

CareTech Community Services Limited

Byron Court

Inspection report

55 Chaucer Road
Bedford
Bedfordshire
MK40 2AL

Tel: 01234216551

Date of inspection visit:
09 May 2017
10 May 2017

Date of publication:
16 June 2017

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

Byron Court provides accommodation and personal care for up to seven people with learning disabilities and autistic spectrum disorders. It is situated in Bedford, close to local amenities. On the day of our inspection there were seven people living in the service.

The inspection took place on 9 and 10 May 2017.

The service had a registered manager. 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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People had risk assessments in place to enable them to be as independent as they could be whilst remaining safe. Staff knew how to manage risks and balanced these against people's rights to take risks and remain independent.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Robust recruitment processes were in place and staff were not employed until satisfactory checks had been completed. Systems were in place to ensure people's medicines were managed in a safe way.

Staff received a robust induction programme. They were provided with on-going training to update their skills and knowledge to effectively support people with their care and support needs.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments when required and liaised with their GP and other healthcare professionals as needed.

People were treated with compassion and kindness by staff. Each person was supported in a way that was individual to them and were encouraged to identify their own support networks in order to improve their independence.

People's needs were assessed and care records gave clear guidance on how people were to be supported. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. There was an effective complaints system in place which was used to drive future improvement within the service.

People and staff were positive about the leadership of the service and the support they were able to provide

for people with complex healthcare needs. Staff engaged consistently and meaningfully with people who said they felt wholly involved in their care. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Byron Court

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 9 and 10 May 2017 and was unannounced. The inspection was undertaken by one inspector.

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. Prior to this inspection we reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff engaged with people during individual tasks and activities. We spoke with three people who used the service. We also reviewed written feedback from people's relatives. We spoke with the registered manager, one senior member of care staff and two other members of care staff. We also spoke with professionals from the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at three people's care records to see if their records reflected their current needs. We reviewed three staff recruitment files, four weeks of staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks, with the intention of ensuring that the service maintained a robust oversight of the delivery of care.

Is the service safe?

Our findings

People felt safe and protected from harm. One person told us, "Yes, I do feel safe." People were keen to tell us how they kept themselves and others safe, by ensuring that they checked visitor's credentials when they visited the service and making sure they signed in and out. They knew what to do if they began to feel unsafe; saying they would speak with staff or ask the visitor to leave.

Staff had received training in safeguarding people from harm and neglect and knew how to recognise signs of abuse and report their concerns. One staff member said, "I would go straight to the manager, no doubt about it. I would always make sure the person was safe." Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required.

Risks to people's safety had been assessed and included those associated with nutrition and behaviour which might challenge. People told us how they had been involved in assessing risk factors so they could remain safe. Staff felt it was important to have robust risk assessments in place for people because it helped to maintain their safety. Records confirmed that risk assessments were completed to prevent the risk of injury to people.

People told us there was enough staff on duty. One person said, "Yes, I think we do have enough staff here." Staff told us that staffing was appropriate to meet people's needs and to keep them safe. During our inspection we saw that staff were available at all times to support people and to respond to their requests and needs.

Staff underwent a robust recruitment process. People had been supported to be part of the recruitment process for new staff and felt that this was an important aspect of their life as it gave them the ability to determine if staff were suitable to work in the service. One staff member told us, "They made sure that references and my Disclosure and Barring Service (DBS) checks were back before I was allowed to start working here." The provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work.

People were supported to take their medicines safely and had engaged in the completion of a personalised medicines folder as part of ensuring they understood the rationale for their need to take medicines. We looked at Medicine Administration Records (MAR) and saw they were completed correctly. Records were in place to instruct staff in what circumstance medicine prescribed as 'when required' should be given. This prevented people from being given medicine when it was not needed.

Is the service effective?

Our findings

Staff and the registered manager told us that all new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff told us when they were first employed they had received robust induction training. One staff member said, "It was a good process, enough for me to know and understand what I had to do." Records confirmed that induction training included core elements of basic care to ensure that staff could meet people's assessed needs.

Staff received training and supervision. One staff member told us, "We have lots of training but it is all really helpful. I have been able to do additional qualifications as well which has been good." Staff received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults. Staff also told us they felt well supported by the registered manager. One said, "We do have regular supervisions but we can talk to the manager whenever we need to." Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs.

People told us that staff always asked for their consent before they supported them. Throughout our inspection we observed staff asking people's permission before care or support was given.

People who lack 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). Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had an understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety.

People enjoyed the food and drinks offered and had a choice of what to eat. One person told us what they were going to have for lunch and said they enjoyed the food on offer. Mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available every day.

People's care and support was well managed by staff when they accessed other services, such as the local hospital, optician or dentist. One person told us they were due to visit the GP on the first day of our inspection and how staff would support them during their appointment. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide required support.

Is the service caring?

Our findings

People told us they were treated with compassion and kindness on a consistent daily basis. They commented on the caring approach expressed by staff and were pleased to tell us how happy they were with the care and support they received from staff. The overwhelming feedback we received was that staff were flexible in their approach to people's needs and put a great deal of time and effort into ensuring person centred care which achieved the very best possible outcomes for people.

People told us that staff always worked hard to overcome barriers in the delivery of their care and that staff supported them in both creative ways so to maximise their independence. For example, by using visual media and assistive technology to enable further independence and empower people to have their say. We saw how the making of an 'Introduction to Byron Court' DVD showed exactly what people liked about the service, their expectations of visitors to the service and how they wished to be treated by others. Each person had their own ideas and really enjoyed being filmed.

People told us how they were fully involved in their care so it was as individual as it could be. One person had discussed their care with staff and showed us they understood each aspect of their care records. They took great delight in showing us pictures in their records and telling us how they had helped to choose images in some areas.

Another person told us how in conjunction with other people and staff, they had discussed the use of empty rooms in the service. It was determined that this space could be an area which could be used as a relaxation room for people to have some quiet time. After a series of discussions with people to determine what they wanted; the registered manager designed an area in which the provider funded a new stereo and a 'mood-light' which had different colours which slowly changed. We heard how one person learned to use this space to great effect. With staff support they took themselves to the room and listened to music, which reduced behaviours which challenged and reliance upon 'as required' medicine. The person clearly stated that this room helped them to relax and feel calmer.

People were treated with dignity and respect. We saw that staff spoke to people sensitively and respected when people needed space and time to reflect without interruption from staff. People were also supported to talk openly about their relationships and their sexuality. Staff supported people to deal with the emotions that came with these issues. For example, staff worked with people to understand that it was acceptable to feel different emotions and that it was important to recognise how these might make them feel. People's individuality and diversity was respected and recognised by staff who made every effort to provide people with every possible opportunity as part of their care and support.

People were supported to maintain relationships with their families and friends and to create new relationships with people. One person said, "I go and see my family when I want." Another person told us, "My family visit me here and I have my friend who comes to see me." The service focused on ensuring people's individual needs were respected and people could trust those around them. As a result of this approach, people were supported to create new friendships.

Is the service responsive?

Our findings

People were treated as individuals and their care took into account their personal history, preferences and interests. One person told us how they were always involved in the planning of their care and any reviews. The registered manager told us the staff team had developed close working relationships with people's families, and valued the input that they provided. Records confirmed that information obtained from the pre-admission assessment and associated reports from other professionals had been used to develop each person's care plan.

People's needs were reviewed and any changes were reflected in their care records. One staff member said, "We review people's needs on a regular basis; and as key workers we meet with people monthly and any changes are taken into account in planning their care." Care plans enabled staff to understand people's care needs. They contained detailed information about people's health and social care needs, preferences and communication needs. There was clear guidance for staff on how people liked their care to be provided and detailed descriptions of people's daily routines.

People had access to a full range of activities which suited their individual interests. They attended day centres and had access to additional activities when they were in the service and at weekends. One person told us they were going to the day centre and how much they enjoyed this. Another person told us they were going swimming later that day and had packed their bag with everything they would need. We heard how others enjoyed activities such as walks, drives out in the country and listening to music or going to the cinema.

People knew how to complain and told us who they would speak to if they had any issues or worries. We heard how staff supported people to raise concerns. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints.

Is the service well-led?

Our findings

The service was led by a registered manager who was well supported by a deputy manager. 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.

There was a positive culture within the service between the people that lived there, the staff and the registered manager. During the inspection both people and staff spoke very warmly of the registered manager and the significant impact they had upon the service and its improvement and on-going development.

The registered manager and the whole staff team demonstrated a commitment to continuously improving the quality of the service people received. Staff worked with people in ways which promoted their understanding of the service's values. People were encouraged to work in unison with staff so these visions and values were further developed. This enabled them to have a direct say in to the running of the service.

We saw the registered manager had taken into account best practice research and introduced changes to the way care was delivered as a result of this, so the service would continually improve. For example, by avoiding giving people too much information at once so as not to give them sensory overload. They had developed positive working relationships with external organisations so that people would benefit from living in a service where they received a consistent approach to care. This resulted in people enjoying an enhanced quality of life.

People told us the service was managed well and that the registered manager was always really approachable and made time for them, even if they were busy. One person told us how they felt listened to, valued and respected when they made suggestions about aspects of their care or to improve the service. They told us, "I really like [Name of Registered Manager], he always listens to me. I think he is really good."

Staff told us how positive the culture at the service was. One staff member told us, "It's so good, we all want the best for people, and we want them to have the best of everything. We all work as one big team and include the people so they get their say." The staff member told us the ethos of the service was to recognise all people had individual needs and preferences and for staff to support them in the ways they wanted to be supported, so they had a good quality of life.

Regular checks on the quality of service provision took place and results were acted upon to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when.