

Premcard Limited

# Byng House

## Inspection report

Byng House  
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Southport  
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Tel: 01704776111

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Byng House is a residential care home providing personal and nursing care to up to 37 people. The service provides support to adults including those living with dementia, a mental health condition(s) and those living with a physical disability and/or sensory impairment. At the time of our inspection the service was supporting 24 people.

The service has 23 intermediate care places (these are places supported by rehabilitation services from the local NHS provider.) The remainder are both respite and more permanent places.

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

We were assured checks to ensure the health and safety of the environment were carried out, however, we have made a recommendation about better recording these checks.

We were assured that the registered manager analysed accidents and incidents, however, we have made a recommendation about better recording any findings to evidence themes and trends.

We were assured that the registered manager had oversight of the service, however, we have made a recommendation about strengthening governance processes, to help further drive improvements to the quality and safety of the service.

The registered manager began to act on our recommendations during the inspection process.

Medicines were managed safely. People received their medicines as prescribed by staff who were competent to administer them.

Risks to people's health, safety and well-being were assessed. Staff had access to information about how to manage people's identified risks and support them in a safe way. People told us they felt safe when receiving care and support.

A stable team structure was in place, people received care from staff they knew and who were familiar with their needs and preferences. There were enough staff on duty to meet people's needs in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent for care and support was being obtained in line with the principles of the Mental Capacity Act (MCA) 2005.

People's needs were assessed and planned for in line with best practice and staff were knowledgeable about people's current needs and preferences. Care was tailored to meet people's individual needs.

We received consistently positive feedback from people and their relatives about the care and support provided by staff.

The registered manager was instrumental in instilling a culture which was underpinned by values of compassion, dignity and independence, values which were shared and practiced by staff.

The service worked in a collaborative way with external professionals to help achieve positive outcomes for people.

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

Rating at last inspection

This service was registered with us on 15 March 2021, and this is the first inspection.

Why we inspected

We carried out this inspection to award the service with an overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Byng 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Byng House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Byng House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 8 people (including people using an intermediate place), 6 relatives, the registered manager, the deputy manager, the activity co-ordinator, the chef, the head of housekeeping, a nurse, a student nurse, 3 members of care staff and 3 visiting professionals.

We looked at records in relation to people who used the service including 4 care plans, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to live in a safe environment. Although we were assured checks to the environment were carried out, some checks were not always recorded in sufficient detail, for example, window restrictor checks.

We recommend the provider reviews systems for recording health and safety checks.

- We spoke to the registered manager about this, on the second day of our inspection, we were shown new paperwork which was due to be introduced to help better record health and safety checks.
- Risks to the health and safety of people were assessed and action was taken by staff to lessen known risks. People's care plans contained enough information for staff to help support people safely.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Processes were in place for identifying lessons that could be learnt following incidents or significant events in the home. Any events were discussed with staff to help with reflection and to help identify where improvements could be made in the future.
- Staff had received training in how to record accidents and incidents. Although we were assured the registered manager and provider had oversight of accident and incidents and appropriate action was taken to help minimise the risk of recurrence, analysis had not always been recorded in full.

We recommend the provider better records the analysis of accidents and incidents to help better evidence the identification of patterns and trends.

- People and their relatives told us they felt the care and support provided by Byng House was safe. One person told us, "I feel very safe here." "A relative confirmed, "[Name] is completely safe here, I have been away for a week, I feel reassured to go on holiday, as I know staff will look after [Name]."
- Staff received safeguarding training and knew what action to take if they had any concerns. A member of staff told us, "We are trained in safeguarding, any concerns and the manager would act on it."

Using medicines safely

- People received their medicines as prescribed and at the right times. One person told us, "I get all my medicines on time, including painkillers."
- Medicines were stored securely and within safe temperatures in line with guidance. Fridge and clinic room temperatures were checked daily, to help ensure medicines were stored safely.

- For people who were prescribed medicines applied to the skin, TMARs (Topical medicines charts) were in place and completed.
- Processes were in place to help ensure the management of controlled drugs was safe. Controlled drugs are drugs that are subject to high levels of regulation because of government decisions about those drugs that are especially addictive and harmful.

#### Staffing and recruitment

- There were enough staff deployed to meet peoples' needs in a timely way. One person told us, "I am not left waiting – if I ring my call bell, they [staff] come."
- A stable staff team was in place helping to ensure people received continuity of person-centred care.
- Safe recruitment processes were followed, and new staff were supported via an induction process which consisted of training and shadowing more experienced members of staff.

#### Preventing and controlling infection

- Cleaning processes, protocols and records were in place. There were adequate supplies of PPE. The home appeared clean and well maintained. One person told us, "My room is so beautifully kept, every day it is cleaned."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. We witnessed visitors during our inspection and saw the positive impact this had on people's psychological and emotional well-being.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to carry out their roles. Although we identified some gaps in staff training specific to people's needs and some areas of mandatory training, the registered manager had already identified this and training had been booked for staff.
- People and their relatives told us they thought staff had the right skills and knowledge to support them, a relative told us, "There are highly competent and professional staff here."
- Staff completed a programme of induction and did not work unsupervised during their initial shifts to help ensure staff progressed to become effective in their new roles.
- Staff were also supported in their role by the use of supervision and appraisal, which helped review and develop their practice and development.

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

- Although we were assured there was a strong emphasis on the importance of eating and drinking well and people were protected from any risks associated with eating and drinking such as swallowing problems, daily care records did not always accurately reflect this support. We spoke to the registered manager about this who confirmed staff would be reminded about the importance of consistent recording.
- People exercised genuine choice and had access to sufficient food and drink. Food was home cooked on the premises and people were supported to eat a varied and healthy diet. People told us they enjoyed the food at the service, comments included, "The food is top quality! And if I don't like what's on the menu, I can ask for what I want" and "I've been fussy about food in the past and now I eat anything, it's the way they present things, I am eating things I wouldn't have eaten before."
- People were actively involved in this aspect of the service. One person told us, "I made a suggestion about meat and potato pie and it's now on the menu."
- The dining environment was pleasant, and the dining experience was also used to encourage positive social interaction. The registered manager explained, "We encourage everyone to come together at mealtimes, we don't underestimate the importance of good food and drink to keeping people well."

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

- People's needs were assessed and planned for in line with best practice. This process started prior to people being admitted to the service. Expected outcomes were identified and care was regularly reviewed to ensure people's needs were being met.
- People's plans of care reflected their individual needs and preferences and represented an accurate and up to date reflection of the person. Where care was also provided by external specialists, any advice given had been incorporated into the care plan, providing staff with comprehensive guidance.

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

- The service was designed to meet people's needs. Many people using the service were undergoing rehabilitation and were able to navigate around the home with ease, corridors were spacious and people had access to a pleasant and enclosed outdoor court yard.
- In addition to having the privacy of their own room, there were different areas of the home for people to use for their preferred activities and private spaces which allowed people to spend time with their family and friends.
- People were able to personalise their rooms with their own furniture and décor, to ensure it reflected their preference and felt as homely and as comforting as possible.

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

- People were supported to live healthier lives, leading to more positive outcomes. Care plans contained evidence of input from health and social care professionals being followed by staff. Staff supported people to access external healthcare services and access information about their care and support, enabling people to make genuine and informed choices.
- Where people required external professional intervention, this had been requested appropriately, to help ensure people received effective and timely care and support. Any recommendations made by professionals were acted on in a timely way.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA 2005, and assessments to determine a person's capacity to make specific decisions had been completed adequately. We checked capacity assessments and found consent for care had been obtained from the appropriate persons and/or that the service was acting in people's best interests.
- For people who lacked capacity to make certain decisions about their care, legal authorisations were in place (DoLS) to support the restrictions placed upon them. Where any DoLS had expired, there was evidence that the service had requested the Local Authority to reassess those decisions.
- Staff ensured people were involved with decisions about their care, so their human and legal rights were upheld. During our inspection, we observed staff explaining and asking for people's consent before providing any care or support. People told us, "Staff make sure it's OK before doing anything" and "I have choices every single day."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and were supported with kindness. This was reflected in the feedback from people and their relatives. People were consistently positive about the caring attitude of the staff, comments included, "This place is my salvation, staff are angels and so kind, it's a lovely place – staff are so wonderful, second to none" and "This is my home, staff are like my friends. I couldn't be in a better place." A relative confirmed, "Staff go above and beyond, staff are like family, so accommodating, so lovely with [Name], it's completely person-centred care."
- The service took consideration of people's human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs were not treated as barriers to people accessing support and opportunities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost respect and dignity. Staff were allowed the time to build up trusting relationships with people and their families, so people received support from staff who understood their needs. A relative told us, "Staff have a very good understanding about [Name's] condition. There is staff continuity here, its amazing care, the highest ever score this place deserves."
- People were afforded as much control as possible, supported to direct their own care and support where possible and encouraged to develop and maintain their independence. As the service also acted as a rehabilitation service, it was an ambassador in the promotion of helping people to live an independent life of their choosing.

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

- Staff supported and encouraged people to express their views and make decisions about their care and support. This was done at every opportunity. For example, encouraging people to decide what clothes they wanted to wear that day.
- People's feedback regarding their care and support was sought via weekly residents' meetings known as 'coffee mornings' and questionnaires. Any feedback was acted on to help ensure people got the care and support they needed and wanted.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their relevant others were involved in developing their support plans in line with their needs and preferences. People were empowered to make choices and staff understood those needs and choices and how to ensure they were met.
- Care planning was focused on people's abilities and goals. A visiting professional told us, "We trust staff to carry out our instructions, we work as a team and that's crucial, we all have same goal – to see people achieve their goals."

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

- The service enabled people to carry out activities which were meaningful to them. The home employed an activity co-ordinator who helped to organise and facilitate activities for people. People enjoyed both on site activities and trips into the community, to help people feel a sense of belonging and avoid any feelings of social isolation.
- People had a say in what they wanted to do. One person told us, "We can make suggestions about where we want to go and it happens."
- Staff ensured people maintained relationships that mattered to them, such as with family and friends. People's significant others were invited to any events at the service such as summer fayres, birthday parties and external entertainers. Staff also took an active role in helping people's loved ones feel involved and updated in people's care.

End of life care and support

- The service supported people at the end of their life and often supported people who had been discharged from hospital on an end of life care pathway.
- Staff ensured people and their significant others were empowered and involved in developing end of life treatment plans, to support people to have a comfortable and pain free death which considered their beliefs, culture and wishes, in a sensitive and dignified way. The service also offered facilities for relatives to stay over to provide support to their loved one.
- Relatives were keen to share with us how well both they and their loved one had been treated by staff during such difficult times. One told us, "The dignity shown for Mum, staff even painted her nails, that meant so much to Mum, the link between staff and us, I can't find fault, staff calmed Mum down, amazing, professional, efficient, responsive and empathetic staff."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experience of care and support and could do so in a variety of accessible ways. Both people and their relatives told us they felt confident to raise any issues and that if they did, they would be taken seriously. One person told us, "I can raise anything with staff, I have raised things and they are so quick to sort it out."
- Although the service had not received many complaints, complaints were dealt with appropriately and any feedback was used as an opportunity to further improve the service.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were trained to communicate with people in a way they could fully participate and understand. People's care records contained guidance for staff on the most effective ways to communicate with people. People were provided information and reading materials in a format suited to both their level of understanding and individual communications needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although we were assured the registered manager understood the importance of their role and demonstrated a good understanding of quality performance and risk management, we found some systems to manage risks to the safety and quality of the service required further detail. We discussed this with the registered manager who confirmed they would act on our findings.

We recommend that the provider further strengthens its practices to ensure audits are recorded in more detail to help any shortfalls to be easily identified.

- The service had clear governance and accountability processes and staff understood their role and responsibilities.
- Management systems and processes were used to identify and manage risks to the quality of the service and helped to identify any actions for improvement in the service.

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

- The service had a strong positive culture which was person centred, open, inclusive and empowering. Safe, high quality and compassionate care was prioritised, and this ethos was shared and practiced by every member of staff. Staff told us, "The manager is so open, so dedicated and that cascades to all members of staff. [Manager Name] goes above and beyond for people" and "It's a great culture, it's about person-centred care, we strive for the best and give them [people] the best."
- The registered manager was instrumental in instilling the positive values and culture and was transparent and consistent in their practice and led by example. We received consistently positive feedback about the registered manager from people, their relatives and staff. A relative confirmed, "The manager has an open door, they are so passionate about what they do and this goes right through to the staff."
- Staff were keen to tell us how well respected, valued and supported they felt working at the service. It was evident this led to more positive outcomes for people. One member of staff told us, "Staff are happy here and happy staff lead to happy patients."

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

- The service involved people and their significant others in a meaningful way. Equality and diversity was

actively promoted and people were supported to have their voices heard to help shape the service.

- Various methods were used to obtain feedback from people about all aspects of their care and support, both in a formal and informal way. We saw written feedback from people in the form of questionnaires. Comments included, "The care at Byng House is exceptional. The staff show patience, care, compassion, dignity and humour" and "Nothing is too much trouble for staff and it's such a happy atmosphere, always."
- Support and resources were available to enable the staff team to be developed and be heard. The registered manager engaged with staff via formal meetings and supervision processes. One member of staff told us, "There is plenty of support for staff, we can speak up in staff meetings and raise anything, I feel comfortable to speak up."

#### Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision, helping to ensure people received an experience based on best practice outcomes, choice and preference. This was particularly relevant to the people who were receiving rehabilitative care and relied on staff being able to carry out this treatment.
- Professionals were keen to tell us how well the service worked with them in a collaborative way. One told us, "The service is so proactive with making referrals, there is lots of engagement with people and staff always follow any guidance or instructions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities. A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

#### Continuous learning and improving care

- There was a strong focus on continuous learning at all levels within the service. Management and staff discussed and considered information about the service's performance and how further improvements could be made.