked from fresh ingredients and cupboards were well stocked.

The cook made an effort to ensure meal times were an enjoyable experience for people and special occasions were celebrated. People told us that the cook had provided individual chocolate decorations for peoples places at Christmas. People told us they had been reluctant to eat them as they were so artistically made and we saw an example that had survived.

The provider used the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk of poor nutrition or hydration. Where people were identified at risk, risk assessments had been completed and information for staff on how to mitigate the risk. Food and fluid charts were completed where monitoring was required. We observed that when someone had not eaten much food due to feeling unwell and that this was communicated to staff starting work at the shift handover.

People were supported to maintain good health and had access to health care professionals when needed. Records showed district nurses visited to support a person who was at risk of developing a pressure ulcer and a referral had been made to the Occupational Therapy department for a person who experienced difficulties with mobility. One person was unwell at the time of our visit and staff had contacted the person’s GP. People had equipment such as pressure relief mattresses where needed.

Staff told us they felt supported in their roles and had the skills and knowledge to provide the support people needed. Staff had regular one to one meetings and had already had one to one meetings with the new manager. In the one to one meetings staff were asked for feedback and what improvements could be made, any concerns they had and received feedback on their performance. Staff completed training based on national standards so they had skills and knowledge to provide the support people needed. Records showed training needs were discussed in one to one meetings and how these could be met.

Staff were required to complete an induction when they began work at the home. We observed a one to one meeting between the manager and a new member of staff. The purpose of the meeting was to check progress on the

Good

Is the service effective?

induction that was being led by a senior member of care staff. The manager checked they were aware of cleanliness and infection control procedures such as what personal protective equipment (PPE) should be used for tasks. The manager checked that they understood how care records should be completed.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. Everyone at the home had capacity to make decisions in relation to their care and treatment or had appointed an attorney to make decisions on their behalf in certain areas such as decisions related to finance and this was recorded in peoples individual care records. Power of attorney enables a person to appoint one or more people (known as `attorneys') to help them make decisions or make decisions on their behalf. During our visit we observed the manager supported a person to contact their attorney and speak with them in private.

Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before proceeding. People told us they did not have restrictions placed upon them. Responses included, "Never had any restrictions put on me", "Not restricted because of any rules or regulations", and "They don't try and force you to do anything." In their information booklet the provider stated people have the, `Freedom to come and go. Residents are encouraged to come and go out when they like.' This was in line with what we observed and people had told us.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us, "The girls are lovely they come and have a chat". Another person said, "Yes definitely, (they are caring). One of the staff just asked me how I was doing today and said she hoped I was doing ok."

Some of the people at the home had been unwell over the Christmas period. One person had written a thank you letter to staff that stated, "You soldiered on with your plans and we had a splendid Christmas…the confectionaries made by (cook) were too beautiful to eat and helped the disappointment I felt for not going away".

We observed that staff were caring in their approach throughout our visit. When people came into the lounge staff asked what music they would like on and checked to see if they were happy with the volume. We observed a staff member supported someone to apply eye drops. They did so in a gentle manner checking with the person as they applied them in order not to cause discomfort. One person who was getting ready to go out but became anxious. She asked a member of staff who was nearby to hold her hand. The staff member came over straight away held the person's hand and asked them what was wrong. The staff member stayed with the person reassuring them. The person quickly relaxed and laughed with the staff member.

Staff spoke positively about the people they cared for. One staff member told us, "It's like spending the whole day with my grandparent and getting paid for it". Staff knew the people they cared for well including their preferences. One person told us, "It has taken time, but they do. I like things on time". People told us they felt staff took an interest in them as individuals. One staff member described how one person they supported, "Liked to talk about their grandchildren and great grandchildren and had a sweet tooth". Each person had an individual member of staff identified that had responsibility for the oversight of their care called a keyworker. The manager matched keyworkers based on their rapport with the people they supported. The provider had enabled keyworkers to purchase a small gift so that people all had a gift to open on Christmas Day.

People told us that staff were quick to respond to their needs. People told us when they used the call bell in their rooms that staff, "Come straight away". Another person told us, "They came straight away when I buzzed it at night".

People were listened to and had their views acted upon. One person had a sign on their door advising staff of times they did not wish to be disturbed during the day. We observed that staff respected this and did not disturb them during these times.

People told us they had opportunities for privacy and these were respected. Each person's room had a telephone point so that they could have their own individual telephone number. During lunch we observed one person received a phone call they had been waiting for. The manager checked they wished to take the call and then asked if they would like to take it in their office so that they could speak in private. The person did so and the manager did not go back in the office until the person had finished their call.

People were treated with dignity and respect at all times during our visit. Staff offered care discreetly and people could choose whether they were supported by a male or female carer. People were supported to maintain their appearance as they wished. A hairdresser visited the home weekly but some people also chose to visit the hairdresser in the nearby village and were supported by staff to do so. We asked people if staff respected their privacy and dignity. One person told us, "Yes, very much so", and another said, "They are excellent, always knock".

People told us they were encouraged to be as independent as possible. People made everyday choices for example, when they wanted to sit it in the garden they took cushions from a cupboard and accessed it independently. Care records identified what support people required and what they were able to do independently. People had the equipment they needed to maintain their independence as far as possible for example, standing and mobility aids.

The home involved people and where, they wanted, their relatives in advance care planning discussions (this is where people state their preferences regarding the care they would wish to receive and where they wish to be cared for if they lose capacity or are unable to express a preference in the future). Some people had expressed their wishes with regard to being admitted to hospital. Some people had `do not attempt resuscitation' (DNAR) forms in their care records. One person's form we reviewed had been signed by the person's GP who confirmed that the person had been clear in their wishes. The information had been reviewed to show that it continued to reflect the person's current wishes. We reviewed information we received regarding end of life care at Byway House. One

Good

Is the service caring?

relative wrote, `My aunt spent the last two weeks of her life at Byway House. The care she received was outstanding; They were kind and compassionate and I felt supported and cared for too. I can't thank them enough'.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care provided. One person told us, "They look after us very well". Another person said, "Very, good".

People's views about how they wished their care should be provided were taken into account. One person explained how they had chosen to have baths instead of a shower as they were frightened of falling in the shower. Information given to people by the provider advised, `Staff are always available to assist your bathing needs'. People confirmed this. One person told us, "There is no bath rota it's when we want". People told us the care reflected their choices and preferences. One person told us, "I like a little sherry before lunch, some people like a whisky"

Care records were person centred and contained information in relation to people's choices and preferences. One person had chosen not to have regular checks on them in the night by staff. Another person had expressed a goal that they wished to be able to walk again. A referral had been made to the occupational therapy department on behalf of the person for them to have support to achieve their goal. In one person's care record the person's preferred brand of face cream was noted in order that staff purchased the correct one on their behalf. Daily records were up to date and contained information in relation to people's health and well-being.

At the staff shift handover staff talked about each person and gave an update about their needs. This included people's health or any concerns they had. This ensured staff had the information they needed in order to provide the care that people needed at the time they needed it. There was also a communication book and a `read and sign' folder that ensured staff were aware of any updates in relation to people's care. The manager could monitor when staff had read the updates.

People were supported to follow their interests and take part in activities. One person enjoyed wood work and had a workbench and tools in their room which they used to make craft items. Another person showed us the Chinese brush paintings she had completed and was preparing to display as part of a theme day at the home based on Chinese New Year. Some people had computers and televisions in their rooms. People told us they liked to `entertain themselves' by reading, doing jigsaws, crosswords and spending time in the garden. Some people attended church within the local community. One person said they were unable to attend church as they had difficulty travelling but that people from the Church came to the home instead. They told us, "There is a person from the Church visiting tonight".

The home had an activities coordinator and people told us that there were a lot of activities on offer. One person told us, "Activities are arranged, I get involved if they interest me". Another person told us "On Wednesdays they have a quiz, I always go to that". During our visit we observed entertainers provided music and singing in the afternoon and people chose to join in. The January activities schedule was on a table in the main entrance, it included exercises, nails manicure, church service, hand massage, board games with a glass of wine and themed days. People's visitors were invited to join in with the activities.

People were supported to maintain relationships that were important to them. One person told us, "Visitors can come any time," and another said, "They encourage visitors". In records of staff meetings staff were reminded to offer `tea and biscuits' to people's relatives so that they felt welcome.

We looked at how people's concerns, comments and complaints were encouraged and responded to. One person told us, "They (staff) are most encouraging that any concerns are raised". We reviewed records of complaints. We saw that details of the complaint were recorded along with what action had been taken in response. We noted that there was one complaint recorded. Though the provider had responded to the issue as a complaint the person's relative had written, `We couldn't complain about Byway House if we tried' and was complimentary about the care their relative received and steps to taken to resolve their issue. Details of how people could complain if they were unhappy with the care they received was available in the entrance area of the home. This included contact details for external agencies people could contact if they were unhappy with how the home had responded to their complaint.

Good

Is the service well-led?

Our findings

People told us that staff listened to them and took action on issues raised. One person explained they had made suggestions in relation to the timing of activities and that this had been acted upon.

The manager advised that in response to feedback from people about activities on offer at the home a new programme had been introduced and an activities coordinator appointed.

There was a clear vision and values of the home shared by staff, the manager and provider. The manager told us, "It's hotel standards but with an emphasis on person centred care. People come here for good person centred care. People can do what they like to do, when they like to do it". Staff we spoke with also described the approach as, "Hotel standards with care".

The service had a registered manager but this person was no longer managing the service. Prior to the inspection the provider informed us a new manager had been appointed. Our records showed that the provider had taken steps to remove the previous manager's name from our records and to register the new manager with the CQC.

Though the manager had only recently been appointed we observed that they had built a rapport with people and staff. Staff told us the manager had been proactive in getting to know the people living at the home and spent time each morning talking with people. We observed people sharing jokes and chatting with the manager. People were comfortable in approaching the manager for assistance. During our visit one person gave the manager a written message and asked if they would send it as an email for them. The manager did so. Staff were positive about the changes the manager had made such as introducing a supper cook. Staff told us this enabled them to spend more time with people who lived at the home.

Staff told us they felt supported in their roles. One told us, "Totally (supported) by owner and managers, 110%. The manager says any problems ring me and the owners ring into check everything is ok." Staff were positive about their roles and the home. One staff member told us, "I look forward to coming to work here. I get on well with the other staff", and another said," I love it. It's like a second home". Staff told us that they were encouraged to raise any concerns they had. One said, "Most definitely". They told us they were asked for feedback on the home in their one to one meetings with the manager. Records of staff meetings demonstrated that staff provided feedback on aspects of the home such as whether people enjoyed the activities provided and the provider took action in response to feedback.

Quality assurance systems were in place so the manager and provider could monitor the quality of service provided. For example, audits were completed in relation to areas such as the recording of people's monies and the management of people's medicines. Assessments had been carried out by the manager to ensure staff administering medication were competent to do so.

The manager had produced an action plan for the year ahead. We saw they identified what action was needed, the timescale for it to be completed and the person responsible for ensuring it was done. The manager signed to say when actions had been completed for example an action was for all staff to have had a one to one meeting with the manager. This was to be completed by the end of December 2014 and the manager signed to say this had been achieved. Staff confirmed they had one to one meeting with the manager and we saw these were recorded and kept in individual staff records.