

## Newcastle-upon-Tyne City Council

# Byker Lodge

### 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

Byker Lodge is a service which provides short stay care for people living with dementia, who require emergency care in crisis situations. The service provides accommodation and personal care and support for a maximum of 25 people. The premises is split over 3 floors, has a communal lounge, two large sunrooms, bathrooms, laundry, garden area, offices and a kitchen/dining area which have all been designed to support and encourage people's independence. At the time of the inspection there were 18 people using the service.

We carried out an unannounced comprehensive inspection of Byker Lodge on 15 and 16 March 2018. This meant that the provider and staff did not know we were coming.

At the last comprehensive inspection we rated this service overall as good. At this inspection we found the service remained good. We found no breaches of regulations and the service was meeting the legal requirements. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post who had been registered with the Commission since 2011. The registered manager was aware of their responsibilities and had a clear vision for the service in partnership with the provider's organisational vision. The registered manager had submitted notifications as and when required.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager

The premises were safe. Regular checks of the premises, equipment and utilities were carried out and documented. There were infection control procedures and risk of control of substances hazardous to health (COSHH) in place. The provider had recently reassessed environmental risks and had removed a range of potential risks to people. Medicines were safely managed and there were robust medication policies in place.

People's care plans reflected their individual needs and risks were assessed and reviewed. We found there were policies and procedures in place to help keep people safe. There was a business continuity plan in place for use in emergency situations. These were also reflected in people's care plans with personal emergency evacuation plans (PEEPs) to support the safe evacuation of people in an emergency.

We reviewed staffing levels within the service and found these matched the assessed support requirements for people. We reviewed accidents and incidents at the service and found these to be all appropriately recorded, investigated, lessons learned shared with staff and were regularly analysed by the registered manager for themes, trends and further learning. Where applicable referrals had been made to the local

safeguarding team and these were also fully investigated with outcomes and actions.

Staff were safely recruited, completed a thorough induction and they were provided with all the necessary training required for their role. There was training provided for staff in delivering end of life care and challenging behaviours in addition to key areas such as safeguarding and moving and repositioning safely. We saw evidence of regular staff supervisions, yearly appraisals and team meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. 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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

Staff treated people with dignity and respect. We observed people enjoyed positive relationships with staff and it was apparent they knew each other well. People and their relatives told us that staff knew what they liked and disliked. People received good person centred care which was clearly documented in their care plans. There were records showing assessments of people's needs prior to entering the service and evidence of regular reviews and further assessments as people's needs changed. There were regular reviews of people's care plans with involvement from relatives, other professionals and partnership agencies.

We saw referrals to other agencies, for example the dietician and GP, in people's care files. People were supported to eat and drink a healthy balanced diet.

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people discretely if they could carry out personal care and if they required support. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives.

There was a complaints procedure in place at the service. Any complaints received were logged electronically on the provider's system, action plans were created and lessons learned from events and incidents were documented. We saw records of activities undertaken by people and relatives told us that people were supported to carry out their own choices for activities.

There was a robust governance framework in place to continually monitor and improve the service. We saw evidence of involvement from the provider's senior management team and documented audits carried out during their visits to the service. All of the documents we reviewed were accurate, regularly reviewed and very organised with a clear structure.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Byker Lodge

## 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.

We carried out an unannounced comprehensive inspection of Byker Lodge on 15 and 16 March 2018. This meant that the provider and staff did not know we were coming. The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to an on-going criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of control of substances hazardous to health (COSHH) and safety of people using the service. At the time of the inspection we had been provided with assurances from the provider that the identified risks had been mitigated and were no longer applicable. During this inspection we found that the premises were safe and the provider had taken appropriate actions to ensure people living at the service were safe.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we held about the service. This included any statutory notifications that we had received. Statutory notifications are specific pieces of information about events and incidents that occur in the service, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback. Prior to the inspection we did not ask the registered manager to complete a Provider Information Return (PIR). This is a form that the registered manager sends to CQC with key information about the service, what improvements they have planned and what the service does well.

During the inspection, we spoke with 13 people who used service, two relatives and five members of staff including the registered manager. We reviewed the care records for two people and the recruitment records for three members of staff. We reviewed documentation, inspected the safety of the premises, carried out observations in the communal lounge and had discussions with people who used the service, their relatives, and staff.

# Is the service safe?

## Our findings

People living at Byker Lodge told us they felt safe. One person told us, "Yes, I feel completely safe and I'm happy." All the people and relatives we spoke with were positive about the safety of the home.

We carried out a tour of the home to make sure the premises were safe. We reviewed risk assessments and procedures for the control of substances hazardous to health (COSHH). These were all accurate and there were protocols in place for staff to follow if people accessed any substance that may cause them, or others, harm if they came into contact with them. We saw pictorial signage to support people with their independence. We reviewed records for the testing of equipment, water, electrical, gas and other premises testing to keep people safe. The service had current certificates to show it was fully compliant with health and safety requirements. We saw evidence of infection control procedures being followed and cleaning took place throughout the inspection.

There was a business continuity plan in place should the service be interrupted for some reason. There was a fire risk assessment in place at the service and this also included people's Personal Emergency Evacuation Plans (PEEPs). A PEEP is a plan that provides staff with information about the levels of support a person would need should they be required to be evacuated in an emergency. The service had colour coded doors for people so that staff could easily identify if there was a PEEP in place in case of an emergency.

Staff recruitment procedures were safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of residents and were regularly reviewed when people's needs changed

The staff we spoke to were aware of safeguarding policies, procedures and escalation routes. Staff were able to explain their role in keeping people safe. One staff member told us, "If I ever saw anything I thought was concerning I would take it straight to a co-ordinator or higher. I can ring the main team at safeguarding too." Another member of staff said, "We have training in safeguarding and there's information available on the computer and in the office."

Accidents and incidents were recorded on a central system. These were then analysed for any trends and action plans were created. Lessons learned were recorded and shared with staff and the provider. We reviewed the accidents and incidents log and saw that lessons learned had also been shared with staff during supervisions.

People's care records and plans detailed their current individual needs. Medicines were securely stored in a separate area of the service which was only accessible to staff. Medicines administration records (MARs) were checked regularly and were correctly completed. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people required additional medicines such as

pain relief medicines. One person told us, "I get what I need when it's needed. I get my pills and they help me with them."



## Is the service effective?

### Our findings

People living at Byker Lodge had their treatment and support delivered in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA) and National Institute for Clinical Excellence (NICE). Staff had received training through comprehensive inductions and refresher training sessions to make sure they had the skills to care for people using the service. Staff received regular supervisions and annual appraisals.

Daily notes were kept for each person. These contained a summary of the care and support they had received and these, along with detailed person centred care plans. We observed a staff handover meeting which detailed all aspects of care provided to each person, any changes in people's needs, ongoing concerns with their health or presentation. We saw evidence of referrals to other health agencies to ensure people received effective care and treatment.

People were encouraged to eat and drink throughout the day and we saw staff supporting people to make their own meals and eat a balanced diet. One person told us, "I never go hungry, look at all this food." Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. If people were at risk, we saw evidence of referrals to the dietician and GP.

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For the two people whose records we reviewed, applications had been submitted to the local authority supervisory body for assessments and authorisation to restrict their liberty, as it had been assessed that this would be in their best interests. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

Care records included people's 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) status. The DNACPR records were up to date, included an assessment of capacity and documented everyone who was involved in the decision.

The service was appropriately adapted for people living at the home. There was pictorial signage around the

service. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word.

## Is the service caring?

### Our findings

People at Byker Lodge told us that they were well cared for. During the inspection we observed positive interactions between people using the service, staff and relatives. One relative said, "The staff have been simply marvellous and like an extended family to us."

Staff at the service understood the likes and dislikes of each person. During the inspection we observed staff asking people if they would like to do activities and talking to people about their personal interests. One person said, "They are my friends. [Staff member] loves to talk to me and we sing. I like to sing and they know that." A relative told us, "[Person] is looked after and cared for. What more can I ask for?"

We saw initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were in partnership with people, relatives and professionals. People using the service and their relatives all consented to their individual care plan which was clearly documented. One relative said, "Because [person using the service] came here really quickly we didn't know what to expect. They've supported us all the way and everything is in place now so [person using the service] is getting what they need now, we know what they need and they've asked us to join in. I can't thank them enough."

People's privacy and dignity was respected by staff. During the inspection we observed staff asking people discretely if they could carry out personal care and if they required support. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was an information pack provided to people and their relatives when they first joined the service and this explained about the support provided by the provider. Staff were able to inform us about the different activities available for each person and what support they required to carry out each activity.

The registered manager ensured staff encouraged people's confidence, engaged partnerships between families and the service, and maximised independence, choice and control where possible. We observed staff encouraging one person to select what clothing they would like to wear. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious belief.

## Is the service responsive?

### Our findings

People received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. One person said, "I like to go out. I go and they come with me."

People were encouraged to take part in and attend activities. During the inspection we observed staff interacting with people and carrying out activities with them. People told us about activities they had been to, which included bingo, reading and games. Activities were carried out and planned by staff at the service. People were encouraged to keep contact with relatives/friends and attend sessions in the community with support.

People had personalised care plans which reflected their individual needs. These included plans related to medicines support, personal hygiene and physical well-being. Care plans were regularly reviewed, updated and audited. We reviewed two people's care files and these were person-centred and contained detailed instructions for staff about how to support people appropriately and in line with their personal care needs. There were corresponding risk assessments for each care plan and mental capacity assessments were needed.

The provider had a robust complaints procedure in place and this was documented in a complaints policy. We reviewed the complaints log for the service and the actions taken in response to complaints that had been received. The registered manager addressed all complaints within the designated timescales and took action where required. Lessons learned were acted upon and documented. One person said, "I complain and they deal with it now. It makes me happy. They listen."

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered with the Commission since January 2011. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager was committed to improving the quality of care and life of the people living at Byker Lodge, in-line with the provider's vision and objectives. They were aware of their legal responsibilities and had submitted notifications as and when required.

The registered manager was present during the inspection on both days and assisted us on both days of inspection. The registered manager knew people living at the service extremely well and could tell us about their needs. People we spoke with knew who the registered manager was and told us they were a visible presence at the service. One member of staff told us, "[Registered manager] is very approachable and is honest with us all. It's a fair system here and we are one big team." Another member of staff said, "We're all supported."

We reviewed records of regular staff meetings and separate meetings for people and their relatives, both of which were held regularly. Staff minutes showed that lessons learned were discussed with staff from incidents at the service, policy updates and included staffing updates. The relatives and resident's meeting minutes documented open feedback, concerns and ideas to improve the service. During the inspection, we saw people and relatives interacting positively with the registered manager. The provider sent questionnaires to relatives regularly and used the feedback from these to improve the service.

The service had a robust governance framework. The registered manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. The provider also carried out a quality assurance audit of the service on a monthly basis. These all allowed for the key areas of the service to be monitored and if any issues were identified they could be acted upon. We reviewed action plans from the audits and saw that these were effective, actions had been completed and lessons learned to prevent repeat events where appropriate.

We reviewed people's care files and saw evidence of joint working with external professionals to support people. The provider had their latest CQC inspection rating on display within the home and it was also displayed on their website. This was in line with regulatory requirements and it allowed for people living at the service, relatives, visitors, professionals and people seeking information about the service to see our previous judgements.