

Byway Care Limited

# Byway House

## Inspection report

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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

Byway House is a residential care home providing personal care to up to 20 people. At the time of inspection, 16 people were living at the service. People were aged 60 and over and lived with a range of physical health needs, including conditions associated with the aging process, Parkinson's, diabetes and dementia.

The building was adapted over two floors with a lift and stair lift serving the first floor. People had en-suite bedrooms which were personalised to individual tastes. The service was very well maintained and furnished. Communal areas were light and comfortable and there was a landscaped, accessible, enclosed garden. The service was located in the heart of the village and had close links with community facilities.

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

People were treated with care and kindness. Feedback about the service from people and those close to them was consistently positive. People and relatives told us they received excellent care and could not praise the service highly enough.

People received personalised support from regular and committed staff. The environment met people's needs and a recent extension had further enhanced the facilities for people to meet their daily life needs.

People described the staff as caring and thoughtful. People told us that Byway House was a happy place to live. One person said, "everyone comments what a lovely feeling Byway House has." The registered manager and staff team were motivated and proud of the service they provided to people. Lasting and meaningful relationships with people had been established and there was good engagement with people using the service, their relatives and other professionals.

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. There was a flexible approach to risk management which promoted people's independence and provided opportunities for new experiences

Robust systems, processes and practices were followed and sustained effectively to safeguard people from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe. People continued to receive support from a skilled and consistent team of staff who knew them well. People told us they felt safe.

There was a strong sense of leadership in the service that was open and inclusive. The registered manager focused on achieving outcomes for people and their staff. There were high levels of satisfaction amongst people and relatives who used the service. Everyone we spoke with said they would recommend the service to others. Good practice was sustained through fully embedded and robust governance systems which

ensured people experienced good care.

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

The last rating for this service was outstanding (published 1 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Byway House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector

#### Service and service type

Byway house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and five professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with nine people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to receive feedback from relatives and professional who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to protect people from the risk of abuse. Staff understood how to report any concerns they had to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- People told us they felt safe and were supported to keep themselves and their belongings safe. One person said "I feel very safe here, staff look after me so well. I never feel afraid." One relative told us safety was the main reason they had chosen Byway House, and another said they considered the care provided to be safe.
- Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training. Staff knowledge of safeguarding reflected up to date information and guidance.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Information was recorded about known risks and people were supported in the least restrictive way to safely meet their needs.
- Risks to people were assessed, and measures were taken to mitigate these. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans.
- People were actively involved in discussion about risks posed to them and how these could be mitigated. Positive risk taking was encouraged, one person told us how they were able to continue to be independent with their ironing because they had worked with staff to reduce risks associated with this.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.

Staffing and recruitment

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people.
- People were actively encouraged and supported to be involved in the recruitment of staff. This included supporting the interview process, talking to candidates and observing their attitudes to ensure they aligned with the values of the service of caring with kindness.
- There were enough staff to meet people's needs. People and their relatives consistently told us there were enough staff and our observations confirmed this.

Using medicines safely

- People received their medicines as prescribed. Staff completed training to administer medicines and their competency was checked regularly. Staff supported people to be as independent as possible with taking their medicines and this was underpinned by appropriate risk assessments.
- Medicines were stored and administered safely. Medicine Administration Records (MARs) were completed in line with best practice. Regular audits of medicines were carried out by senior staff and the local pharmacy.
- Pro-active protocols were in place for people who required medicines to be administered 'as and when required' (PRN). These included discussions with the person as to why they might need the medicines and if any alternative measures could be taken. Staff were competent at recognising the signs and symptoms that could indicate a person was experiencing pain and how to address this appropriately with each person.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff had successfully prevented the spread of infection when one person had become unwell with a bacterial bug and the appropriate authorities had been informed.
- The premises were extremely clean and tidy, and people were protected from the risk of infection. Staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned.
- We observed staff using personal protective equipment (PPE) and good hygiene practices such as regular hand washing.

#### Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. Processes were in place to ensure accidents and incidents were recorded and analysed. Systems were in place to record the outcome of investigations and measures put in place to learn from these.
- Following a medication error, the provider had tried a new electronic medication recording system (eMAR) aimed at reducing the opportunity for medicine errors. The registered manager ceased using this system as soon as concerns were raised about its accuracy. A more robust paper system was implemented which had proved to be effective and successful at reducing administration and recording errors.
- Staff understood when and how to raise a concern. Processes were in place to ensure the relevant authorities were notified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had comprehensive assessments prior to receiving a service to ensure their needs could be met. People told us they had been fully involved in the assessment process and felt they had been listened to. A relative said "Great care was taken in every minute detail to make the transition the best it could be for us all."
- Assessments were clear and gave details of people's needs and preferences. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care. People had access to technology and equipment that met their assessed needs.
- People told us their assessments had very much been a two-way process and provided us with examples of this. One person had visited the service and met with people and staff before they made the decision to move. They told us hearing the experiences of other people who lived there and the transparency of staff in response to questions had been important in their own assessment of the service and decision making.
- A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included assessments to assess the risk of malnutrition and pressure sores. The service followed the National Institute of Clinical Excellence (NICE) guidance on oral care and hygiene. People's oral health care needs were comprehensively assessed and reflected within their support plan.

Staff support: induction, training, skills and experience

- The registered manager and provider ensured staff had a high level of support and appraisal. There was a robust induction process and a comprehensive range of training opportunities to ensure staff provided high quality effective support to people. The culture of the service fostered the continuous development of staff to ensure all staff had the current skills and knowledge to carry out their role.
- Staff received additional training in response to people's needs. For example, staff received awareness training in osteoporosis and arthritis and the impact for people living with these conditions. People told us their quality of life was enhanced through the staff's empathy and understanding.
- Staff told us they were very well supported and had access to training and development opportunities. Staff received regular supervision which they said was constructive and conducive to their personal development and wellbeing. Staff felt valued and supported by the registered manager and provider.

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

- Staff had a good understanding of people's individual nutritional requirements and supported people to eat and drink well. People told us they looked forward to the social side of meal times as well as the excellent food. There was a wide variety of home cooked meals and people had plenty of choice.

- People were fully involved in creating the menu and positive dining experiences had been instrumental in improving people's nutrition. For example. Themed restaurant nights enriched people's dining experiences and provided opportunities to try new food. During the inspection people were preparing to transform the dining room into a Mexican restaurant by making table decorations and flags.
- We observed one person being offered an alternative to the lunch choices available, they asked for wholemeal toast which was provided. People who preferred to eat in their rooms had trays made up with linen cloths and small vases of flowers. Peoples were offered sherry before their meal and a choice of wine was served with lunch. One person said, "Oh it's lovely, we have a chat over a glass of wine, it's very civilized and the food and company are fabulous."
- People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). Peoples support plans identified what types of food they could eat and what support they might need to eat and drink. Nutritional supplements were provided to people whose nutritional intake required a boost.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health care including GP, community nursing and chiropodists. A healthcare professional told us, "The staff are excellent at identifying if a resident needs to see a clinician, because they know their residents so well."
- People told us that they had good access to health services. We spoke with one person preparing to attend the local hospital for day surgery. The person told us they had received good support from local health professionals and staff prior to the operation date being confirmed.
- Records were kept about health appointments people had attended. Care plans and daily notes confirmed guidance provided by health care professionals was implemented. People were able to participate in activities and exercise designed to keep their minds stimulated and promote their wellbeing.

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

- People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout, and the first floor was accessible by a lift and stair lift. People in wheelchairs were able to move around the building freely and corridors were free from obstruction. Bathrooms were adapted to meet people's mobility needs.
- People were involved in the decoration and personalisation of their rooms. People's rooms were individualised and adapted to meet their own needs. Each person had a landline with a personal telephone number in their room, so they could keep in contact with families and friends. There was unlimited WIFI throughout the building which people used to access mobile devices, such as tablets and phones as well as voice controlled technology.
- The environment, furniture and fittings were maintained. There was good lighting and communal areas were bright and spacious. The garden was accessible and designed so that people could spend time relaxing or following hobbies and interests in horticulture. A bird feeder had been purchased for one person, so they could continue to feed the birds and watch them in the garden which is something they had enjoyed before they moved into Byway House.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 and they were. People told us that staff checked with them before offering and providing care and our observations confirmed this.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests. Appropriate applications had been made to the local authority to deprive people of their liberty in line with DoLS procedures.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff knew them very well and they were treated and respected as individuals. Staff supported people to be involved in decisions about their care and influenced decisions about the running of the service. This included the recruitment of staff, the environment, meals and the individualised programme of activities and social opportunities.
- People were provided with a range of opportunities to express their views about their care and support through regular care reviews, meetings and surveys. This ensured people's preferences continued to be captured and they received the care and support they needed. For example, we reviewed the minutes of a recent residents meeting where people discussed hiring a holiday cottage for a long weekend away. People told us staff were 100% behind them leading a fulfilling life.
- People told us they were fully involved in making decision about their care. For example, a person's care records reflected their decision to decline a medical examination. The person had been provided with detailed information to ensure they were able to make an informed choice and their decision had been fully explored with them. The person's care records demonstrated this was reviewed with them on a regular basis. Staff were provided with an awareness of the signs that indicated the person's health might be deteriorating and what action to take.
- People's wishes were routinely sought, and support plans updated to reflect any changes. For example, a person told us how with support from staff they had designed a circuit around the building aimed at maintaining their mobility and were provided with consistent encouragement to complete this on a regular basis. This led to the person's mobility increasing overtime and they were very proud to share with us their achievement the previous weekend when they had walked for half a mile along the prom. They said, "I could not ask for a more supportive team around me."

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

- Staff were motivated to provide a high standard of care, underpinned by the provider's embedded culture of 'person centred' values. People and their families told us the care and support they received was personalised and of a high quality. A relative said "They make my mum feel like the special person she is. I cannot explain to you how reassuring and comforting that is." A person told us "I like the positive attitude everyone has, it's such a happy place. You make me feel secure."
- People gave us examples of the personal touches provided by staff. For example, favourite dishes were made from people's own recipes and frozen, so people could enjoy their favourite meal whenever they chose. At Christmas people had received handmade ornaments made by staff with their name on to hang

on the tree as well as a stocking full of personalised gifts.

- Staff provided compassionate, thoughtful and respectful care. There was a genuine warmth and respect for the people they were supporting. We heard staff describe people in heart-warming ways such as "[name] is an amazing lady, we are all so very fond of her," and "[name] is an absolute true gentleman and such an interesting person, I could listen to him for hours." Another person was described as "fabulous with children" they went on to describe the joy she brought to the children from the local play group, commenting, "they absolutely love her."

Respecting and promoting people's privacy, dignity and independence;

Privacy and dignity was at the heart of the service culture and values. People told us they were always made to feel important and that they mattered.

- People told us they maintained feeling of control and independence over their lives which one person described as being the most important thing to them, adding "to remain in control of your life and be treated with kindness, compassion and respect is everything." Feedback from health care professionals was that people were treated with the utmost dignity and respect.

- People told us that staff actively promoted them to retain their independence. For example. One person's independence was maintained using voice controlled technology which enabled them to control the lights in their room and another person enjoyed their favourite newspaper in audible format via their electronic tablet. Equipment to water the garden was provided to a person who had previously enjoyed doing this at home. This had impacted positively on their well-being and mobility.

- People and their relatives told us they were always given a warm welcome and could visit at any time. People told us they were afforded privacy whenever they wanted it and received dignified care. For example. People feedback that being involved in choosing staff to support them was important as it made them feel valued and listened to as well as being an enjoyable experience. Another person described feeling empowered having undertaken fire training alongside staff.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships. For example, one person told us how they had been to visit their relative who had recently moved to a new care home and another person met their relative once a week for lunch. A person continued to attend a lunch club that they had enjoyed prior to moving into Byway House.
- People were supported to access activities that were meaningful to them and provided social interaction. People told us how they enjoyed the many activities on offer, including therapy animals, card tables and flower arranging. Staff at the service had forged links with a local supermarket who provided them with an fresh flowers every week. The service was full of flowers and arrangements made by the people who lived at the service.
- The service had strong links with the local community and were very active within local village life. People participated in local faith groups and clubs. People told us they really enjoyed engaging with the children from the local playgroup. We saw photograph's of people enjoying a day on the beach with the children which included building sandcastles and eating ice cream. Comments included " It was a fabulous day" and " It's so lovely to be around the little ones, they bring us all such joy".
- Staff were proactive in providing opportunities to enhance people's lives . One person had expressed a desire to go swimming and staff had supported them to achieve this. The person's family fed back , "This is incredible she hasn't done that in 40 years. You have given her a new life and interests free from worry and loneliness".

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

- People's care and support plans were person centred. Information was detailed, up to date and provided clear guidance for staff. Preferences and choices were clearly documented in people's care records.
- People were involved in the planning of their care and said they felt totally involved and consulted regarding how they wanted to live their lives. People were encouraged to make decisions that would enhance their physical and emotional well-being.
- Relatives told us how staff tailored the care of their loved ones to suit their personalities and how they had seen the positive impact from this including improved confidence, self-esteem , motivation and laughter. A person said " It's the best thing I ever did coming into Byway. You rescued me." A staff member said, "What makes me proud is the residents get a new lease of life coming into Byway, and that they are doing more than they were living in their own home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- People's communication needs were met, and information was presented to people in different formats. Care plans reflected people's communication needs and sensory loss and provided guidance for staff to ensure these needs were met. Equipment was provided to enhance people's communication and independence. For example, people who had sight impairments were provided with large button telephones in their bedrooms. One person said "it means I can keep in contact with my family without asking staff to dial for me."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. This was also available in an accessible format. Where complaints had been raised, they were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements. A relative told us, "The manager is most attentive and follows up any concern promptly to my complete satisfaction, though this has rarely been necessary."

- People's concerns and complaints were listened and responded to. People knew how to raise a concern or complaint if they were unhappy about anything and were confident it would be resolved. For example, new taps had been provided in a person's room after they reported that they were having difficulty using the ones already installed. Another person had raised concerns about the coffee that was being served. Staff responded by sourcing the brand the person preferred.

End of life care and support

- At the time of our inspection there was no one at the service currently receiving end of life care.

- There was a person-centred approach to end of life care and support. This was led by a staff member who had been identified as a champion leader in end of life care due to their knowledge and skills in this area. Information about people's end of life preferences were tailored around their individual situation. Staff respected people's individual beliefs and wishes and explored these where possible.

- Family members and advocates were involved where appropriate and people's thoughts and wishes were captured within their planning of their future support plan. A leader of a local faith group said "In a discreet way, Byway House always alerts me if a resident is nearing the end of his or her life and would wish me to visit. I appreciate that care very much."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager provided good leadership. Personalised care was central to the service's philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. Feedback from professionals reflected people and their relatives were at the centre of the service. A healthcare professional said, "It's a residential care home, that makes people feel like they are in a little hotel environment."
- People and their relatives told us they received an excellent service. A relative told us that every member of staff had a wonderful empathy and showed consideration for how hard it had been for them as a family moving their loved one into residential care. Comments included "No need for change or improvement," and "What could they improve on? Everything here is excellent already, absolutely first class."
- The registered manager's passion to ensure people received excellent care and support was reflected throughout the staff team. A health care professional described the team as "All competent and lead by a highly efficient manager." A relative told us they would most definitely recommend the service to other people adding, "If ever the time comes, I would be delighted to take up residence"
- The registered manager created a culture which developed staff's understanding of their role and responsibilities, which supported them to provide good and effective care. Staff skills were recognised and used to have the best possible impact for everyone. For example, one member of staff was championing oral health. As a direct result of their guidance and encouragement the service had seen improved oral hygiene and dental examinations.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. There was strong, clear leadership. Visiting health care professionals spoke highly of the management team and responsiveness of staff. One health professional told us, "I have always been impressed by the level of staff care, looking after the well-being of their residents and cleanliness of the home," another said, "I have worked with Byway House and find them to always be responsive, patient centered, care is effective and the home as a group and staff as a whole seem to be kind and caring."
- There was a robust governance framework in place and processes to drive quality. The registered manager undertook regular quality assurance checks and had oversight and knowledge of the day to day management of the service. These included checks on people's medicines, care plans, finances and monitoring the care being delivered. Any issues identified were cascaded to the team and action was taken



to address these.

- Staff demonstrated a clear understanding of the impact of their role on people's wellbeing, and a commitment to making a difference to people's lives. A staff member told us how proud they felt when people told them they had been missed after a few days off work. "One resident told me I'm not just a carer, I'm like their extended family." A relative described all the staff as caring, respectful and polite with the same ethos and empathy of care. They told us " I can see they are constantly there to meet all the needs of every individual."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There was a proactive and positive approach to partnership working embedded throughout the service. People's care plans showed how an embedded multi-disciplinary approach to people's care ensured improved outcomes. For example, the manager worked with health care professionals to develop a successful process that identified subtle changes in people's behaviour and well-being to provide early detection of underlying medical concerns. This had led to people experiencing improved outcomes such as receiving prompt medical attention and recovery.

hat identified subtle changes in people's behaviour and well-being to provide early detection of underlying medical concerns. This had led to people experiencing improved outcomes such as receiving prompt medical attention and recovery.

- Relatives told us they felt fully involved and consulted and communication with the service was excellent. One relative said " Staff consistently remind us that Byways is [name] home and they are there to facilitate all her needs both physically, mentally and emotionally. "Another said, "I am always fully consulted and updated, I have nothing but praise for the way the registered manager and her team involve me."

- Regular satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder and staff about the service. Feedback was overwhelmingly positive. The service connected with the community through engaging in different events, clubs and colleges and community groups. One person told us how they had enjoyed talking to people from the Duke of Edinburgh Award scheme, they said " The young men came and spoke to me about my past life and I had a chat to them about school, they were lovely, and I enjoyed chatting to them very much."

- The registered manager was involved in local leadership and care networks and updated their learning to continuously develop best practice and make a difference to people's lives. The registered manager had recently participated in a podcast arranged by the leadership council to share their knowledge of leadership in the care sector and their own experiences.

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 registered manager was transparent and efficient at carrying out their role and legal responsibilities. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

- The registered manager had told us about the recent change in ownership of Byway House. This included some planned social gatherings for people, relatives and staff with an opportunity to ask questions, say goodbye to the previous owners and welcome the new ones. People told us they received good communication and were kept up to date throughout the process.

- The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things went wrong. People and their relatives told us the whole team listened to people and respected their views. The registered manager spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.

