Westgate Healthcare Limited

Byron House Care Home

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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 17 and 19 October 2018. It was an unannounced visit to the service.

Byron House is a care home with nursing. It is registered to support older people, some who are living with dementia. People had access to a range of communal seating areas. Accommodation was located over three levels. The home is registered to support a maximum of 28 people. At the time of our inspection 25 people lived at Byron House.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

We received lots of positive comments from people and their relatives about their experience of Byron House. People told the service was exceptionally well-led. Comments included, "[Name of registered manager] is the right person in the right job, she is excellent" and "[Name of registered manager] is a very good manager, she has always got time for you and finds answers and gets back to you." Other comments included," "[Name of registered manager] is lovely, she is straight on the ball" and "If there is a problem [Name of registered manager] will come up and see [Family member] immediately."

The provider and registered manager had systems in place which promoted continuous improvement. The provider had introduced initiatives into the home to promote people's well-being and ensured care was person centred. They had developed a scheme called 'Chatterbox', which was a daily question staff asked each person they had contact with. This promoted meaningful engagement with people and reduced social isolation.

People were protected from abuse and staff had knowledge on recognising potential abuse. Risks posed to people were minimised and staff had managed risks to reduce harm to people.

People were supported by staff who had got to know them well. We observed many kind and compassionate interactions between staff and people. People told us they were treated with dignity and respect. Comments from people included, "She is so very kind to me," "The carers here are all very friendly" and "They look after me very well." Other comments included, "The staff and carers are all very friendly, they are lovely ladies," These positive comments were echoed by relatives. "They go beyond their remit which is nice, they really do care, it is not just a job for them," "I have been away and I knew she was totally safe and that she was being cared for lovingly" and "I think the staff treat them well."

People told us Byron House felt like a family home. Comments from people included, "We had visited four

other homes but as soon as we walked through the door here we knew this was the one," "I wouldn't want to go anywhere else" and "I was looking for a home, that felt like home. I found it here."

The provider ensured people were cared for by staff who had received a thorough induction and staff were provided with opportunities to develop their skills and knowledge. Staff told us they felt valued and liked working at the home. Staff told us "[Name of registered manager] puts her heart and soul into it, she takes her job personally." They went onto say, "I feel supported, her door is always open. We all look after each other, we have a really good team here."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported and encouraged to participate in meaningful activities. The home had developed strong links with the community. Local school children, a mother and toddler group and local church representatives visited the home.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service as improved to Outstanding.	**Outstanding** ☆

Byron House Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out on 17 and 19 October and was unannounced, which meant the provider and staff did not know we were visiting. On day one of the inspection, the team consisted of an inspector and an expert-by-experience (EXE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of supporting people living with dementia. On day two of the inspection one inspector visited the home.

Prior the inspection we requested and received back a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection we offered the registered manager and staff opportunities to share with us what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

When at the care home, we looked at four people's care records and looked at four staff recruitment and training records. We observed medicine administration, checked records and storage of medicines. We observed two lunchtime meals. We spoke with 12 people and seven relatives. We spoke with two of the company directors, the registered manager, an operational manager, one registered nurse and a further seven staff.

Following the visit to the home we sought further feedback from staff and relatives. We also contacted health and social care professionals who had experience of working with the home.

Good

Is the service safe?

Our findings

People and their relatives told us care and support at Byron House continued to be good. Comments from people and their relatives included, "Yes, I think we are all safe living here," "I feel quite safe and I have my walking frame thing too" and "I feel so safe living here, there is always someone on duty at all times, you get to know them well. I would always go and find [Name of staff] he would sort it out for me." Another person said "Yes I certainly feel safe. I take quite a lot of tablets and I do get quite a lot of sickness but the GP just comes in and sees me if I need which is helpful and reassuring."

People were protected from abuse. Staff had received training and were knowledgeable on recognising signs of abuse. Staff told us they would not hesitate to raise a concern. Comments, included. "I would tell the senior or nurse, if they did not listen I would tell the manager, if they did not listen I would tell the local authority or CQC." We observed the local safeguarding telephone number and procedure was displayed in key areas of the home.

People were supported by staff who had been recruited safely. The provider was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. Where qualified staff were appointed, appropriate checks were in place to ensure they could practise as a nurse. The provider had identified new photographs were required for staff and had a plan in place to ensure this was conducted.

People told us and we observed there were enough staff employed and they were appropriately deployed. Call bells were answered in a timely manner. Comments from people included, "I think there seem to be about the right number of people here to support us," "There always seems to be a reasonable number of staff here" and "If I have used the buzzer when I have fallen, I am really pleased to see them."

Medicines were managed safely within the service. We observed people receiving their prescribed medicines. This was conducted in a safe, professional and calm manner. Good hand hygiene was observed. The service used an electronic medicine administration system. A nurse told us "It is a fantastic system." Only staff who had received training and had been signed off as competent supported people with their medicines. Stock levels were controlled well. People told us they received their medicines in a timely way. Medicines which had the potential to be abused were stored in line with national guidance and additional checks and measures were in place.

People were protected from the spread of infections. The environment was maintained to a high level of cleanliness. Staff had access to personal protective equipment, for instance, gloves and aprons. Staff who supported people with food preparation had completed appropriate training. The provider had guidance for staff on how to manage infection control and this guidance followed nationally-recognised good practice. Staff had received training in the prevention and control of infections and had good knowledge on how to minimise the risk and spread of infection. The registered manager and head housekeeper told us how they had prevented the risk of a highly contagious infection. The housekeeper told us "They [The person who had

the infection] had their own cutlery, cups, bed linen. We made sure it [the infection] did not spread."

Systems were in place at the home and provider level to share learning from when care did not go as planned. The provider had internal communication forums to share experiences, changes in legislation and national safety alerts.

Risks posed to people as a result of their medical condition were assessed. Staff had access to clear guidance on how to minimise the risk of harm to people. Risk assessments were written for key areas of supporting people. These included, the level of risk to a person for falling and the use of bed rails' as examples. Where people were identified as a high risk of skin breakdown, measures were in place to minimise this, for instance, pressure relieving mattresses were in place. When people had a fall, there was a clear post fall process in place which provided increased monitoring of the person's health and well-being.

Environmental risks were managed safely. A fire risk assessment was in place and the appropriate safety checks were carried out on water, electricity and equipment, for instance, all equipment used to support people move position was serviced on a regular basis. The provider had a health and safety lead, who routinely visited the home to check safety records.

Each person had a personal emergency evacuation plan (PEEP), which detailed the support they required in the event of a fire.

Good

Is the service effective?

Our findings

People and their relatives told us they continued to receive effective care. Comments included, "You will never get a better home than this one," "I am happy, I wouldn't change anything here really" and "I'm certainly looked after here." A relative told us "The main people here, those that need to know, care for her wonderfully" and "She can be abusive but they [Staff] take it on the chin, they handle her very well."

Prior to people moving into the home, a comprehensive pre-admission assessment was carried out by a senior member of staff. The assessment gathered essential information about people. The registered manager used the information to determine if the home could meet the person's needs. The assessment covered all aspects of supporting a person. It included information about previous medical history, social history, communication and religious belief as examples. Where the assessment identified a need for specific equipment, the service ensured this was in place prior to the person moving into the home, for instance, the need for a fall sensor.

People were cared for by staff who had been supported to keep their skills and knowledge up to date. Following a robust induction period, staff were offered ongoing training. We received positive feedback from staff about their training. The provider had a training lead. They took an inventive approach to teaching staff. Training sessions were interactive and staff told us "It made the session really fun," "It was the best training ever" and "[Name of trainer] is amazing, she makes the sessions informative and it makes sense." The registered manager told us "[Name of trainer] is so inventive, she dresses up and has made her own 'age suit' to show what it is like to have mobility and sight loss." Staff told us they were supported with regular one to one sessions with a line manager. The service had systems in place to monitor staff support and training.

The service was aware of the Mental Capacity Act 2005 (MCA). Where a concern was raised about a person's ability to make informed decisions about care and treatment, a mental capacity assessment was carried out. If the person was deemed to lack capacity to make a specific decision, a decision was made in their best interest. Where a legally appointed attorney was in place they were asked to make the decision.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made timely DoLS applications to the local authority and monitored the progress of them. The registered manager had made appropriate DoLS applications and had systems in place to monitor the progress of applications made.

People were supported to maintain their nutrition and hydration. We received positive feedback from people and relatives about food. Comments included, "The food here is very good," "I get plenty of food and most of it is very good, I have had porridge for breakfast today, sometimes I get bacon and tomatoes, which I really like," "Breakfast here is porridge, Weetabix or toast and that would have just been the same if I was living at home" and "They do a lovely salad here." Other comments included, "I think the food is very nice

here" and "It is as close to home as you can get." We observed people were routinely offered drinks. The provider had introduced an initiative across all their locations called 'Tea at three'; staff were encouraged to stop traditional care tasks, make a cup of tea and sit with people and give them time to talk. Staff told us they felt this was valuable time spent with people. Comments from people about drinks included, "I can have coffee all day long here," "They keep coming, regularly asking if I want a drink" and "I don't ask for the coffee, she just brings it." Another person told us "They come round and make me a Horlicks at night, every night they make it for me."

People were supported to maintain their health and keep healthy. Where required people were referred to external healthcare professionals, for instance, GP, physiotherapist and occupational therapist. A person explained how a GP visited Byron House every Tuesday, they told us "If she cannot come then a paramedic comes instead." The person went on to say "He [Paramedic] is very good, he has confirmed that it is not broken and he'll come again in a week's time and check that it is improving, as he thinks it will." Another person told us "When I have to go to my dentist or get new teeth the home always arrange to take me." On the second day of the inspection we observed an exercise group taking place, where people were encouraged to stretch and move. A relative told us "They are very good here, [Name of person] has UTIs a lot, she did last week and they did their best and jumped into action, they did a test and it was all clear by Friday, but then they just sensed that things weren't quite right and they ran another test using their initiative, they retested on Sunday, found a bit of infection was still there and reordered some more antibiotics."

People had access to a range of seating areas. The home had been designed to meet people's needs. Items of interest were located in the hallways, for instance, items which invoked memories for people. The floor covering enabled people with mobility issues to easily use communal areas. We received positive feedback about the environment. Comments included, "It is accessible here, they used the garden in the summer and they even bought a big parasol to keep people in the shade" and "All the rooms here are nice, my room is very nice and I think I have made it like home, (lots of family photos on display) I've brought my favourite old lamp in here too, it really brightens up this room." Relatives told us "No problems, the home is so practical and light," "There are nice tables, furniture and gardens" and "We like the lounge area, the fire, it is comfortable to sit there and talk, it is expensive furniture, not like the sort of flat pack stuff you often see in homes."

Staff worked together and with external organisations to ensure people received effective care. A daily handover between staff ensured important information was shared with people. The staff completed a daily handover sheet. One member of staff told us, "If I have been off for a few days, I can read the handover sheets to see what has been happening."

Good

Is the service caring?

Our findings

People told us they continued to be supported by staff who were kind, compassionate and caring. Comments from people included, "She is so very kind to me," "The carers here are all very friendly" and "They look after me very well." Other comments included, "The staff and carers are all very friendly, they are lovely ladies," "Mostly they are very good, kind and gentle" and "I haven't found anyone who has been difficult or awkward and they do go out of their way to help." These positive comments were echoed by relatives. "They go beyond their remit which is nice, they really do care, it is not just a job for them," "I have been away and I knew she was totally safe and that she was being cared for lovingly" and "I think the staff treat them well."

We observed many kind and caring interactions between people and staff. One person who displayed behaviours which others might deem challenging was being supported by a member of staff. When the staff knelt down to speak with the person, their face changed. They became more relaxed and smiled. The person then affectionately stroked the members of staff's face. We observed staff contact with people was effortless and natural.

People told us they were treated with dignity and respect. Comments from people included, "The care staff are so good, they always knock" and "They never assume, they always ask." People were supported to be as independent as they could be. People said, "They [Staff] do what I want, if they can, they do it for you" and "Most mornings they ask me if I want to go downstairs but they always respect my decision."

People were encouraged to make decisions about their care and support. Comments included, "I have been having my meals in my room since I have been feeling less well and they keep bringing my meals here and I know they will continue to do that until I change, my choice" and "I have to be helped to take a shower, after my evening meal, but I do go to bed when I want to." People had an identified member of staff, known as a keyworker. However, it was clear that every member of staff was aware of each person, their chosen likes and dislikes.

People were encouraged to maintain important relationships with family and friends. We observed many visitors to the home. All were welcomed by staff. One relative told us the staff looked after them as well as their family member. Another relative told us "One day I had not appeared at my normal times and the home actually phoned me at home to check if I was alright and if I was coming in to visit." People's younger relatives were welcomed in the home. Comments from other relatives included, "My grandsons, aged seven and nine, are comfortable here when they come and they still want to come in to see [Name of person], who remains in bed and put their heads on her shoulder before they leave," "When my granddaughter [young age] first came to visit here she was scared of the old people but they [Staff] gave her sweets and cakes and she interacts with the other residents now" and "When they have the birds of prey here, especially the owls, they phone us up and say that I can bring the grandchildren in to see the owls."

People and their relatives told us staff went out of their way to support people. One person told us "The chef is good … he knows exactly what I like, he sometimes sends me bowls of custard, he knows I will eat them,

the other day they made a little quiche, especially and all for me." Another person told us "I don't like poultry and he always makes me something else, an omelette, the other day it was so light he must have whisked it a lot." A relative told us "I phoned up one day to say I couldn't come in at my usual time but [Name of relative] was demanding a fizzy drink, they [Staff] went to buy her a big bottle of fizzy coke. "Mum was very happy, I offered to pay but the home said no."

Staff gave us examples of how they thought about people and how they could support them. One member of staff told us they had been talking to a person who expressed they wanted to dye their hair pink. The staff told us "I will do her hair on Monday once we get the hair dye." They went on to tell us [Name of person] is very happy and chatty about having pink hair." Another member of staff told us how they had been talking to a person on a hot summer day. The person recounted how they used to enjoy a specific ice cream. The staff member was due to go on a break. They told us "I decided to go to the shop. I took into [Name of person] a large bottle of [Name of well known drink] and [Name of ice cream]." The staff member went onto say "[Name of person] started to cry and said that no on has ever done that for her, she was really happy."

Where required, people had access to advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Good

Is the service responsive?

Our findings

People told us they continued to receive a responsive service. People told us they received a personalised service which responded to changes in their needs. Each person had a care plan which described their likes and dislikes. Care plans were focused on the individual rather than medical conditions. Care plans were routinely reviewed and updated when changes were identified.

People told us Byron House felt like a family home. The provider endorsed this feeling and strived to replicate a family home. Comments from people included, "We had visited four other homes but as soon as we walked through the door here we knew this was the one," "I wouldn't want to go anywhere else" and "I was looking for a home, that felt like home. I found it here." A relative of a former resident told us "Mum needed the care, she also needed nursing. She had said that she would prefer a small home that didn't feel like an institution or a bland hotel, but somewhere which felt as near to a proper home as possible. I think we achieved this at Byron House."

Staff were aware of equality and diversity and the need to challenge discrimination. Each member of staff had completed equality and diversity training. People were supported to observe and practice their religious beliefs. On day one of the inspection we observed volunteers from a local church visit the home. One of them approached the inspection team and was keen to share how much they enjoyed visiting the home. They told " We always feel so welcome." One person told us "The sister has been to see me, she is from the Roman Catholic Church, I enjoy her visits. I am a Roman Catholic; my religion is very important to me."

People told us they were involved in the development of their care plan. Care plans reflected the individual. People told us they had the opportunity to engage in meaningful activities. Comments included "Yes, I think we are provided with enough stimulation," "We have done some paintings" and "We have bingo twice a month." People had access to a wide range of activities, both within the home and the local area. One person told us "I used to go to most of them until I wasn't so well."

On the first day of the inspection we observed a music session and a church service, both had been previously booked. Throughout the music session, people looked engaged and it was clear from their smiles they enjoyed the event. We observed people spontaneously launch into singing along and getting up to dance. One person who was dependent on being pushed in a wheelchair for all mobility was supported to dance. We observed them being supported by staff to move in time with the music. It was clear they enjoyed the experience.

People told us about other activities they had enjoyed within the home. One person told us how they had been visited in their room by a 'Pat dog' and birds of prey. They went onto tell us all about the birds of prey. The person chose to remain in their room and not use communal areas. It was clear they did not feel isolated and recalled the event with fondness. Another person told us how they enjoyed the visit from the dog. They told us "We have always had dogs. [Name of dog] comes into my room, he is so gentle, he puts his head on the side of my bed. I really enjoy the visits." Following the inspection the provider told us a local taxidermist had visited the home with a selection of exhibition pieces. The provider told us and we saw

photographs that people had enjoyed the experience.

We saw many photographs of other events, including a summer barbeque, cheese and wine tasting, and gardening. It was clear people had enjoyed the events. People also told us how they had enjoyed being visited by toddlers and their parents and local school children. The person who co-ordinated the school children visits wrote to us and told us "The ladies really to look forward to our weekly visits and friendships are made often the ladies will be waiting for us to arrive." They went onto say "I feel this is rewarding to both the residents and students. The residents are interested in our students chats. We are looking forward to continuing with our visits." One person had been befriended by one of the school children, they received birthday, Christmas cards and postcards from their holidays. One person told us how the smell of freshly picked tomatoes reminded them of their childhood.

At the time of the inspection, the service was not supporting anyone with end of life needs. However, they had in the past. Staff had worked with the person, external healthcare professionals and people's family to ensure the right support was offered. Where people were unable to make an informed decision about their end of life care, decisions were made in their best interests. The provider had introduced an advanced care planning document. We noted this was work in progress. Where people had been happy to share their wishes and views this was recorded in a 'death and dying care plan'.

People were made aware of how they could provide feedback about their experience of living at the home. The provider had a compliments and complaints procedure. The registered manager and provider monitored trends in feedback and used it to improve the well-being of people. We saw many examples of how the services had made changes as a result of feedback, for instance, changes had been made to the food provision within the home following comments made at a resident meeting. The home had listened to feedback from people and engaged in a consultation with them on what improvements could be made. Following the consultation it had been agreed the provider would engage with an external catering company to provide meals. Prior to the new menu being implemented taster sessions were offered. The company continue to engage with residents to ensure there food choices are catered for.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Outstanding ☆

Is the service well-led?

Our findings

Byron House was exceptionally well-led. This was evident at location and provider level. There was an experienced and confident registered manager in post. A registered manager is a person who has registered 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. Without exception, we received overwhelming positive comments about the registered manager. Comments from people and their relatives included, "I regard [Name of registered manager] as my daughter," "[Name of registered manager] is lovely, she is straight on the ball," "If there is a problem [Name of registered manager] will come up and see [Family member] immediately," "[Name of registered manager] is a very happy person" and "It is all on [Name of registered manager] here." Other comments included, "[Name of registered manager] is the right person in the right job, she is excellent" and "[Name of registered manager] is a very good manager, she has always got time for you and finds answers and gets back to you." The registered manager set aside time on the first Thursday of each month to engage with stake holder, relatives and staff. This was time when they could listen and respond to any concerns.

The provider had a frequent and prominent presence at the home. One person told us "That is a member of the family, they own the home, they are all very nice, lovely family, they look after us well." The provider had senior staff who visited the home on a regular basis. This included, directors of the company and senior operational staff. The provider had close managerial oversight of the home. Quality assurance systems were in place and outcomes were reported to the board of directors. Robust systems were in place to monitor the quality of service provided to people. There was a clear emphasis on improving the well-being of residents. A programme of audits was in place. These included a monthly infection control, hospitality, medicine and health and safety audits as examples. The audits we looked at clearly identified if improvements were required. Where needed an action plan was developed, identifying who was responsible and a timescale for completion. We noted action plans were monitored by the registered manager and provider, to ensure remedial action was taken and to drive continuous improvement.

Throughout the inspection we found the staff keen to share to work they did. The registered manager introduced all members of staff on duty to the inspection team. It was clear that staff wanted to take part in the inspection. Staff told us they felt valued by the company. One member of staff told us "[Name of registered manager] puts her heart and soul into it, she takes her job personally." They went on to say, "I feel supported, her door is always open. We all look after each other, we have a really good team here." Another member of staff told us "The main nurse is on holiday, I miss her so much, she is so supportive, everyone is so supportive, I love my job, we are like a big family." They went on to say, "Yes, I do feel valued, I feel I am making a difference."

The provider had developed initiatives to improve the experience of people living in their care homes as well as staff experience of working. Changes made were based on ensuring people were valued. One initiative the provider had introduced was called 'Chatterbox', this was a daily prompt for care staff, residents and visitors to start a conversation. A box containing short questions was used on a daily basis. Each member of staff

took a question from the box. They asked each person the question. One of the directors told us, "We wanted to break down barriers to ensure people had meaningful interactions, staff have signed up to the chatterbox pledge and we are finding it is having a positive impact on people's well-being. The provider had been featured in The Caring Times magazine for the initiative. Another initiative the provider had introduced was the development of a 'About Me' book. Each person had a book holder just inside their room. The book held bite size information about the person, which included, 'my family', 'friends and places', 'hobbies and music'. The music section was based on research carried out by Playlist for Life UK a music and dementia charity. The research had identified we all have five memorable songs or pieces of music which remind us of important events. One person told us I love those songs. One is from my wedding day." They went on to say, the staff know I like Frank Sinatra." A member of staff told us the songs help us, especially when [Name of person] gets a little distressed, it's quite remarkable, it has been very effective. The family bought in a cassette player and if [Name of person] gets a bit distressed I gentle walk with him to his room. I put the music on, we have a little sing song, and then he puts his legs up to lay down on the bed. You can see the changes in him, both physically and emotional, it very effective." One person told us about their book. They said, "I sat down with staff and told them what to put in it, if I have a new carer they can pick it up and flick through it. I think it is a good idea." A relative told us it had given them an opportunity to share important information with staff as their family member could not recall important events. Another initiative introduced across all the provider's care homes was a designated door hanger, which reminded staff and visitors to knock on the door. These were used when intimate or sensitive care was being carried out. Following the inspection we asked staff what reaction they had received from people. One member of staff told us "They have gone down really well [Names of people] all have given positive feedback. [Name of person] has told us 'It is just like a hotel, I know I am not going to be disturbed', it has given control to people."

Initiatives to support a positive staff experience included looking at staff induction and training. The provider had invested in making staff feeling valued from day one. Each member of staff was given a 'Welcome to the team' booklet. This included essential information for staff which such as the benefits on offer. These benefits included, a long service award, refer a friend scheme and discounts at many high street stores. The induction training provided was interactive and feedback was sought from staff to drive improvements for future new starters. Training sessions were evaluated by staff a short 'How did we do' cards which were completed following the training sessions. The member of staff who conducted the induction training maintained contact with new recruits during their probation. Staff told us "She was excellent," "I felt I could go back to them and ask questions." The level of support offered to new staff supported higher numbers of staff retention and staff satisfaction. One member of staff proudly showed us the pen and ID holder they had been given during their induction training.

Systems were in place to monitor new initiatives and involve people in measuring their success. Feedback from people was used to drive improvements. Changes which occurred as a result of feedback were routinely communicated back to people and their relatives. The provider produced a poster called 'what you told us – what we did'. People we spoke with told us, "We always get feedback on what we have said. This encourages me to continue as I know my comments will be heard and acted on."

The provider and registered manager had launched a wish tree. People were supported to place a wish on the tree. People told us they liked placing wishes on the tree and hoped "They come true." We were provided with examples of wishes which had been granted across all the provider's care homes. One example given was when a person had wanted knee high boots. The staff had taken the person out and purchased the boots with them.

The provider and registered manager were committed to continuous learning and development. The

registered manager supported staff to reflect on their practice and learn lessons when care did not go as planned. Staff completed a reflective account and these were shared at team meetings.

The home had forged good links with the local community. They worked with two local businesses to improve the well-being of people living at the home. One business sponsored a bingo session each week. The home had committed to supporting a campaign to reduce loneliness in care homes. A volunteer from one of the businesses had introduced the staff to the scheme. The provider had adopted a charity. They held many fundraising events to support the chosen charity. We noted a cycling event had been held to raise money.

The provider encouraged team work amongst staff. The provider had recently opened a new care home. All staff and residents were set a challenge to produce a welcome banner and a welcome video. Byron House staff did not win either competition. However, the provider was so impressed with the video produced by staff at Byron House, they created a special award for them. On day one of our inspection, the team were presented with the award. It was clear from the reaction staff enjoyed working together and were proud of their achievement.

The provider had four staff who had been nominated and had reached the finals at The Great British Care Awards. A member of staff from Byron House had been nominated for The Care Home Worker award. One of the directors had been nominated for The Care Innovator award for the initiatives mentioned above. The winners are due to be announced in November. All the provider's care homes had received a good rating from us.

The provider and registered manager were aware of their responsibilities. Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when an allegation of abuse had been made. The registered manager was aware of the events which needed reporting to us. We cross referenced our records against records held in the service and found we had been notified of events when required. There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. The registered manager was aware of the required actions if any event met the duty of candour threshold.