

Byron Lodge (West Melton) Limited

Byron Lodge Care Home

Inspection report

Dryden Road
West Melton
Rotherham
South Yorkshire
S63 6EN

Tel: 01709761280

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14 June 2016

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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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 14 June 2016 and was unannounced. Our last comprehensive inspection at this service took place in October 2015 when breaches of legal requirements were identified. We asked the provider to send us an action plan outlining how they would meet these breaches. You can read the report from our last inspections, by selecting the 'all reports' link for 'Byron Lodge' on our website at www.cqc.org.uk.

Byron Lodge is a care home providing accommodation for up to 61 people. It is situated in the area of West Melton, approximately six miles from Rotherham town centre. It provides accommodation on both the ground and the first floor and has parking to the front of the building and a secure accessible garden at the rear. The home is split up in to four units; Shakespeare and Ruskin providing nursing care and Wordsworth and Browning providing residential care. At the time of the inspection there were 49 people using the service.

The service did not have a registered manager in post at the time of our inspection. 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. The provider had employed a manager who was in the process of registering with the Care Quality Commission.

Following our last inspection of the service in October 2015, the home was rated inadequate and placed in special measures. The provider sent us an action plan explaining how they would address this and sent regular updates showing the progress they were making. We continued to liaise with the local authority and monitored intelligence we received about the home. At our inspection of 14 June 2016, we saw that a new management team was in place and improvements had been made.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified these had not always been followed.

The staff we spoke with were very knowledgeable on safeguarding and whistle blowing policies and procedures.

We looked at people's records and found they identified risks associated with people's care and treatment. However, these were not always reviewed to ensure they were a current reflection of the person's needs.

The provider had a safe recruitment procedure in place which involved pre-employment checks being made prior to the person commencing employment.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-

between. People we spoke with who used the service told us they liked the food and were given choice. We observed meal times and found people had different experiences depending on which unit they lived on. Some staff interacted well and recognised needs whilst some units were less organised.

We found there was enough staff with the right skills, knowledge and experience to meet people's needs. However, staff told us at certain times they could do with more staff to ensure people's needs were met in a timely way.

We looked at care records and found they contained a care plan entitled, 'my decision making.' This stated the level of capacity the person had and what, if anything restricted their capacity. We saw best interest decisions had been made in relation to areas where people lacked capacity.

We observed staff working with people and found they were kind and caring in their nature. Staff we spoke with were knowledgeable about respecting privacy and dignity and gave examples of how they would do this.

We checked people's care records that were using the service at the time of the inspection. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. However, we found that some people's needs had changed and these had not been identified to ensure people's needs were met.

The service had an activity co-ordinator who arranged social events in the home. However, we noticed that some people did not receive any activities or social stimulation.

The home had a complaints procedure and people we spoke with knew how to raise concerns if they needed to. We saw the manager had taken appropriate action when complaints had been received and had resolved them in a timely and effective manner.

We recognised that the new manager had implemented many changes which had impacted on the home in a positive way. People who used the service, their relatives and staff gave positive feedback about the manager. However, systems in place to ensure the service was of good quality required embedding in to practice.

People who used the service and their relatives were listened to and there were opportunities where they could raise issues and be part of the service development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, there were occasions where this had not been followed.

The staff we spoke with were very knowledgeable on safeguarding and knew how to recognise and report abuse if they needed to.

We found risks associated with people's care and treatment had been identified. However, these were not always reviewed.

The provider had a safe recruitment procedure in place which involved pre-employment checks being made prior to the person commencing employment.

Is the service effective?

Requires Improvement ●

The service was effective.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between. However, food and fluid charts were not always completed fully.

Care plans we looked at contained information about people's capacity and what assistance they required with day to day decisions.

Staff received training; however, we found some training required updating.

Is the service caring?

Good ●

The service was caring.

We observed staff working with people and found they were kind and caring in their nature.

Staff we spoke with were knowledgeable about respecting

privacy and dignity and gave examples of how they would do this.

Is the service responsive?

The service was not always responsive.

Care plans were in place to identify people's assessed need. However, some care plans required updating to reflect current needs.

We identified a lack of social stimulation; there was only one full time activity co-ordinator. Although we had positive comments regarding the activities they provided, people told us there was insufficient social stimulation.

Complaints were dealt with in an appropriate and timely manner. People we spoke with did not have any concerns, but knew what to do if they had.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The systems in place to monitor the quality and safety of the service required further improvements and embedding into practice to ensure they become fully effective.

People who used the service and their relatives had opportunities to raise issues and comment on the development of the service.

We observed staff were well led on the nursing units; however, staff required guidance and direction on the residential units.

Requires Improvement 

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.

The inspection took place on the 14 June 2016 and was unannounced. The inspection was completed by two adult social care inspectors 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.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the 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 spoke with seven people who used the service and seven relatives, and spent time observing staff supporting with people.

We spoke with 12 staff including the manager, deputy manager, care staff, senior care, team leaders, nurses, and the cook. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at seven people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality and safety monitoring systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they told us staff were kind. They said they had not experienced any poor treatment or anything that would make them anxious or unhappy. One person said, "I feel safe here and I am looked after without any fuss, they [the staff] are there if I need them." A relative said, "I have no concerns over his [their relative] safety whatsoever, he is well looked after and could not receive better care."

At our previous inspection in November 2015 the service was in breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not protected from the risks of unsafe medicine administration. At this inspection we found the provider had improved systems and procedures to ensure people received their medicines safely and as prescribed. However, we found at times these systems were not always followed.

We identified the medication room temperatures were very warm; one was at 29 degrees centigrade when we checked. The room temperatures were not always recorded so this had not been identified that it was reaching higher temperatures than it was recommended medicines should be stored at. We discussed this with the manager and the regional manager who immediately organised temporary air conditioning units to be installed during our visit and told us as a longer term plan was to relocate the room to be able to provide better ventilation and temperature control.

The provider had changed the dispensing pharmacy since our last inspection and the staff told us the new pharmacy arrangements were much better. We found records were kept for medicines received, administered and disposal of unused medicines. On the upstairs units we found good records of stock counts and saw errors were identified in a timely way and dealt with appropriately. We found good records of medication that was prescribed for as and when required, for example pain relief. We saw there were protocols in place to help staff understand when medicines were required and evidenced people were receiving medication as prescribed. However, one person had been prescribed three different medicines to be taken as and when required, they were for pain relief and low mood. There was a protocol in place for one of these medicines but not for the other two. The lack of protocols in place to guide staff posed a risk that medicines may not be given appropriately if staff did not know the person.

On the downstairs units we found that records of medicines to be given as and when required were not always accurate. For example we saw one person had paracetamol prescribed we saw that the amount in stock did not tally with what had been administered. We discussed this with the manager and during our visit they introduced a more robust system to monitor and record medicines. We saw this was put in place. The manager also told us they would go through the correct protocols with all staff who administered medication in supervisions, which would be arranged in the next few days.

We spoke with people who used the service and they told us they received their medicines at appropriate times. One person said, "I always get my tablets on time and the nurses are very good with me. I sometimes have trouble swallowing, so now they give me them when I am sitting up rather than waiting until I am in

bed." A relative said, "We feel confident [our relative] is getting her medication as we have seen nurses give tablets while we have been visiting."

At our last inspection in October 2015 we identified a breach in staffing levels. This was because the provider did not ensure there were sufficient numbers of qualified, experienced and skilled persons employed to meet people's needs. During the inspection on 14 June 2016 we saw the provider had taken immediate steps to address the staffing issues identified on our previous inspection.

The manager told us they had recruited new nursing staff and were not using agency staff. They said this had greatly improved and there was consistent leadership of the nursing units. Most staff we spoke with spoke positively about the new nursing staff.

The manager explained that they used a dependency tool to determine staffing levels and we saw this was reviewed monthly. Staffing was allocated to meet the required hours. However, we found staffing levels were not always reviewed when the number or dependency of people changed. For example we found the staffing levels had not been reviewed following the admission of two additional people coming into the service or when people came out of hospital.

Staff we spoke with predominantly told us there was enough staff to meet people's needs. Our observations identified people's needs were met in a timely way and staff were present in communal areas during the day. However, staff told us at times particularly in the evenings they struggled to meet people's needs. They said this was mostly on the downstairs units, there were three staff in the evenings and many people required two staff to assist with personal care. One staff member said, "It can be very busy at tea time, could do with more assistance then." The manager agreed to look at staffing dependency following our visit and ensure adequate staff were on duty to meet people's needs.

Staff also told us there were problems with night staff, we were told that staff regularly phoned in sick and this was affecting staff morale on nights as many staff continually picked up shifts when sickness occurred. We discussed this with the manager who assured us this was being rectified.

People we spoke with told us there were generally enough staff on duty during the day but not always enough on nights. One person said, "There a bit short staffed on nights which means that I sometimes have to wait to go to the toilet as I need assistance." One relative said, "There always seems to be enough staff around when I visit."

The staff we spoke with were very knowledgeable on safeguarding and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff told us they would not hesitate to report any safeguarding concerns and all felt confident the manager would respond appropriately.

We spoke with two new staff they told us that robust recruitment procedures were followed. They said they could not start work until they had received a satisfactory DBS check. They explained they had an induction and training. One person said, "I am booked on the moving and handling training this week, I have not assisted anyone with moving and handling on my own until I am trained and competent."

We looked at four recruitment files and found the provider had a safe and effective system in place for employing new staff. The files we looked at contained pre-employment checks which were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing

unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We looked at records belonging to seven people and found risk associated with people's care and treatment had been identified. These included risks regarding choking, malnutrition, falls, and mobility. Risk assessments gave clear guidance and instruction to staff. However, we saw some had not been reviewed regularly to ensure they were still current.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they told us their needs were met by staff who were knowledgeable and skilled to do their job well. A relative said, "The staff seem to know what to do, we have never seen anything that worries us about the care people in here receive. They need a lot of patience which I think they do have."

At our last inspection in October 2015 we identified a breach in consent. This was because the provider did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of people who used the service in relation to care and treatment provided to them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at care records and found they contained a care plan entitled, 'my decision making.' This stated the level of capacity the person had and what, if anything restricted their capacity. We saw best interest decisions had been made in relation to areas where people lacked capacity.

At our last inspection in October 2015 we identified a breach in meeting nutritional and hydration needs. This was because the provider did not ensure people who used the service were protected from the risks of inadequate nutrition and dehydration.

We observed breakfast and lunch and found staff offered choice and respected the person's decision. People were assisted with their meal where appropriate and this was done in a kind and caring manner.

However, we found people received differing experiences depending on the unit. On one unit we found the experience was very positive, staff were engaging with people and there was good communication between staff and people who used the service. We also saw staff managing one person who was presenting with challenging behaviour, staff showed patience and understanding, supporting the person to eat their breakfast.

On another unit when we observed lunch we found it was more task orientated. Staff did not always communicate with people during the meal and there was lack of encouragement to ensure people ate some of their meal. We observed staff were serving food wearing gloves and not using tongs.

At both meals we saw no picture menus were available for people to be able to see what was on offer for the meal. Pictures are particularly helpful for people who are living with dementia to be able to make better choices.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored if they were assessed as at risk of not receiving adequate nutrition. This was monitored and professional advice obtained if required. People who were at risk of malnutrition, had a food and fluid chart in place. We looked at a sample of these, we found they were not fully completed or reviewed so it could not be monitored to ensure people were receiving adequate nutrition and hydration. When we spoke with staff they told us everyone was on a food chart even if they were not assessed as at risk of not receiving adequate nutrition. They explained to us this was requested by the local authority but it meant the monitoring was not effective.

We looked at records in relation to staff training and found that some training had not been completed in line with the provider's policy. We spoke with the manager about this and were told that this was in the process of being updated. Where a training need had been identified, the manager was ensuring this was being met by obtaining dates of training sessions.

We spoke with staff that felt supported by the manager and received supervision sessions on a regular basis. Supervision sessions were individual sessions with their line manager. We saw the manager had completed quite a lot of supervision sessions and had a schedule in place for appraisals.

People had access to health care professionals as required. We looked at care files and found professionals such as speech and language therapist, falls team and dieticians had been involved at relevant stages. We saw that staff had taken action in relation to the advice given.

We spoke with people who used the service and they felt their health care needs were being met. One person said, "I have a lot of medical problems, but I feel everything is being done for me."

We found that although some environmental improvements had been made, there was still some work outstanding to ensure the environment was well maintained and more dementia friendly. We found a number of carpets were stained, chairs were damaged and stained, wall plaster was damaged, boxing in of pipes in the sluice was stained and water damaged and items were stored on the floor in store cupboards, therefore unable to be effectively cleaned. We discussed this with the regional manager who told us this had been identified and a full renovation was planned.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they told us staff were kind and treat them well. One person said, "I am treated very well. They [the staff] listen to me about what I want to do. Staff are always alright with me." Another person said, "Staff always speak to me in a respectful way." One relative said, "[my relative] receives spot on care here. Staff are so friendly and caring, they will do anything for him, and they make him smile."

At our last inspection in October 2015 we identified a breach in person centred care. This was because the provider did not have suitable arrangements in place to ensure people's dignity and privacy were maintained.

During our visit on 14 June 2016, we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. One person told us, "The staff are very good they look after me well." Another person, when we asked if the service they received was better following improvements since our last inspection they said, "Definitely, the staff are right nice." We saw staff were respectful and noted some really caring interactions with people who used the service.

Relatives we spoke with acknowledged improvements had been made and things were much better. One relative said, "It is much better, kept informed better and feel you are listened to."

Care plans we viewed included a life story about people's work and family life and likes and dislikes. One person's care plan informed the reader that they liked a particular type of music and we found appropriate music being played in their bedroom.

Another care plan stated that staff were to promote dignity and respect in the environment and to respect family involvement.

Relatives we spoke with told us they felt welcomed at the home and could visit at any time. The reception had a drinks machine where relatives could make a drink and sit and chat with their family member. One relative said, "I am made to feel welcome at any time, I work late so I often visit late at night. I just let staff know that I will be calling late and its fine." Another relative said, "All of the family are made to feel welcome and able to visit anytime we wish."

Is the service responsive?

Our findings

We checked people's care records that were using the service at the time of the inspection. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. However, we found that some people's needs had changed and these had not been identified to ensure people's needs were met. For example, one person was seen to be in discomfort, we checked their care file and it had been identified in March 2016 they had seen their GP and the professional visits record stated that they needed a referral making to a specialist; we saw no other record that this had been chased up with their GP. The staff were able to explain that they had spoken with the GP and they were awaiting an appointment. However, there was no care plan in place so their condition was not monitored and reviewed in a timely manner.

We also found one person's needs had changed significantly, but the care plan had not been up dated to reflect the person's current needs. We spoke with staff and found they were knowledgeable about the person's current needs, but agreed that the care plan required updating.

For other care records we looked at we found that people's care was reviewed regularly to ensure it met their needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans.

We identified a lack of social stimulation; there was only one full time activity co-ordinator. Although we had positive comments regarding the activities they provided we were told there was insufficient social stimulation. Staff we spoke with told us on the upstairs units there was very little stimulation. One staff member said, "It would be lovely to have time to talk with people but we are always too busy, they love it when you sit and talk with them."

We spoke with people who used the service about activities and they told us they were limited. One person said, "I spend most of my time in my bedroom watching TV or reading the newspaper. Sometimes I go out on trips; the next one is to a garden centre."

The service had a complaints procedure which was displayed in the main reception area. People we spoke with told us they had never had cause to complain, but knew what to do if they had a concern. One person said, "If I had a concern I might mention it to my family first." Another person said, "I would tell senior staff, but I have not had cause to. I would also tell my daughter who would look into it for me." Another person said, "I would tell staff as I think they are approachable."

We spoke with the manager about complaints and they showed us a complaints log. We saw that three complaints had been received since January 2016. We found they had been resolved appropriately and recorded effectively. Considerations for future corrective action had been made in order to develop the service.

Is the service well-led?

Our findings

At our last inspection in October 2015 we identified a breach in good governance. This was because the provider's systems were not effective in the monitoring of the quality of service provision.

At our inspection of 14 June 2016 we saw systems in place to monitor the quality and safety of service provision had been implemented which included using a range of audits. We saw audits were used for monitoring areas such as, care files, medication, meals and nutrition and infection control. However, issues we had identified during our inspection had not always been picked up as part of the quality and safety monitoring systems at the service. For example, the medication audits had not identified that the room temperatures were not always being monitored and was not maintaining the required temperatures. Staffing levels had not always been reviewed in response to changes in dependency or new admission to ensure there were sufficient staff were on duty and deployed effectively. Another example was care plans which did not always reflect people's current needs due to changes that had occurred. We also saw the meals and nutrition audit had not identified that food and fluid charts were not always completed fully.

We recognised that significant improvements to the service had been made since our last inspection and the new manager had implemented many changes which had impacted on the home in a positive way. We spoke with the manager about this and about the concerns we had raised during our inspection who recognised that the systems were not yet fully effective. Continued improvements to the systems to monitor the quality and safety of service provision are required to be made and ensure these are fully embedded into practice.

This was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008, Regulated Activities 2014. The system in place for monitoring the quality and safety of the service provided needed embedding in to practice.

All staff we spoke with talked very positively about the new manager and nursing staff. They told us the service had much improved with consistent management. Staff said they felt supported and worked well as a team. One staff member told us, "Big difference, staffing much better, I am supported. " Another staff member said, "It's really improved I love my job."

Staff told us they received regular supervision, training and communication had considerably improved. One staff member said, "I can talk in confidence and feel listened to."

We noticed a good sense of leadership on the nursing units and how the staff responded to the nurse leading the shift. However, we observed staff working on the residential units and we did not see the same level of leadership and staff lacked guidance and direction. We discussed this with the manager who told us they would look at how they could manage this better.

We saw that a quality assurance questionnaire had been sent out to people who used the service and their relatives and professionals involved in the home. This was last completed in May 2016. The manager was in

the process of collating the feedback to form an action plan. We saw some returned questionnaire which had been completed with mainly positive comments about the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had systems in place to monitor the quality of the service, however these were not fully effective and required further improvements and embedding in to practice.