Byron Lodge (West Melton) Limited

Byron Lodge Care Home

Inspection report

Dryden Road
West Melton
Rotherham
South Yorkshire
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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

This inspection took place on 5 September 2018 and was unannounced.

Byron Lodge 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 home can accommodate a maximum of 61 older people. There were 31 people living at the home at the time of our inspection.

There was a manager in post at the time of our inspection. The manager had been appointed since our last inspection and their registration with CQC was in progress. 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 and associated Regulations about how the service is run.

At the last inspection on 25 June 2018, we found the previous provider was breaching regulations in relation to consent and governance. After the inspection, the previous provider sent us an action plan telling us how they planned to make improvements. Since that time a new provider had taken ownership of the home. At this inspection, we found the necessary improvements had been made to addresses the previous regulatory breaches. This has helped to improve the service's overall rating to 'Good.' The provider, manager and staff had all worked together to achieve these improvements.

The tools used to assess people's capacity had improved, which meant they were effective in identifying when people may need support to make decisions. People's care plans were personalised and reflected all aspects of their care. Staff had clear guidance to follow about how to provide the care and support people needed.

People and relatives were complimentary about the caring nature of staff and the positive atmosphere. People had developed positive relationships with the staff who cared for them and enjoyed their company. Many staff had worked at the home for some years and knew the people they cared for and their relatives well. Friends and families were encouraged to be involved in the home.

The provider and manager formed a strong leadership team and provided good support to staff. Staff were committed to providing high quality care and felt valued by the provider and manager for the work they did. Staff had the training and support they needed to perform their roles. They worked well as a team to ensure that people received good care.

People's care was regularly reviewed with them and staff were appropriately deployed throughout the home

so that people received the timely support they needed. They were cared for by staff that knew what was expected of them and the staff carried out their duties effectively. Staff were friendly, kind and compassionate. They had insight into people's capabilities and support needs. They respected people's diversity and how they wished to receive their care.

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 that needed support to manage their medicines received this. People were supported to eat and drink whenever this was part of their agreed plan of care. They were provided with a nutritious diet that took into account their tastes and preferences. Their dietary needs were assessed and monitored and appropriate external healthcare professionals, such as the dietician, were consulted when needed.

Staff treated people with respect and supported them to maintain their independence. People had access to a wide range of activities and outings and to be involved in their local community. Staff ensured that no one became socially isolated.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements that were needed were acted upon. There were arrangements in place for the service to make sure that action was taken and lessons learned so the quality of care across the service was improved.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems in place that were used to review all aspects of the service and deliver improvements whenever needed.

People knew how to complain and were confident that if they had concerns these issues would be dealt with in a timely way.

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?

Good

The service was safe.

Risks to people had been assessed and measures were in place to manage these risks.

Checks were made on equipment and on the environment to ensure it did not place people at risk.

Staffing levels were sufficient to support people as required.

Staff were knowledgeable about abuse and knew how to keep people safe.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People received the support they needed to eat and drink and enjoy a varied and nutritious diet. People had access to community based healthcare professionals to ensure their needs were met.

The premises were appropriately adapted to meet people's needs and the living environment was kept clean and comfortable.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005

Is the service caring?

Good

The service was caring.

There was a comfortable and engaging atmosphere at the service.

People were treated with kindness, respect and compassion, and were given emotional support when needed.

The service ensured people's privacy, dignity and independence was respected and promoted.

The service supported people to make choices about their day to day care.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to support people effectively.

People accessed the community and took part in social activities to ensure their wellbeing.

A complaints policy was in place.

Is the service well-led?

Good

The service was well-led.

There was a strong leadership team which provided good support to staff.

Effective quality monitoring systems had been implemented, which had improved the management oversight of the service.

Feedback from people and their relatives was encouraged and acted upon.

Staff worked well as a team and had developed effective working relationships with other healthcare professionals.

Byron Lodge 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 checked 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 11 December 2018 and was unannounced. The inspection was undertaken by three adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five staff members and the manager, who had applied to register with CQC. We looked at eight care records and medicine administration records. We reviewed five staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

When we inspected on 25 June 2018, we found that improvements were required under 'safe'. This was because improvements made following the inspection in October 2017 needed to become embedded in the areas of risk management, medicines and staff deployment.

At this inspection we found the necessary improvements had been made and were sustained in day-to-day practice. People's needs were regularly reviewed with them. As people's needs changed and emerging risks were identified appropriate action was taken.

People's risk assessments were included in their care plan and were updated regularly to reflect changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk assessments provided staff with the information they needed to support people in a safe way. Where people's support needs had increased, their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety.

The service's systems, processes and practices safeguarded people from abuse. Staff we spoke with demonstrated an understanding of what constituted abuse and the reporting procedures to follow. They were confident that any issues raised would be addressed appropriately by senior staff and managers. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team. Safeguarding information was displayed on noticeboards in the service for the information of staff and visitors.

The people we spoke with all said they felt safe at Byron Lodge. Comments from people and visitors included, "Safe, yes I feel safe, but I've never given it much thought why, I just do." "Yes, I'm safe and I'm looked after," "No I don't worry about her when I'm not here, I know she's looked after," "I come everyday lunch and tea, I know she's fine and I know she's safe."

The service provided sufficient numbers of suitable staff to support people to stay safe and meet their needs. People and their representatives told us, "There always looks as if there's enough staff on when we come to visit," "I think there's enough staff, they only need one on here." Although one visitor said, "I think It would be better if they had more staff. It's okay whilst they don't have so many residents." Staff spoken with stated that staffing levels were adequate to meet people's needs. Some long-term agency staff were being used in the service which had helped create stability during a period of change at the service.

The provider operated safe recruitment procedures. This included checking applicants' identity, proof of address and obtaining a Disclosure and Barring Service (DBS) certificate. The DBS helps providers ensure only suitable people are employed in health and social care services. The provider also obtained references regarding previous conduct and explored candidates' skills, experience and values at interview.

Medicines were managed safely and people received their medicines as prescribed. Where people were prescribed medicines 'as and when required', guidance was in place for staff regarding the purpose of the

medicine and the time required between doses. We checked the medicines administration records and completed a stock count and found that these were correct. Individual care plans provided information about how to give people their medicines in a way they preferred and to ensure these were given consistently and appropriately.

People were cared for and lived in a safe environment. They were protected from the risk of fire as regular fire safety checks and a suitable fire risk assessment were in place. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were protected by the prevention and control of infection when staff supported them with personal care. There was a plentiful supply of gloves and aprons for staff to use and we saw that staff were mindful of washing their hands and followed good hygiene practices. Cleaning schedules were in place, audits were completed and we observed cleaning being carried out.

Accidents and incidents were reviewed and any action taken fully recorded. One person who was at high risk of falls had been identified and their falls were monitored, analysed and action taken to reduce reoccurrence where possible.

Good

Is the service effective?

Our findings

At our last inspection, people's care was not always being provided in accordance with the Mental Capacity Act 2005 (MCA). The 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. We found consent to care and treatment documents in care plans were blank, or not fully completed. This was a continued breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, we found the provider had taken action to improve and satisfy the previous breach. All staff had attended training in the MCA and DoLS to ensure they understood its implications for the people they supported. All the staff we spoke with demonstrated a good understanding of people's rights under the MCA and the importance of ensuring these rights were upheld. All mental capacity assessments had been reviewed using an appropriate format to ensure that they accurately evaluated and recorded people's capacity to make decisions. Where people lacked capacity, there was evidence that appropriate procedures had been followed to ensure decisions were taken in people's best interests.

People told us that staff asked for their consent before providing their care and our observations confirmed this. They said staff always talked to them before attempting a procedure, and that they were always asked if it was okay with them. We saw that consent to all aspects of people's care had been signed by the person themselves or an appropriate representative. Where measures had been implemented to keep people safe, there was evidence that staff had considered and implemented the least restrictive options. For example, if people were at risk of falling from bed, staff had lowered their profiling beds and considered installing a sensor mat rather than fitting bedrails.

Staff told us that they had an induction when they first started at the service. One staff member said, "I had a thorough induction with lots of training, I also shadowed different staff members to gain hands on experience." New staff who had no previous experience in a care related role were working on the Care Certificate. The Care Certificate identifies a set of care standards and skills that health and social care workers should adhere to and includes assessments of competence.

Staff received regular supervision with their line manager and were also informally supported on a day-to-day basis, with any concerns that arose by the management team. Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. Annual appraisals took place and provided an opportunity for the management team to look at staff performance and to support them in their continued professional development.

People's needs were met by the design and decoration of the premises. People's bedrooms were personalised with photographs and other sentimental items. Signs were in place to help orientate people to the toilets or to the bathroom and handrails had been installed to assist people with their mobility. Call bells were in place for use in the event of an emergency. Some areas of the service had been recently decorated and ongoing plans were in place to decorate other areas to further improve the environment.

The whole service worked in co-operation with other organisations to deliver effective care and support. Community professionals told us they had ongoing liaison with the service in support of people's different welfare needs. One visiting nurse told us the service was following the guidance provided by them. The service supported people have access to healthcare services and receive ongoing healthcare support. Nursing staff displayed good working knowledge on both medicine and physical care management. The service had systems for monitoring aspects of people's health and welfare such as whether they were becoming at risk of pressure sores. People's care records showed when and why a GP had been called and the outcome of the GP visit. Records also showed when other healthcare professionals such as the district nurses, opticians, and the chiropodist saw people.

The service supported people to eat and drink enough and maintain a balanced diet. Feedback on food and drink was positive. People's comments included, "The food is good, and we get a choice, there's plenty of it too," "We get a choice of menu, they offer an alternative if there's something you don't like" and "She [person] gets a proper diet, they coax her but don't force her. They encourage her to eat properly and they always get plenty of drinks."

Staff knew the signs of dehydration and prevention strategies, and made sure people had drinks across the day. Some people's food and fluid intake was monitored in writing, in support of meeting their nutritional needs.

People were provided with a choice of two home-cooked meals for lunch. Staff sat beside some people during meals to provide support and interaction. The support was at people's pace and in an encouraging manner. The mealtime experience was calm and pleasant. The chef told us they met with new people and their representatives, to understand their food needs and preferences. They were aware of who had specific dietary requirement or allergies. These were recorded on guidance notes in the kitchen.

Good

Is the service caring?

Our findings

When we inspected in June 2018 we found that improvements were required under 'caring'. This was because staff had not always promoted or respected people's dignity.

At this inspection we found that staff were mindful of people's privacy and dignity. One person said, "They [staff] do keep things private, if there's anything that concerns me, I just mention it." Another person told us, "They always knock on my door before coming in." A visitor said, "They [staff] treat her like a person and with respect."

We saw examples of positive and considerate interaction between staff and people, and the good relationship that exists between staff and visitors. The home gave a warm welcoming feeling on entering with Christmas decorations in the entrance which were bright and festive.

We observed the kind approach staff took with people, showing care and time to listen to their worries. People told us that staff took time to have a 'minute' with them and a chat about general things. People felt that they were listened to, and we observed instances when residents expressed worries and they were consoled and reassured by staff. Comments from people included; "Yes they care. If you want anything, they'll get it" and "They do treat is as people." Visitors and relatives also had positive comments about the service and staff, they said, "The staff are trained and do care. They know all their individual needs," "They [staff] always take time to have a word with her and a laugh," and "They really do care. They don't do it for the money, they're really good girls."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We heard staff initiate conversations, take time to chat with people and talk with them in a friendly way. People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. People's feedback about their care and support was actively sought.

People's friends and families could visit whenever they wished and were encouraged to be involved in the life of the home. People told us their friends and relatives could come at any time. All relatives were invited to attend functions and have meals or a cup of tea with their relatives. The relatives we spoke with confirmed that they were encouraged to join their family members for meals and sometimes did so.

People told us they had regular access to a bath or shower if they wished. People's daily hygiene records indicated they were regularly supported with personal care where needed. We saw staff discreetly work together to support people to receive this aspect of care when needed.

People were well dressed and presented during our visit. This indicated that, where needed, staff had supported people with their appearance. People's representatives confirmed this was the case. One said, "I'm quite happy with the way she's dressed." Another told us, "I came once, and she had someone else's slippers on. I mentioned it and they realised straight away and changed them." The service had organised

laundry facilities and systems, to help people keep their clothes clean and presentable. We also saw some people to be offered napkins for lunch, to help keep their clothing clean.

People's religious and spiritual needs were met. Religious services were held at the home and people who wished to attend church were supported to do so. People's needs in relation to their sexuality were considered when carrying out assessments of their needs. Staff received training in Equality and Diversity and people told us they were valued as individuals.

Good

Is the service responsive?

Our findings

At the last inspection we found the service was not always responsive. Care plans did not always clearly reflect the needs of people or the care provided for them and activities at the service did not always meet the needs or expectations of people. We awarded a rating of requires improvement.

Staff we spoke with new people's different needs, preferences and life histories such as people's previous occupations and daily routines. People had individual care plans in place that reflected their care needs and preferences, for example, personal care, mobility, night care and medicines. Each section was kept under monthly review. These reviews detailed whether needs had changed or remained the same. There was also a summary care plan that provided the most important information by which new staff could quickly provide personalised care. People told us they were encouraged to be involved in developing their care plans. One visitor said, "We go through the care plan regularly. They ask me to come in or write and invite me in."

People had access to a programme of activities, events and outings, which was publicised. Some people thought that the activates coordinators absence was being felt, but that the two staff covering her job were doing a good job. Comments included; "I know there's activities and outings, but I don't like that," "We went to Rotherham Football club yesterday. All different homes got together, and we played games, it was a good day. I enjoyed it," "Staff normally suggest things and give us options what we'd like to do I can't think of anything I'd do to make it better."

People and relatives knew how to complain if they were dissatisfied and told us they would feel confident to do so. One person told us, "I've never complained, but I'd not be afraid to." Another person said, "I've got no complaints, I'd tell them if I had." The provider had a written complaints procedure, which was given to people and their relatives when they moved into the home and a copy was displayed in the reception area. The procedure set out how complaints would be managed and action people could take if they were not satisfied with the provider's response.

Where people had a formal Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document in place, this was easily available at the front of their care file for when needed. Where people expressed wishes about their end-of-life care, including religious and cultural needs and advance decisions, these were recorded in their care plans. When people neared the end of their lives, staff worked with healthcare professionals to enable them to stay at the home as long as they wished.

Good

Is the service well-led?

Our findings

At the last inspection we found the service was not always well led. The provider's quality assurance activities were not always as effective as they needed to be. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the necessary quality assurance audits had been made and were sustained. The provider's governance framework ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. The audits were completed by the manager and the providers quality assurance team, who were on site every two weeks. These assessed the quality in aspects of the service such as, accidents, developing or resolved health matters relating to people using the service, staff training, accidents and incidents, care plans, medication and the environment.

There were also regular visits by the provider and senior managers to check on service standards through observations and discussions with the manager, staff and people who used the service.

Staff felt supported and said that the management team were approachable. Regular staff meetings were held and any concerns were also discussed and resolved daily. One staff member said, "I think things are getting better, from six months ago I've noticed a difference. The new manager seems very good. You can go to the manager if you need extra help and you will get it." Another staff member told us, "The home is improved. We did go through some bad spells but it's better because the building is looked after and management seem to know what they are doing. We've worked really hard." Further comments from staff included, "It was pretty dire when I first started but things have improved 100%. We have the staff we need now, the manager is lovely, really approachable. You can ask her anything and she will sort things out. The home is just going to get better and better."

Visitors were also positive about the new provider. One told us, "This chap [provider] will crack it and it'll go up and up. He's already done a great job replacing the central heating. He seems to listen and take stuff on board. It's great."

People, relatives, professionals and staff were encouraged to give their views about how the service could improve. Residents' and relatives' meetings took place regularly. Minutes of these meetings demonstrated that action was taken when people suggested changes or improvements. One person told us, "Staff always ask our opinion on things." Relatives said staff and the leadership team always tried to meet any requests their family members made. One relative told us, "I couldn't make the last meeting but I know I can catch up with the manager at any time."

Staff told us they were encouraged to contribute to the development of the service. They said the manager and provider valued and listened to their opinions. One member of staff told us, "They listen to staff and encourage us to speak up." Another member of staff said, "Staff meetings have an agenda but we can also raise issues or discuss any aspect of the service. It's an open and relaxed forum." Staff told us they enjoyed working at the home and spoke positively about the caring values of the service. They said they worked well

as a team to ensure people's needs were met. Staff told us the provider and manager valued them for the work they did. One member of staff told us the provider had booked staff into a hotel for a Christmas party. The member of staff said, "It makes you feel appreciated."

Staff had developed effective working relationships with other professionals, such as GPs and community nurses, and had implemented recommendations made by relevant professional bodies. For example, a district nurse said, "I've no concerns. We've seen things improving. The staff make appropriate referrals, they didn't always, but they do now. They know when to contact us. Nine times out of ten they follow advice. I would be happy for family or friend to live here. I haven't got any concerns."