

Prime Life Limited

Byron House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Byron House is a care home providing accommodation and personal care for up to 23 younger adults living with a mental health condition. At the time of inspection, there were 21 people living at the home.

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

During the inspection we found the registered provider was in breach of regulations in relation to safe care and treatment; need for consent; and good governance.

The service had been without a registered manager since 2 January 2019. A new acting manager was appointed in early January 2019 and held this role for a period of months before returning to their substantive role. Another manager was then appointed and came into post on 5 September 2019.

Work was required to address issues identified within people's individual risk assessments to ensure they included how staff should care for people to keep them safe.

People had been referred to healthcare professionals to support their well-being. However, one person had lost a considerable amount of weight and they had not been referred to their GP for investigation.

Some people's care plans included incomplete or incorrect mental capacity assessments. People were restricted in their access to a resident's kitchen area.

Not all people's care plans had been evaluated regularly to monitor people's health and well-being and others were only partially completed. No formal audits had been carried out regarding people's care plans. The regional manager told us care plans were in the process of being re-written. They also shared with us this was a task which had been included on the home's action plan.

Staffing levels, recruitment and people's medicines were managed safely. Staff had received training to support them in their role. However, refresher training for some staff was out of date. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the systems in the service did not support this practice.

People told us they felt safe living at the service. Staff were confident in their ability to identify and raise any safeguarding issues.

People were supported where necessary, by staff to access the community. People did have access to limited activities within the home.

The regional manager acknowledged work was required to address issues which had been identified prior to, and during the inspection. They had created an action plan for the home, the progress of which was monitored on a weekly basis.

Following the inspection, we sent the provider a letter which included our concerns which we had identified during the inspection. The provider responded to our letter, including a list of actions they would take to address our concerns. Following receipt of this letter, we carried out a follow-up visit to the service on 9 October 2019, to see if those improvements had been made. We identified minimal action had been taken, resulting in the majority of actions remaining outstanding.

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

Rating at last inspection

The last rating for this service was good (published 4 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches in relation to safe care and treatment, need for consent and quality assurance processes at this inspection.

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

Follow up

We will ask the provider to provide an action plan of how they plan to improve their rating to at least good.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Byron House

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

The inspection team consisted of one inspector, one assistant inspector and one specialist advisor on 5 September 2019. On 6 September the inspection team consisted of one inspector.

Service and service type

Byron House 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 had been without a registered manager since 2 January 2019. A new acting manager came into post on 2 January 2019 for a period of months prior to returning to their substantive role. Following this, another acting manager came into post on 5 September 2019.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adult's team. We 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the regional manager, and four members of staff. We also spoke with six people who lived at the home.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff personnel files and records related to the management of the service.

After the inspection

We continued to speak with the regional manager to discuss and confirm the inspection findings. In addition, a further follow-up visit was carried out at the service on 9 October 2019 and this was carried out by one inspector.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Risk assessments were either not in place or did not contain enough detail to allow staff to care for people safely. For example, risk of self-harm and epilepsy. Guidance and strategies were not in place for staff to support people safely, recognise triggers, or how to respond to mitigate the risk to keep people safe.
- One the day of inspection, people's care plans were held in the manager's office. One member of staff told us they did not always have access to people's care plans, as care plans had been held in the manager's office for a while. We spoke to the regional manager about this who told us care plans had been held in the office as they were in the process of being updated. They assured us staff could have access as required.
- One person had lost a very significant amount of weight. This person had not been referred to their GP for investigation into this level of weight loss. We spoke to the regional manager regarding this and they took immediate action to refer this person to their GP.

Following the inspection, a letter was sent to the provider asking them to address and manage all of the risks associated with each individual person living at Byron House. This was in terms of people's well-being and safety based upon their specific needs along with actions they had taken to ensure all appropriate staff had access to people's updated care plans to allow them to provide safe and effective care. At the follow-up visit on 9 October 2019, the manager told us only one risk assessment for one person had been updated/completed. In addition, we found all care plans with the exception of one were still held in the manager's office.

The provider had failed to robustly assess the risks relating to the health, safety and welfare of people to ensure their safe care and treatment. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (regulated activities) Regulation 2014

Staffing and recruitment

- People and staff told us there were enough staff to support them and staff rotas confirmed this. One person told us, "If I call for staff they come quick I don't have to wait. If I want to go out for a cigarette they will come and take me out."
- Staff recruitment was safe and included suitable references and Disclosure and Barring Service checks being carried out to make sure only suitable people were employed?

Using medicines safely

- People's medicines were handled safely. People told us staff supported them to take their medicine and medicines were given on time. One person told us, "They are really good they come around the same time

every day. They know what they are doing if my blood sugars are low they keep an eye on me."

- Staff who administered people's medicines had received appropriate training in this area of care. Staff were also assessed for their competency regarding their safe handling of medicines.
- The manager completed regular audits. This ensured people's medication administration records (MAR) were complete and correct.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. The provider had a safeguarding policy in place. Staff had received training in safeguarding and were confident in their capability to identify and report any safeguarding issues.
- Safeguarding incidents had been reviewed, logged and notified to the local authority.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control.
- Adequate amounts of personal protective equipment were available for staff to use. This included gloves and aprons to help prevent the spread of infection.
- The provider is in the process of reviewing the home's cleaning schedules. This will allow for a more consistent approach and effective schedules to be introduced.

Learning lessons when things go wrong

- The regional manager shared with us a previous issue regarding the timeliness and receipt of people's medication. They had used this incident as a point of learning, which had helped them to identify where a change in process was required.

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 had deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One person told us their finances were managed by staff in the home and they told us they had not agreed to this. The provider informed us, this person's finances were actually managed by the local authority. However, we could find no evidence to support any best interest decision meetings had taken place to allow this to happen.
- Two people's care plans included mental capacity assessment forms which had not been completed. One person's care plan included a mental capacity test carried out on 2 January 2018 which had not been completed correctly. No further formal assessment for this person had been carried out since this date, despite notes held within this person's care plan stating their mental health had deteriorated in recent months.
- One person who had poor mental health had not been adequately assessed. Documentation from a healthcare professional dated July 2019 included in this person's care plan, indicated this person was previously subject to a DoLS. However, an application had not been made since the person moved to the home. This lack of oversight posed a significant risk to this person's health and well-being.

The failure to ensure mental capacity assessments and best interest decisions for people had been carried out was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

Following the inspection, a letter was sent to the provider asking them to take action in relation to assessing people's mental capacity as in line with national guidance. At the follow-up visit on 9 October 2019, the

manager told us only five capacity assessments had been completed and one was scheduled for that day. No other capacity assessments/best interest decisions had been carried out. This was despite the manager telling us two people who always declined to have a bath, or a shower, had lost insight into why this was important. We spoke to the manager regarding this, but they demonstrated a lack of understanding of best interest decision making processes and told us, "I have read about it, but I have not done mental health for ages. I am still learning about the whole area."

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

- People shared mixed views regarding the quality of food and the availability of food. Comments included, "It is good, but you can only get food at set times. I do feel they should have more food in the evening as sandwiches or soup is not enough," and, "It is nice, the cook is nice, she makes things I like, I am a diabetic so she makes food for me. However, I have to buy my own diabetic biscuits."
- One person told us they enjoyed fresh fruit and had asked for some pears. The service had purchased them, but the person told us they were not freely accessible to them and had to ask staff to get them for them. We spoke to the provider regarding this feedback and they agreed to look into this issue.

Staff support: induction, training, skills and experience.

- Staff had the appropriate skills and experience to care for people. Staff told us they had regular training and felt confident to carry out their role. Staff had also received training in specific healthcare needs such as, diabetes care, drugs and alcohol and dementia. One staff member told us, "We do lots of training."
- The training matrix identified some staff had not undertaken refresher training in areas the provider considered mandatory. We spoke to the regional manager regarding this and they assured us refresher training would be arranged.

We recommend the provider incorporates a review of staff training dates into their governance process. This will support early recognition of any training which needs to be refreshed in line with recommended guidelines.

- People we spoke with were mostly positive regarding staff having the right level of skills and experience to care for them safely. Comments included, "Staff are good at knowing if I am a bit quiet they will ask if there is anything I can do, [Staff name], says if I need a chat they will be here for me. The staff are good here," and, "I do feel some staff need training when it comes to them knowing about people and how they are, but some staff know what they are doing."
- Staff had not always received supervision with their manager and in line with the provider's own policy. Staff gave us mixed responses including, "We did have supervision with [manager's name], I think they will keep doing them," and "We do, it was a while ago, but we have been told they will be more often now with the new manager."

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

- For the majority, people's needs were assessed in line with the provider's own assessment protocol.
- People were involved in the creation of their care plans. People we spoke with confirmed this.

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

- People had access to healthcare services to support their well-being. People told us staff would arrange appointments on their behalf and if necessary staff would accompany people to their appointments. One person told us, "You tell the staff and they will ring through for you. If I have appointments they put it in the diary and they take me," and, "They are good [Manager's name] will sort it for you she is a good one. The GP

was sorted for me."

- People's care plans included information to evidence where medical advice had been sought.
- Each person held a hospital passport. These contained important information about each person should they be admitted to hospital. However, one person's healthcare passport had not been updated with their known allergies. We spoke to the regional manager who took immediate action to rectify this.
- Staff knew people well and knew if people were poorly. They told us they would not hesitate to contact people's GPs for advice if required.

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

- The home was undergoing refurbishment at the time of inspection. The regional manager told us this was to create a more-homely environment in certain areas of the home. The communal areas of the home had been decorated in a way to create a more welcoming environment.
- Not all rooms in the service had en-suite facilities. One person lived on an upper floor and there was no shower on that floor. This meant each time they wanted a shower they had to go walk down to the ground floor with all of their accessories/toiletries.

We recommend the provider reviews the layout of the building to determine if shower facilities can be accommodated for people living on each floor.

- People had access to an outside area of the home. For those people who smoked, a smoking shelter had been provided.

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 deteriorated to requires improvement. This meant people were not always supported with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During the inspection the inspector overheard one person repeatedly asking for their money to allow them to go out into the community. Thirty minutes later the person had still not received their money. The inspector went and sought the person who held the key to the safe and asked them to assist this person with their request. When asked why this person had had to wait so long for their money, the inspector was told this was down to the senior on duty being busy and they were the only keyholder on duty. We shared our concerns with the regional manager.
- People were limited in their access to a small resident's kitchen area. The door had a keypad entry system and the door to the kitchen was locked. This meant people were restricted in their access to this area which prevented people maintaining their independence to access drinks as they wished. A note had also been placed on the door of the kitchen to say: "Coffee, tea sugar and milk now only provided once a day at 10:30am. This is because we are spending far too much every month on these items - please be respectful of each other and share."
- The inspector found someone had left their personal information in a communal area and the provider hadn't noticed so hadn't taken action to support the person to maintain privacy and confidentiality.
- During the inspection, staff were observed knocking and asking permission before entering people's rooms and people we spoke with confirmed this was something staff did do.

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

- The home was currently supporting one person who falls within a recognised protected characteristic under the Equality and Diversity Act. Staff are supporting this person to attend various healthcare appointments.
- We observed positive interactions between staff and people during the inspection. We asked people if staff treated them well and comments included, "They are warm and friendly, they make sure you don't feel different," and, "I was trying to make conversation the other day, they ignored me and kept talking to each other. They sometimes make comments when I have my medication like, "This will help." I feel they can talk down to you, not all, some are really nice. But I can be grumpy to them sometimes ."

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

- People told us staff were caring and the majority of staff did listen to them. However when we asked if people were involved in making decisions about their care, comments included, "I think I have, it is done by my Community Psychiatric Nurse, not by the care staff," and, "I have a new social worker he has asked me how I am and how I am feeling, but the staff have not sat with me like they do."

- Information regarding advocacy services was available for people to access should they require this support.

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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were not reviewed on a regular basis with people. Out of the five people we spoke with, three people told us they had not seen their care plan and one person told us they had seen their care plan, but they had not read it.
- Three care plans looked at during inspection had not been evaluated on a monthly basis to ensure appropriate and up-to-date care was being provided to people. This was not in line with the provider's own policy.
- The regional manager told us care plans were in the process of being reviewed and updated. They agreed going forward to ensure more detail was included regarding people's specific needs, along with the completion of detailed associated risk assessments and best interest decisions.

Following the inspection, a letter was sent to the provider asking them to take action in relation to re-assessing the needs of those people living at Byron House. This was in order to ensure the care and support people received was appropriate to their assessed needs. This request was made as during inspection information was not available for inspectors to review and confirm people's needs had been appropriately re-assessed by visiting professionals. Following inspection, the provider sent us confirmation that people's needs had been re-assessed.

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 living at the home were quite independent and people came and went as they pleased. Activities in the home for people to engage with included the use of a pool table, movie afternoons and board games such as Scrabble. The provider had recently sourced an external activities group for people to attend, which included such things as working with wood, arts and crafts. We received mixed responses from people and comments included, "Yes we have lots of board games and we do a trip once a month" and "Sometimes they play games in the dining room, but people do not tend to get involved. They can do with more."
- On the second day of inspection people were sat in one of the lounge areas watching TV, chatting or reading their newspapers.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints were investigated in line with the policy. At the time of inspection there were no outstanding complaints.
- People told us they had not made any complaints but knew who to speak to if they had any concerns. Information posters were on display within the home to guide people on who to raise their complaints with.

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.

- Pre-assessments were used to recognise each person's specific communication needs. This was reflected within their care plan.
- Documents were available for people to read in easy-read format. This supported people to understand the document content.

End-of-life care and support

- Those care plans seen during inspection did not include any reference to people's end-of-life wishes. However, the provider assured us where people had been willing to participate in such discussions, their wishes had been documented in their care plan.
- At the time of inspection, no one was receiving end-of-life care. The regional manager told us however, if there was a change in people's needs, staff would receive the required training to care for people correctly.

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 good. At this inspection this key question had deteriorated to inadequate. There were widespread and significant shortfalls in service leadership. Leaders and the culture they created, did not assure the delivery of high-quality care. Some regulations were not met.

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

- The service was without a registered manager and had been since the beginning of January 2019. The manager had carried out some audits to check the quality of care and service provided. However, no formal audits of people's care plans were available.
- The lack of leadership and support within the home over previous months had impacted on the overall governance and oversight within the home. For example; care plans were not evaluated regularly or comprehensively for all people; people had been unduly restricted in their access to certain areas of the home; best interest decisions had not been carried out with people regarding their personal finances.

The failure to ensure the service was effectively monitored was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

- All of the staff we spoke with told us they enjoyed working at the service. They were very proud of the care they delivered and were proud of how well they knew the people they cared for. One staff member told us, "We work for the residents and do what they need and like. We are here to make sure they are safe and happy."
- We asked staff if they felt supported in their role. Comments included, "It is a bit hard sometimes with all of the change and they all have different views I hope it all settles," and, "Since I have been here there have been five managers, there are issues when they change as they have their own views."
- The provider had not always notified CQC of incidents in line with regulations and their legal responsibilities. We are dealing with this outside of the inspection process

Working in partnership with others

- Local authority commissioners had visited the service in June 2019 and rated the home as high risk with various areas of the home requiring improvement. Their last visit on 9 August 2019 identified some improvements had begun to be made.
- The regional manager shared with us going forward, how the new manager would attend regional meetings and service specific meetings. These meetings would support the manager in reviewing good and best practice ideas to support improvements within the home.
- The provider worked in partnership with the local authority commissioning team, local healthcare professionals including community mental health teams and psychiatrists.

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

- Culture and terminology used within the home was not always positive in terms of creating an inclusive and person-centred environment for people. For example, a poster on display included, "If the kitchen is unclean and staff feel you are not respecting the area, the kitchen will be closed down and you will not have access to making your own food or drinks. If, however, you are able to keep the area clean we can look at buying nice new things for the kitchen such as nice mugs, tea, coffee sugar sets etc."
- Staff handover meetings were held each day whereby each person was discussed in terms of how they had been and what was happening that day for each person. For example; encouraging people to have showers or attending healthcare appointments.

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

- Resident's meetings were held. People we spoke with confirmed this. One person told us, "Yes, we have meetings. Not all residents turn up, they ask what they can do better, and we said activities in the afternoon, and now they do it."
- Staff meetings were held every three months. Staff we spoke with confirmed this.
- The provider had sent out annual surveys to people and staff and feedback had been positive. Comments from people included, "Staff are caring; pleased work was being done in the garden and people would like more activities." Staff comments included, "Good client group; friendly staff and would like more activities for people."
- The home had recently held a summer fete in order to raise funds for activities for people. The local community were involved in this either by attending, or by the donation of prizes from local businesses. Photographs taken on the day showed people enjoying themselves with staff and the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's needs had not always been fully assessed via mental capacity assessments. Reg 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's individual risk assessments were either not in place or lacked detail. This meant people did not always have care and treatment provided in a safe way. Reg 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not effective in assessing and monitoring the quality and safety of the service. Records were not accurate or complete. Reg 17(1)(2)(a)