

Byron Court Care Home Limited

# Byron Court 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Byron Court is a residential care home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service is registered to support up to 52 people.

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

People and their relatives said the home was a safe place to live and there were systems in place to protect people from abuse. People and their relatives were happy with staffing levels at the home, which we had highlighted as an area for improvement during our last inspection. We saw people were attended to promptly by staff throughout our inspection and one person said, "The staff always come when I need them; I just buzz."

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

People and their relatives gave us positive feedback about the food and drink at the home, along with the support provided by staff. One person commented, "The food is good and plentiful." Staff supported people to access other healthcare services when needed and the healthcare professionals we spoke with gave positive feedback about the quality of care being provided.

People and relatives gave us positive feedback about the staff at the home and the quality of care being provided. One relative commented, "My [relative] can be very difficult but [relative] is always treated with care and dignity. We observed staff treating people with dignity and respect throughout our inspection.

People's care plans were person-centred and gave staff the information needed to support people safely and effectively. People gave us positive feedback about the activities at the home. One person said, "There are always activities and I do try to join in."

Quality assurance at the home had improved after we highlighted this as an area for improvement during our last inspection. There was also a positive, friendly and caring culture amongst the staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 12 February 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the safety and cleanliness of the environment, staff lacking dignity and respect for people living at the home and lacking training to support

people living with dementia. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Byron Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, a nurse specialist professional advisor (SPA) and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, the service had a manager who was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority and used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service about their experience of the care provided and four relatives. We spoke with nine members of staff including regional compliance manager, manager, care workers, activities coordinator and kitchen staff. We also spoke with three healthcare professionals visiting people at the home on the day of our inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

# Is the service safe?

## Our findings

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

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

### Staffing and recruitment

At our last inspection we recommended the provider reviewed its approach to staffing levels at the home. The provider had made improvements.

- We saw people were attended to promptly by staff throughout our inspection and staff were regularly visible throughout the home.
- People and their relatives were happy with staffing levels at the home. People commented, "The staff always come when I need them; I just buzz" and "The staff come when I need them." A relative also said, "I don't think there is a shortage of staff, help always appears to be available."
- Staff were safely recruited by the home and appropriate checks were carried out prior to staff being employed.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives said the home was a safe place to live. One person said, "I am very safe here." A relative commented, "The staff keep [Relative] safe and give her the care she needs."
- Staff had received training on this topic and information and guidance about how to raise safeguarding concerns was readily available in various places throughout the home.
- Appropriate action was taken when any such concerns arose.

### Assessing risk, safety monitoring and management

- The environment was safe, clean and well-maintained.
- The safety of the environment was regularly checked by staff and the home had a variety of up-to-date safety certificates.
- Fire safety at the home was well-managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.

### Using medicines safely

- People and their relatives said they were happy with the support staff provided with their medicines. One person said, "My tablets are given to me, I don't have to worry."
- Medicines were safely administered, stored and recorded at the home by staff who had the required knowledge and skills.
- Processes and checks were in place to ensure the safety and quality of medicines administration was maintained.

#### Preventing and controlling infection

- We found the home was clean and free from unpleasant odours.
- Staff had access to and used personal protective equipment (PPE) when necessary, such as when supporting people with personal care.

#### Learning lessons when things go wrong

- Appropriate action was taken in response to any accidents and incidents that had occurred.
- This information was documented and regularly reviewed to help identify any emerging patterns or trends that needed addressing. This included input and oversight from senior staff employed by the provider.
- Staff had access to relevant policies and procedures to help them to safely and effectively manage these situations.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 effectively assessed before they moved into the home, ensuring the staff could safely and effectively meet people's needs.
- Any specific equality and diversity needs were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were supported with an induction into their role at the home and staff received ongoing training relevant to their roles.
- Staff were supported with regular supervisions and annual appraisals.
- Staff told us that they felt well-supported in their roles. Comments included, "We are offered plenty of training", "I have had lots of support from management" and "The management always give us plenty of encouragement in our job."

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

- People and their relatives gave us positive feedback about the food and drink at the home, along with the support provided by staff.
- Comments included, "I get a great choice of food", "The food is good and plentiful" and "[Relative] had lost a lot of weight but the food here is great and he has put weight on since he has been here."
- People had access to and were regularly offered drinks and snacks throughout the day.
- People's individual preferences and needs were considered and met, as this information was both in people's care plans and in a summarised format in the kitchen.
- We observed a positive lunchtime meal experience. People received the assistance they needed from staff and staff gave people choices about what they wanted to eat and drink; including arranging an alternative option where needed.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us staff at the home helped them to access other healthcare services when needed. One person said, "I needed an appointment for my eye and the staff got it straight away."
- Changes in people's health was monitored by staff and referrals to other healthcare professionals were made in a timely manner.
- One healthcare professional we spoke with said, "I trust the staff to carry out my instructions and only need to check in now and again."

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

- People's rooms were homely and, where possible, people had personalised their rooms with their own pictures, items and furniture.
- The ground floor of the home was particularly well-decorated and inviting. There were also some recently renovated toilets/wet rooms. However, the décor and toilets/bathrooms in other parts of the home was relatively stark and in need of updating. We discussed this with the manager who explained plans were already in place to make these improvements.
- Some of the people living at the home were living with dementia. We saw there were adaptations at the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.
- DoLS applications and authorisations were effectively monitored and managed.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 and relatives gave us positive feedback about the staff at the home and the quality of care being provided. Comments included, "They are lovely [staff] here" and "My [relative] is a changed [person] since coming into the home, brilliant. [Relative's] speech and mental health has improved."
- We saw positive and caring interactions between staff and the people living at the home throughout our inspection. There was a good rapport between staff and the people living at the home and staff knew people well.

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

- Staff at the home involved people and their relatives in making decisions about their care, along with other events and activities at the home.
- One relative explained they had discussed and agreed with staff at the home that, as far as possible, the same staff were allocated to support their relative. They commented, "This has really improved my [relative's] care. I am very happy with this arrangement."
- We also observed staff working with a person's relatives to organise a birthday party to be hosted at the home.
- None of the people living at the home required the support of independent advocacy services but staff were able to support people to do so if needed.

Respecting and promoting people's privacy, dignity and independence

- One relative told us, "My [relative] can be very difficult but [relative] is always treated with care and dignity. The staff here are easy to talk to and give me confidence in their ability to care for my [relative]."
- We observed staff treating people with dignity and respect throughout our inspection. For example, staff communicated with people in a respectful and caring manner.
- Staff supported people to maintain their appearance, providing assistance as required. For example, we observed a member of staff knock and enter someone's room and politely ask if they'd like some help to have a shave.
- People's confidential information, such as care plans, was stored securely in the office and could only be accessed by people who needed to see it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 and gave staff the information needed to support people safely and effectively. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, physical health, spiritual and cultural needs.
- Care plans were regularly reviewed to ensure they remained accurate and people and their relatives were involved in the care planning and review process.

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.

- People's communication needs were considered and documented as part of the care planning process. For example, ensuring people who wore hearing aids or glasses were supported to wear them.
- None of the people living at the home at the time of our inspection had any particularly complex communication needs requiring specific adjustments or strategies. However, one person did not speak English as their first language. Fortunately, one member of staff spoke their language and was able to support the development of some translated prompts to assist communication between staff and the person.

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 gave us positive feedback about the activities at the home. One person commented, "There are always activities and I do try to join in."
- There was a good programme of activities for people living at the home to take part in, both at the home and out on day trips. For example, several people had enjoyed a trip out to Southport and the home had hosted a coffee morning.
- The home also arranged one-off events for people living at the home, such as a local ex-professional footballer had visited to meet people recently.
- The home also assisted people to keep up with their religious preferences. For example, a local priest regularly visited to hold Holy Communion.

Improving care quality in response to complaints or concerns

- Complaints were appropriately documented, investigated and responded to by the home.

- People and their relatives told us they felt able to raise concerns if necessary. We saw information and guidance about making a complaint that was accessible. One relative commented, "I would complain if I had a problem and I think the home would deal with my concerns."

#### End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection but people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.
- Staff had relevant training to meet these needs when necessary and the home worked with other health professionals to ensure people's end of life care needs were effectively met.
- One person recently wrote a review about the home and commented, 'My mum spent the last few weeks of her life at Byron Court, at all times she was treated with dignity, respect and kindness. The entire family cannot thank all of the staff enough for the care shown to her and us during this difficult time.'

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we recommended the provider reviewed and improved its quality assurance processes. During this inspection we found the provider had made improvements.

- The service had a range of effective audits in place to monitor, assess and improve the quality and safety of service being provided at the home.
- The manager received good support from the provider's compliance manager ensuring there was good oversight of the quality of care being provided at the home.
- The manager regularly met with managers from other services operated by the provider to share knowledge, learning and ideas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a positive, friendly and caring culture amongst the staff. Staff treated people with dignity and respect and understood people's needs.
- The manager understood their responsibilities regarding the duty of candour and a culture of openness and transparency was encouraged.
- Relatives commented that the quality of care at the home had improved. One relative commented, "The standards in the home and the carers have definitely improved in the last 12 months."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Ratings from the last CQC inspection were clearly displayed within the home, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were able to give their feedback about the quality of service at the home in several ways, such as an annual satisfaction surveys and regular residents and relatives meetings.
- We also saw that the home used an independent care home review website to invite and gather feedback

about the service provided. We noted that the recent reviews on that website were positive.

#### Working in partnership with others

- The health and social care professionals we spoke with told us they were able to trust the staff to listen and act upon the advice and instructions they were given. One professional commented, "The standards at the home have improved greatly over the last 12 months. The home has had some people who have been very ill on admission and have coped very well. They are a great group of staff."
- Referrals to other health services were managed effectively and appropriately followed up on when necessary.