

Byway Care Limited

# Byway House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 11 May 2017 and was unannounced.

This was a comprehensive inspection carried out at Byway House. At the last inspection on 13 January 2015, the service was rated 'Good'. At this inspection, we found the service was now 'Outstanding'.

Byway House is registered to provide accommodation and care for up to 16 people with a variety of healthcare needs, including frailty of old age. At the time of our inspection, 15 people were living at the home. Byway House is a large, detached house situated on the corner of a private road and close to the local shops and coastline of Middleton on Sea. All bedrooms have en-suite facilities comprising a sink and toilet; bathrooms are separate. Communal areas include a lounge and dining area. A passenger lift operates between the ground and second floors and one of the staircases has a stair lift. Accessible gardens provide people with places to sit and have recently been refurbished to provide a pleasant, relaxing outside space.

A registered manager was in post. 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.

Staff were totally committed to providing an exceptional standard of care for people at the home and genuinely cared about people's wellbeing. One person said, "I have been living in this home for a few years and I really do like living here so much. It really feels like home. Everyone here is so kind and helpful". Nothing was too much trouble for staff and warm, caring relationships were evident. People were supported in their spiritual beliefs. People, if they wished, were involved in making decisions relating to their care and felt that their views were listened to and acted upon. This helped to ensure people lived their lives in the way they wished and in a way that made them feel valued. People were treated with dignity and respect by staff at all times; their independence was promoted which helped people to maintain their dignity. Staff had signed up to the Dignity in Care initiative which was about improving the quality of care and experiences of people using services. Staff put what they had learned into practice and had been provided with information about becoming Dignity Champions. The atmosphere at Byway House was conducive to ensuring people were happy and contented.

People were involved in developing the service and felt their views were listened to and that they mattered. There were opportunities for people to assist in interviewing new staff, to join staff in training and to attend residents' meetings. People felt their views and opinions were listened to and the registered manager met people individually every day to see whether they needed anything and to obtain their feedback about living at Byway House. Staff felt supported by management and were passionate about caring for people and their employment at the home. Relatives and visitors spoke highly of the care people received and of the management of the home. The culture was one of openness and transparency and it was clear that people

were at the heart of the home. The registered manager was committed to ensuring people received a high quality of care and was an excellent role model for staff. A range of audits had been put in place to maintain the high standards at Byway House and to drive continuous improvement. People spoke highly of the home. One person said, "I would recommend this place to anybody and anyone. It is a great place to live, especially in your latter years".

People felt safe living at Byway House. Staff had been trained to recognise the signs of potential abuse and knew how to report any concerns relating to people's safety and wellbeing. People's risks were identified, assessed and managed appropriately. Clear guidance was in place for staff to mitigate people's risks. Staffing levels were sufficient to meet people's needs and staff had time to spend with people. Safe recruitment systems were in place. Medicines were managed safely.

Staff had been trained to a high standard and had a good understanding on areas we questioned them on. New staff completed the Care Certificate, a universally recognised qualification. In addition to essential training that was organised to enable staff to understand and meet people's care needs, other training opportunities were available to staff. Staff received regular supervisions with the registered manager and attended team meetings. Staff were encouraged to submit any suggestions in the way the home was managed and any improvements to the quality of care for people. Staff had received training on the Mental Capacity Act 2005 and understood how to put the principles under this legislation into practice. No-one living at Byway House was subject to Deprivation of Liberty Safeguards.

People were very complimentary about the food on offer at the home and felt that catering was of a high standard. The lunchtime experience was sociable, with pre-lunch aperitifs on offer if people wished. People could choose what they wanted to eat and their choices were accommodated. Special diets were catered for and, where needed, advice sought from healthcare professionals where dietary advice was needed. People were supported to maintain good health and had access to healthcare professionals and services. The environment at Byway House was clean, warm and friendly. Communal areas were furnished to a high standard and people had personalised their rooms.

Care provided to people was person-centred and responsive to their wishes and needs. Care plans included detailed information about people's support needs and guidance for staff on how people wished to be supported. People and their relatives were involved in planning their care. A range of activities was on offer within the home and outings into the community were encouraged. People also enjoyed sitting in the gardens surrounding the home and short walks around the home. Complaints were listened to and investigated to the satisfaction of the complainants. People told us they had no complaints about Byway House.

## 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 continued to be safe.

People and their relatives felt safe living at Byway House. Staff had been trained in safeguarding adults at risk and knew what action to take if they suspected abuse was taking place.

People were encouraged to be as independent as possible. Risks were identified, assessed and managed safely. Guidance was provided to staff on protecting people from the risk of harm.

Staffing levels were sufficient to meet people's needs. Safe recruitment practices were in place.

Medicines were managed safely.

People and their relatives commented positively about the cleanliness of the home.

### Is the service effective?

Good 

The service continued to be effective.

Staff had been trained in a variety of areas in order to support people effectively. They attended staff meetings and had regular supervision meetings.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Mealtimes were sociable occasions at Byway House. Food was prepared to a high standard and people had a choice of what they wanted to eat.

Healthcare professionals were contacted if needed and people had access to a range of healthcare services.

Rooms were personalised and cosy.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

People were supported by staff that were committed to providing high quality care and had an excellent understanding of their needs.

Warm, friendly relationships had developed between people and staff. Staff demonstrated they genuinely cared about people and this extended to their relatives.

Staff involved people in decisions relating to their care and relatives were also encouraged to be involved, if they wished.

People spoke highly of staff and all said they were treated with dignity and respect. Staff had signed up to an initiative relating to this and had a good understanding in this area, which they put into practice.

### **Is the service responsive?**

**Good** 

The service continued to be responsive.

Care plans provided detailed information and guidance to staff on how to support people's needs.

Activities were organised within the home and outings arranged into the community.

People knew how to make a complaint and any complaints received were handled to the complainant's satisfaction.

### **Is the service well-led?**

**Outstanding** 

The service was very well-led.

People were involved in developing the service through attendance at residents' meetings, attending staff training and in interviewing new staff.

People, relatives and staff all spoke highly of the way the home was managed. Staff worked well as a team and described a 'family approach'. Staff felt supported by the management and of a culture that was open, with good communication.

Care provided was of an extremely high standard. Care was person-centred and comments from people and relatives unanimously praised the caring attitude of staff and that Byway House felt like home.

External healthcare professionals gave positive feedback about the care people received and that staff would seek help from them as needed.

A range of audits was in place to drive continuous improvement.

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# Byway House

## 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 was planned to check 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 11 May 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we spoke with ten people living at the service, two relatives and two visitors who were friends of people living at the home. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the head of care, a care assistant and the chef.

We asked for feedback from a healthcare professional who has given their permission for their comments to be included in this inspection report.

The service was last inspected on 13 January 2015. The service was published "good" overall following that inspection.

## Is the service safe?

### Our findings

People told us they felt safe living at Byway House. One person said, "All I can say is that I am very safe here and surrounded by good and caring people". Another person told us, "I feel so safe and happy and I'm so happy living here. I cannot fault them on anything really". A third person, when asked if they felt safe said, "I've never thought about it much, but I do feel safe here".

Staff had been trained to recognise the signs of potential abuse and knew what action to take if they were concerned about people's safety. One staff member explained, "It's making sure the environment is safe. The staff are trained to pick up any changes in a person's behaviours. We keep an eye on visitors who come into the home". They went on to explain how they would raise a safeguarding alert and that they would also contact the Care Quality Commission (CQC). They added, "A body map is completed for people on admission. If any injury occurs or when a carer is washing someone and a bruise is noted, we would complete a body map and report it". Staff completed safeguarding training annually and the local authority's policy on safeguarding was available for staff to reference in the registered manager's office. In addition, staff knowledge relating to safeguarding was continually checked and updated. For example, the registered manager had organised a safeguarding quiz which staff completed and included what action they would take if they suspected abuse was taking place. This provided evidence that staff had an up-to-date understanding about safeguarding and their responsibilities.

We asked people whether they felt their risks were managed appropriately and whether they were involved in making decisions about risks. One person said, "I do some of the things by myself, but I get help with the rest by the carers who are absolutely fabulous". Another person told us, "I get help with bathing and dressing which of course staff gladly do. They support me in doing some things by myself, but I can no longer do most things. I cannot think of anything to complain about really as I feel that we are looked after very well here". A third person said, "I am encouraged to be independent, but because of my age, I cannot do many things by myself. I use a frame to walk and staff support me". A fourth person told us, "They do encourage us to do things by ourselves, but as you will have noticed, most of us are old and so we tend to depend on staff for most things".

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. We looked at risk assessments within people's care records. Assessments were in place to guide staff in areas such as moving and handling, falls and pressure ulcer management. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The provider had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. The registered manager said, "We use the MUST tools and the BMI (Body Mass Index) tools. We are pro-active, not reactive". Specialist equipment was in place, such as profiling beds, pressure relieving mattresses and pro-pad cushions, to manage people's risk of developing pressure areas. One person required oxygen, so

staff had been trained on how to administer oxygen from cylinders, which were stored safely. Where people had sustained falls, these were reported appropriately and any necessary action taken. For example, a referral was made to the local authority falls team for one person and they were also checked for a urinary tract infection.

Monthly audits were completed regarding health and safety at Byway House. We saw appropriate audits had been completed in relation to the premises, the lift and moving and handling equipment.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager had a system whereby they could see on a display in their office when people summoned staff for help and how long staff took to respond. We asked people their views about staffing levels. One person said, "They are always there when you need them". Another person said, "We do get agency staff from time to time, but the permanent staff are pretty good. The manager is indeed a star. She is always there with her staff and she is very approachable. They are all really good. They are always there when you need them and that makes a difference". A visitor told us, "Without a doubt I have no worry about her and her safety in this place. She is receiving the best care possible. Of course, every care home like this one will always benefit from more staff, but that depends on cost. That said, in my opinion, this place is doing very well with the number of staff that it has and they keep the home very well, including cleanliness".

At the time of our inspection, 14 people were living at Byway House. They were supported by three care staff, with the addition of the registered manager on weekdays. At night, two waking night staff were on duty. The registered manager said, "I keep my staff. We pay them well, train them well and support them well. If someone goes sick, we sometimes use agency, but I prefer to do it myself". People's dependency needs were assessed prior to their admission to the home and staffing levels were based on people's care and support needs. One staff member felt that staffing levels were sufficient and commented, "I feel we have time to chat with people, but it depends on the shift". Another staff member said, "We definitely have time to chat with people. We do what we can. If we're rushed or stressed, we can talk to [named registered manager]. Afternoons are more relaxed".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

People's medicines were managed so they received them safely. We asked people about their medicines and the administration of these by staff. One person said, "I get my medication regularly and all that is done by the nurses [care staff] who make sure that I get the medication regularly and when I need it". Another person told us, "I get my medicines regularly and staff normally do ask me before they give them to me". A third person commented, "I get my medication regularly and on time. I suffer from a minor heart condition and so they keep that monitored".

We spoke with a member of staff who told us they were responsible for the ordering and receipt of medicines. We looked at the storage of medicines in the medicines room. Medicines were stored safely and securely. Where needed, the date of opening had been recorded on medicines, for example, on topical creams and eye drops. People had sufficient stocks of medicines to last over a 28 day cycle. Competency checks were undertaken on staff to ensure the safe administration of medicines. The head of care told us, "We keep a closer eye on staff who have only recently been trained to administer medicines". Medication administration records were completed appropriately to confirm people had received their medicines as

prescribed. On the day of our inspection, the temperature within the medicines room was 23 degrees Celsius, which is close to the maximum temperature of 25 degrees Celsius, beyond which medicines may start to lose their efficacy. We discussed this with the registered manager who immediately requested that a fan or similar be procured and entered this in the home's maintenance book. Monthly audits of medicines had been completed and an annual medicines audit had been completed by the prescribing pharmacy in April 2017. Minor areas for improvement had been suggested which had been acted upon.

People, their relatives and visitors were all extremely positive about the cleanliness of Byway House. One person told us, "I do like cleanliness and, as you can see, every part of the home is kept so clean all the time. Another person said, "My room is large enough and it is kept very clean". A relative commented, "We think that this home is very well looked after. My mother is so happy here and that makes us happy too. Yes, it is clean and people are so welcoming and friendly". We looked at comments posted on a care home website. One relative had stated in their review, 'We would highly recommend Byway House for the excellent care given at all times ... You are welcome at any time and it always looks sparkling clean; it's like and feels just like home. A big thank you to all the staff, each and every one of you. I forgot to mention the gorgeous food'.

## Is the service effective?

### Our findings

People confirmed that they received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One person said, "I have every confidence in the staff. I feel that they do a very good job in this place. I cannot tell you anything about their training, but I think that from what I see, they must have good training. They are excellent in what they do". Another person told us, "I have every confidence in the staff and the top notch care I get here. Judging from what they do, I think that they are either well trained or the lovely manager looks after them very well". A relative said, "Yes, I feel that the staff are reasonably qualified to do what they are doing and I think they are doing a great job here".

All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics, which the provider had introduced. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Elements of the Care Certificate were also used to update staff's knowledge on various topics. For example, one member of staff was working through four elements of the Care Certificate to update their knowledge. Another member of staff explained that some training was online whilst other sessions were face to face. They added that additional training opportunities were available and said, "I think we're very fortunate because the owners say, "If you need it, we'll pay for it". There's no specific training on people's health conditions, but during first aid training you can pick up a few tips. We get to know people and will notice if anything is different and then we call the doctor". We looked at the training plan which showed that staff had completed training in moving and handling, health and safety, infection control, fire safety, equality and diversity, medication awareness, safeguarding, mental capacity and first aid. The registered manager explained that staff had to achieve a minimum of 80 per cent to be successful in the online training.

Staff had supervisions with the registered manager on a regular basis. One staff member said, "[Named registered manager] is quite hot on those and they're held every six weeks". When asked what was discussed at supervision they commented, "Mostly if we do have any issues or any ideas. We're asked if everything is working for us and the residents. We try new ideas. [Named registered manager] likes the staff to be pro-active and says, 'What can we do to make it better?'" Staff files we checked included records of staff supervision meetings that had taken place.

Staff meetings took place and we looked at records of meetings that had been held in February and April 2017. At the latest meeting, topics under discussion were staff handovers, laundry, body maps, inventories of residents' possessions, dignity, care plans, mealtimes, storage and residents' needs. If staff were unable to attend the meeting, then they received a copy of the minutes later and signed to say when they had read them. One staff member said, "We do communicate quite well between teams", referring to the day staff and night staff. A 'read and sign' file contained information and updates that staff were required to read. For example, the latest communications included updates on risk assessments, diverticular disease, Still's disease and end of life care.

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). At the time of our inspection, no-one living at Byway House was subject to DoLS.

We checked whether the service was working within the principles of the MCA. Staff confirmed they had received training on the MCA. One staff member explained their understanding of this and said, "People have mental capacity, maybe not in all areas of their life, but if someone can make a reasonable decision and retain information, then they have mental capacity". One person said, "Of course we are given a lot of choice, like choosing what I want to eat or drink; what to wear and the time I go to bed or get up. I decide all these things and that to me is choice".

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. The majority of people chose to have their lunch in the dining room. Tables were attractively laid with tablecloths, napkins and small vases of flowers. People were served with wine, sherry or soft drinks before their lunch and we observed this was a sociable occasion. People chose what they would like to eat from a selection of food on the menu. We observed people eating independently and lively conversations were evident. Staff were on hand if needed and interacted appropriately with people as they ate. The food was nicely presented and looked appetising. On the day of our inspection, people had the choice of poached salmon, mashed potato and vegetables or ham salad. We asked people for their views about meal times at Byway House. One person said, "Although I don't tend to eat much, the food we get is second to none and we get quite enough of it. If you want to eat anything, day or night time, they will give it to you". Another person told us, "We get enough food to eat and they allow us to make choices of what we want to eat on any given day. You can ask for tea or coffee any time of the day and it will be given to you". A visitor to the home said, "I am happy and my friend is happy too with the type and quality of care she is getting here. As far as the food is concerned, she gets pretty much everything that she needs. They are all well fed and there is enough food to eat. Whenever I come in here they give me tea or food. They are very kind people". We observed staff welcomed all visitors in a warm and friendly manner, with the offer of drinks and food.

The registered manager told us that staff had been involved in the hydration project, an initiative to encourage people to drink more. They said, "We found it really useful. We educate our residents about the importance of drinking more. Some homes just offer tea and coffee, but we offer other things like guava juice and lemonade. As a staff team we always try new things and learn". A nutrition assessment was completed for each person when they were admitted to the home. Any special dietary needs, allergies, food preferences or cultural needs were communicated to the kitchen staff. Where needed, referrals were made to a speech and language therapist, for example, where people might not be able to tolerate a normal consistency of food. The chef told us that people could choose what they would like to eat for breakfast, including a cooked breakfast. At lunchtime, two main choices were on offer, with an additional choice of rice, salad or vegetables to accompany the meal. Supper consisted of a lighter meal. Menus were planned over a four weekly cycle and were reviewed every few months. The chef said, "We always ask the residents for their feedback. We always ask people what they want and we give them as much choice as we can". One person had decided they would like to lose weight, so lower calorie meals were prepared for them. The chef also told us that larger social events took place too at the home - a summer BBQ and Christmas party. Birthday cakes were made for people.

People were supported to maintain good health and had access to a range of healthcare professionals and services. One person told us, "I think that we are in a good place. I know that if I ever needed a doctor or nurse, they will make sure that I get one. So you see I have all the trust in the girls here". Another person said, "Of course we get all the medical services here which is really good". A relative commented, "Staff involve other agencies like doctors, nurses, etc. I am always working with the management and staff here regarding the care and treatment of my father. Nothing is done in isolation. They tell me everything even before I ask. For example, when he was unwell recently, I was kept informed all the time, day and night, and I am happy with that".

The registered manager told us, "We have a fantastic relationship with the doctors' surgeries. We don't call them for silly things. We encourage residents to go to the surgery if they can". On the day of our inspection, district nurses had visited to attend to people's healthcare needs. Care plans recorded details of any healthcare visits and actions arising. In addition, when people were admitted to hospital, a document entitled, 'This is Me' went with them. This document summarised pertinent information about people which hospital staff needed to know. For example, what the person liked to be called, what hospital staff needed to know about them, a typical day, a good day or a bad day, how they communicated and what was important to the person.

We observed that people had personalised their rooms with items and memorabilia of importance to them. Byway House was furnished to an extremely high standard, felt homely and had a warm and friendly atmosphere. A relative told us, "We looked at five other homes and nothing was as nice as this". A comment recorded online on a website that reviewed the care home stated, 'Byway House feels like a home from home. It's bright, airy and kept spotlessly clean. A peaceful environment with a lovely garden for residents and visitors to enjoy. The dedicated staff are helpful, friendly and happy – nothing is too much trouble for them'.

## Is the service caring?

### Our findings

People benefited from an exceptional standard of care at Byway House. They were supported by staff who genuinely cared about their wellbeing and would go out of their way to ensure people were happy and comfortable. Without exception, people, relatives and visitors to the home commented positively about the caring attitude evident at Byway House. One person said, "I have every trust in the staff as I think they are very confident in what they do. Whatever they do, they do it with passion. Most of us depend on them almost in everything really, so we have to put our trust in them. They are good and kind people". Another person told us, "This indeed is a place where you feel like you are at home and in your own place. The staff are really kind and caring to me. They are always there when I need them. I am hard of hearing, but they make sure that my needs are understood and catered for. I do a bit of reading and staff make sure I have something to read. They help me walk about on my frame and they are very supportive with anything that I need done". A visitor to the home commented, "These guys [staff] are indeed caring. The home is so welcoming and homely. Every time I come here they give me a very warm welcome and a cup of tea and biscuit. My friend is receiving excellent care here without a doubt".

Staff went the extra mile and the registered manager gave us examples of when staff spent time with people even when they were not due to come into work. One staff member came in on their day off to take a person to a flower show in Hampshire. Another staff member brought their horse to work one morning as they knew one person was very fond of horses. On this particular day, the person did not want to come out of their room, so the staff member brought the horse round to the person's open window. The person was able to see and talk to the horse. The registered manager told us that since then the person always asked how the horse is faring, so the visit obviously meant a lot to them. Catering staff would often bake cakes in their own homes, then bring them in to Byway House for people to enjoy. Staff were considerate of people's needs and would do what they could to enhance the quality of people's lives in kind and thoughtful ways.

We observed that warm, caring friendships had been developed between people and staff. In addition, to the rapport that was evident between people and staff, staff were kind and thoughtful with anyone who came to visit people at Byway House. Nothing was too much trouble. On the day of our inspection, one person was being taken to visit a friend at a care home in Worthing. The person had clearly enjoyed their outing and being able to maintain contact with their friend. A staff member said, "[Named person] hasn't anyone locally, so we support her to stay in touch, visiting a friend in a care home in Worthing".

Care plans included information about people's cultural and spiritual needs, social interests and hobbies. Staff knew people well, including their likes and dislikes. People were supported in their spiritual needs and staff were respectful of these. One person said, "I am a Christian and I feel that my faith is recognised and respected. This makes me feel good". One member of staff told us that they enjoyed sitting down with people, having a cup of tea and joining in with family visits. A sum of money was allocated to staff who knew the individual really well and would buy a present for them as they celebrated their Birthday.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. One person said, "They have asked me about my care plan, but they take care

of most of that. I have had meetings with them". Another person told us, "Yes, they do listen to me and respect my views when I ask them something or make a suggestion to how I feel". A third person commented, "I am encouraged to make my own decisions. They do listen to what I say to them and respect my decisions". We looked at people's care plans and these corroborated that people had been involved in decisions relating to their care. A staff member said people were involved in their care planning. They said, "We talk with people and we plan around what people want. People are more than welcome to read their care plans". When we asked this staff member if relatives were involved in care planning, they told us, "A lot of the time they're not, that's their choice. If they want to be, then they are, it's up to them".

Throughout our inspection, we observed staff treated people courteously and with respect. One person said, "They treat me with dignity and respect all the time. They are simply excellent". Another person told us, "I feel that they respect my personal dignity and space. They always respect what I say to them or if I want something done. Every day they do check on me and make sure that I am well and comfortable". A third person said, "They respect my personal space and I am treated with utmost dignity all the time, especially when helping to wash and dress. I am really grateful for that". A fourth person told us, "Personally I am happy with the quality of care that I get here and I cannot think of anything to fault them really. It is in every sense an excellent home and I love living here. They treat me with respect and they allow me to make decisions on anything. It feels like being at home".

The registered manager said they had signed up to Dignity in Care and that staff have been provided with information about becoming Dignity Champions. The Dignity in Care campaign has core values stating that everyone should have dignity in their hearts, minds and actions, to change the culture of care services. The emphasis is about improving the quality of care and experiences of people using hospitals, community services, care homes and home support services. Worksheets had been completed by each staff member to aid their understanding on the topic and in relation to people's human rights and dignity. This enabled staff to understand the positive impact of treating people with respect and ensured people's opinions were valued and listened to, thus improving their quality of life. One staff member explained, "People need to know they're their own person. They are encouraged to be as independent as possible, which gives them their dignity back. It's about making people feel great about themselves".

We asked staff how they treated people with dignity and respect and it was clear from their responses that staff were passionate about promoting people's self-worth and self-esteem. One staff member said, "Exactly how I would like to be treated. I would ask them their preferences and allow them to be independent. I treat people with politeness and courtesy. We allow people to have their privacy and have a very good rapport with them". Another staff member explained, "With personal care, you cover people up and keep them warm. You get to know people's routines and they feel comfortable with you. People like compliments too as it makes them feel better".

On a review website relating to Byway House, one person stated, 'My mother has been in this home for seven months. The carers are amazing, all of them. The manager is extremely caring for her residents and very organised. I am extremely happy that my mother is in Byway House'.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority.

We asked people whether they were involved in planning their care needs. One person said, "Staff talk to me and show me all options. We work together and they go through my plan with me. I don't have family, but my friend does come regularly and he has been involved in conversations regarding my care". Another person told us, "To a degree yes, but my children take care of that though they live far away. But I trust the staff here and I believe that if there were any changes or issues, they will talk to me, without a doubt". A third person said, "Yes, I talk to staff about my care needs and they work with me all the way to make life better for me. They look after me very well. They would not do anything without talking to me and I trust them". A visitor commented, "I think that my friend is informed all the time about her care and the needs she presents. I have no complaint at all concerning this home, but if I had any issues, they would talk to me and my friend without a doubt".

We looked at a range of care plans and these provided detailed information and guidance to staff on people's care and support needs. These included: cognition, psychological needs, physical, social and end of life needs. Under each of these headings, care plans were sub-divided again. For example, under cognition, there were further assessments relating to any brain impairment, memory, communication, orientation, recognition, perceptual difficulties, practical skills, understanding and behaviour. Personal histories had been recorded for the majority of people, but the registered manager said they were working to ensure every person had a personal history in place. Guidance provided to staff within the care plans ensured they provided appropriate support to people. For example, one person had a particular medical condition which meant they had a significant visual impairment. We read, '[Named person] does not have a water jug, but a bottle, which is topped up, so they can remain as independent as possible'. Each person had an allocated keyworker, who would help update people's care plans and buy any toiletries or Birthday presents. If people had any issues they wanted to discuss, then they would raise these with their keyworker first. Daily records were completed and staff recorded in detail, twice daily, how people were and what they had done that day.

Organised activities were structured based on people's preferences and we observed some musical entertainment which was enjoyed by several people at the time of our inspection. We overheard one person saying that the activity helped, "Keep her mind ticking". One person said, "We have excellent activities here in which we are all encouraged to take part, but no-one is forced to do so. I take part in these activities and there are many, so you get to have a good selection of what you would like to take part in". Other people said the activities helped them to keep active and entertained. A visitor and some members of staff were also observed participating in the activity on the day of our inspection. We looked at the activity diary for May 2017. Activities on offer included quizzes, gardening, exercises, musical entertainment, games and

Bingo. A themed activity had been organised for people relating to cruising. The registered manager explained these themed activities were planned by staff with people, so the 'cruising event' might include people dressing up as if they were on holiday on a cruise liner. People could also go out into the community, either with staff or relatives. One staff member said, "We can take people up to the beach. I think that's why people choose to live here because it's so lovely". A trip to see 'The King and I' had been organised for some people at a local theatre. Where people chose not to go out, a lady came in who sold toiletries, clothes, sweets and biscuits. A 'shop' was set up so people could buy things. One staff member said, "It's for people who don't like to go out. It means they can do their shopping".

On the day of our inspection, the weather was sunny and warm. After lunch, we observed the registered manager asking people if they would like to go out for a walk. A few people indicated they would like this and left happily with the registered manager to enjoy a walk down the road.

People's experiences, concerns and complaints were listened to and managed to their satisfaction. The registered manager showed us the 'Low level of concerns' book. Five items had been recorded for 2017 to date. None was of significant concern, but required action to be taken. For example, one person had a new bathroom heater installed in their bathroom and stated they could not reach the cord. This issue was communicated to the maintenance staff and a longer cord was put in place. Some residents had complained about the brand of coffee which had been changed, when they preferred another brand. As a result, the registered manager had recorded, 'We will ensure we have several jars of the preferred brand in stock at all times'.

People explained to us how they would make a complaint or discuss any concerns they had. One person said, "If I needed help I would speak to the lovely carers here and the manager, but I have never had anything to complaint about. I believe that they will listen to me". Another person told us, "I am quite happy with the way everything runs here and thus have no complaints or any issues. The manager and all the workers would be the people to speak to in case there was anything to complaint about". A third person said, "I have nothing to complain about. I am happy and safe here and if I had anything to complain about, I would speak to the manager or any of the carers".

A member of staff explained how they had sorted out an issue which had worried one person living at Byway House. They told us, "One person had complained about their room being untidy, so I spent the whole afternoon helping them to sort out their drawers and wardrobe", which had made the person happy.

## Is the service well-led?

### Our findings

People and their relatives were actively involved in developing the service. One person told us, "I am involved in a number of initiatives like residents' meetings, helping in staff interviews and fire training. That makes me feel valued". Another person said, "Yes, I have been involved in staff recruitment and I thought it was good of them to ask me". A third person commented, "I have attended residents' meetings and there we talk about many things concerning our living here. I think they take what we tell them seriously". A relative said, "I have no concern whatsoever concerning the care that my father receives. He is very happy and has been since he has lived here. The communication between us, the management and staff is excellent. The management has put in place a kind of open communication which works very efficiently both ways".

The registered manager explained how they were pro-active in involving people in the running of the home. They said, "We actively encourage residents to be involved in training, for example, fire training", which meant they had a good understanding of what needed to be done to evacuate everyone safely in the event of an emergency. The registered manager felt it was important for people to understand why fire drills were undertaken and where fire extinguishers were located. Each person, through the training, also understood why Personal Emergency Evacuation Plans were in place and the relevance of these. The registered manager said they had plans to invite relatives to be involved in moving and handling training, so they would be able to move their loved ones safely. They added, "Which would help them when pushing people around in their wheelchairs". In addition, when relatives supported their family members to get in and out of cars, the training would cover the risks related to skin integrity. People told us they enjoyed participating in the staff training and one person had expressed a wish to complete training related to Parkinson's disease as this was of interest to them. After the inspection, we heard this person had completed the training and found it of interest.

As well as participating in training, people were involved in the recruitment of new staff. The registered manager told us that it was important for people to be involved in interviewing new staff because staff worked directly with people. People would interview candidates independently of the registered manager and would put together their own questions, rather than being led by management. After potential new staff were interviewed, the registered manager asked people who had been interviewing for their feedback and observations. This meant that people's views were valued and their opinions listened to when new staff were recruited.

Residents' meetings were organised and we looked at minutes relating to a meeting held in May 2017. People were asked whether they had anything in particular they wanted to share or discuss. Activities were enjoyed and one person said they would like a 'history morning' organised again if possible. People had also asked to go out for lunch to a local pub or garden centre and arrangements had been made to ensure this happened. Menus and the food on offer were discussed and people expressed their satisfaction with the catering arrangements. A staff member commented, "Everyone is involved in running the home. People can lay the tables if they want to".

People were asked for their views on a daily basis. The registered manager walked around the home and visited every resident and we accompanied them at the time of our inspection. It was clear that the registered manager knew everyone extremely well and people were happy in her company. Comments from conversations or issues that required attention were recorded in a 'Walk-around Book'. The registered manager had organised a 'Question of the month' where she asked each resident for their views and feedback on a particular topic. For example, in March 2017, the question of the month was, 'How would you describe your experience living at Byway House?' Comments from people included, 'Welcoming, good staff. I like them more than the residents [jokingly]', 'Happy to be here. Homely, helpful staff. Well looked after', 'Couldn't wish for any better' and, 'Very happy, amazing staff. Always there when you need them. Food is good'. One person had stated there were no restrictions placed on them and added, 'There's no 'them and us' with the staff. Everyone is so friendly'. When the garden had been recently revamped, people were asked for suggestions and what plants they would like to see planted. All suggestions were discussed and passed on to the gardener.

We asked the registered manager about the culture and ethos of the home. They said, "To be honest, we all share the same vision. Residents come first, this is their home. I think we stand out. Our whole ethos and vision is very much led by the residents. We get such lovely comments from family members saying we get it right. I'm really proud to work here as are my staff. We try and ensure residents live the life they want to live". The registered manager worked occasional shifts on the floor, during the day and at night. They explained, "For me, I can observe the staff in a more informal way; I work alongside them. I can 100 per cent say that person-centred care is put into place because I can see it. Working with the residents means I get to know those little details about people that other managers may not know about their residents".

Staff knew and understood what was expected of them and felt supported by management. One staff member said, "I think Byway is gorgeous. I couldn't work anywhere else. I've seen three managers since I started work here and [named registered manager] is the best". We asked the same staff member whether they felt there were any challenges in working at the home or any improvements that could be made. They told us, "To be honest 'No'. Anything I've thought of, the manager has done. We concentrate on what we're doing and we do it as well as we can". Another staff member said, "I love it. I love talking to older people. The management are brilliant and [named registered manager] is always there". They added, "Personally I've never been happier in my work. I feel really comfortable and happy. It's always changing. The staff are lovely. If I have concerns about the residents, I would talk to the manager about it". All staff we spoke with felt the registered manager was very approachable and there was an open-door policy in place. The chef said, "It feels like a lovely little family. Everyone gets on with each other". We asked the registered manager whether they felt supported by the provider and they said, "We are one unit. Staff can contact the owners in my absence. When I walk out the door, I know the standard of care won't drop. Staff tell me they're proud to work here, as am I".

Excellent management and leadership were evident. One person said, "The short time I have been here, all I can say is that this place is really good and provides an excellent service to me. I don't know where I would be if I hadn't come here". Another person told us, "The young manager has a very kind heart. She is like an angel in whatever she does. She understands me and my troubles very well". A third person commented, "We have got excellent staff and an excellent manager. I don't know how you could improve on a service such as this". A visitor said, "By all accounts this is an excellent home with excellent people. My friend says that she gets the best service in this home. I think I may also end up here if I can afford it. The type and quality of care is second to none as far as I know". A relative told us, "This home is managed so well and with excellent staff. I talk to the manager and staff every time I need to. They are very accessible all the time. I can't think of anything else apart from saying that the home is very well managed. It is small and beautiful".

A range of audits had been put in place to measure and monitor the care delivered and to drive continuous improvement. These included premises and equipment audits, medicines audits, care plan reviews and feedback from people and their relatives. The registered manager said, "I think we're good at analysing ourselves and identifying areas for improvement and putting these into action. We strive to be the best. The care is outstanding and tailored to meet residents' needs. Staff training works. Residents are involved in the home and I'd like to feel staff are supported by me. We're a team and we work alongside each other". The registered manager told us that the providers visited regularly, saying, "If the residents need something, the owners will get it. They come and visit and see all the residents". A member of staff felt Byway House was the best place they had ever worked at and said, "I've been to other homes on work experience. This home is clean and the staff are friendly. It's a small home, a family community and everyone knows everyone really well. It's personal, yet professional. You will always try your hardest, but we are encouraged by [named registered manager] to do more".

Good practice was shared between managers of care homes in the area. The registered manager met with these managers to discuss topics of interest, to share policies and procedures and to talk about CQC updates. The registered manager told us that their idea of involving people with interviewing new staff had been adopted by other care home managers. The registered manager said they had also joined up with other managers on social media to share good practice. The home worked in partnership with other agencies, such as GPs and other healthcare professionals. The registered manager attended meetings at the local medical practice where talks took place on topics such as urinary tract infections and the prevention of falls. When people were reaching the end of their lives, advice and support was sought from a local hospice.

Comments from people, their relatives, visitors and from staff were, without exception, extremely positive regarding the high quality of care. In our observations throughout inspection, it was clear that people received the best possible care and that they were happy living at Byway House. One person said, "I have only been here for a very short time and I'm still getting used to living here. I think that this home is one of the best of its kind in the area. I am happy with everything. Staff are excellent and very caring. My room is upstairs and it's kept very clean all the time. I think I will like it here". A relative told us, "I feel that she gets the best care. It is a small place with excellent service where everyone gets attention. It is the best place for my mother to be right now and I cannot think of any other".

The registered manager was keen to explore and forge links with the local community. An annual BBQ was held where people, their relatives, friends and neighbours were invited. The registered manager said this was a popular event and well attended. One person at the home had taught Bridge to others at a local village hall on a weekly basis. When they were no longer able to visit the hall due to health issues, the Bridge class members were invited to continue the classes at Byway House. The registered manager was in the process of liaising with a local school and had asked their permission for school children to visit the home. People, who had lived experience of World War II, were keen to chat with the children on this topic which would support the children's understanding of what it was like during that time in history. The registered manager said, "I think it's important to forge a link between the younger generation and the older generation. They both get a lot out of that". People at the home had also raised money for charities connected with the forces.

In April 2017, a district nurse made comments about her experience and these were recorded. She stated this was her first visit to Byway House and commented how welcoming staff were. We received feedback from another healthcare professional, who gave their permission for their comments to be used in this report. They told us, 'Byway House rarely admits residents to hospital. They have a great relationship with community services and manage areas of care within the home, knowing when to seek advice and help from

services within Primary and Responsive Services. The care residents receive is pro-active, responsive, effective and caring'.

On a review website, a relative had written, 'This is my second review of Byway House and all of my previous comments, which were all positive, still stand ... I visit nearly every day and I am always greeted with a cheery smile and the offer of a cuppa. I sometimes find my mother chatting with one of the 'girls' [staff], reminiscing or going through photo albums and she really enjoys their company. One of the girls once downloaded her favourite music onto her iPad, which was extremely thoughtful. We cannot thank the staff enough and my mother frequently says how kind everyone is. But it is much more. They know her as an individual and now, after a trip out, my mother says that she is ready to 'go home'!