

The Elms Residential Home Limited

Butterhill House

Inspection report

Coppenhall
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 8 March 2017 and was unannounced. At our previous inspections in August and September 2016 we had serious concerns that the service were not safe, effective, caring, responsive or well led and people who used the service were at risk of harm. We had rated the service as 'Inadequate' and placed it into special measures.

This service had been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

During this inspection 8 March 2017 we saw improvements had been made to ensure people were provided with a safe, effective, caring, responsive and well led service. The provider had reviewed the internal management team and changes had been made. We judged sufficient improvements had been made. However, we will continue to closely monitor and review the service to ensure further improvements are made and people are provided with a safe service.

Butterhill House provides support and care for up to 28 people, some of whom may be living with dementia. At the time of this inspection 11 people used the service.

The service had a registered manager. 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.

People received support from staff that met their individual needs and preferences, however, people were not always provided with opportunities to participate in activities that interested them.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

Medicines were administered and managed in a way that protected people from the risk of harm.

The principles of The Mental Capacity Act (MCA) 2005 were being followed as the provider was ensuring that people were consenting to the provision of their care and treatment. Where people lacked the mental capacity to consent they were supported by people who knew them to act in their best interests.

People were supported with their nutritional needs and monitoring was in place to ensure people ate and drank sufficient amounts.

Advice was sought from health and social care professionals when people were unwell. This advice was documented and followed by staff to maintain and support people's physical and emotional wellbeing.

People were treated with dignity and respect and their right to privacy was upheld. The care people received was personalised and responsive to people's individual care and support needs.

There were enough suitably trained staff to keep people safe and meet their needs in a timely manner. Staff had been recruited using safe recruitment procedures which ensured they were of good character and fit to work with people who used the service.

The provider had systems in place to monitor and improve the quality and safety of the service. Improvements had been made to the systems in place to monitor accidents and action had been taken by the registered manager to reduce the risks of further occurrences.

People and staff told us that the registered manager and provider were approachable and staff felt supported to carry out their role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were safeguarded from the risk of abuse as staff and the registered manager knew what to do if they suspected potential abuse. Risks of harm to people were assessed and plans put in place to reduce the risks. People's medicines were managed safely. There were sufficient staff to meet people's needs in a safe and timely manner.

Is the service effective?

Good ●

The service was effective. People who used the service were cared for by staff who received training and support to be effective in their roles. The principles of the MCA 2005 were being followed as people were consenting to or when they lacked mental capacity were being supported to consent to their care and support. People were offered food and drinks of their choice and were supported to maintain a healthy diet. People received health care support and advice when their needs changed or they became unwell.

Is the service caring?

Good ●

The service is caring. People were treated with dignity and respect. People's choices were respected and their right to privacy was upheld.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. People were not always able to partake in activities that were meaningful for them or beneficial in maintaining their wellbeing.

People received personalised care to meet their individual needs from staff that knew them well. The service had a complaints policy, and people knew how to complain.

Is the service well-led?

Good ●

The service was well led. There was a registered manager in post who was respected by staff and people who used the service. Quality assurance systems were in place to monitor the service. People's feedback was gained to ensure that people were happy with the quality of care they were receiving.

Butterhill 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 was 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 8 March 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications the provider is required to send us by law and information we had received from other agencies, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with 11 people who used the service about their care and support and with four relatives and visitors to gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day.

We spoke with the registered manager, a senior care staff, two care staff, the chef and a member of the ancillary team. We looked at care records for six people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

At our previous inspection in September 2016 we found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of harm and abuse as the provider was not following the local safeguarding procedures in relation to reporting incidents of possible abuse. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

People who were able to tell us their experiences told us they felt safe. One person who used the service said: "Yes I do feel safe, the staff are always around". Staff we spoke with knew what constituted abuse and what to do if they identified or had concerns regarding any abusive situations. One member of care staff told us they would report any concerns straight away to the most senior person at the time and would complete an incident form. Information on how to contact the safeguarding teams and local authorities were clearly displayed on notice boards throughout the service. The registered manager had a good understanding of their responsibilities to protect people from abuse and had reported incidents and allegations of abuse to the local authority for investigation.

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not receiving care and treatment in a safe way. Risk assessments had been completed but staff were not adhering to these assessments to ensure people's safety. Medicines were not managed safely and people were at risk of receiving their medicines in an unsafe way. People were at risk due to the poor maintenance and unhygienic conditions of the environment. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

We looked at the way the service managed people's medication. Medicines were kept in a locked medicine trolley in a locked room and were administered by the senior care staff. Staff had received training in medicine management and the registered manager had arranged training and competence checks for the recently employed senior care staff who would be handling and administering medicines. Some people that were supported to take medicine when required had protocols in place to provide staff with enough information to know when the medicine was to be given.

Some people were prescribed creams and ointments to support them with maintaining good skin. Instructions for the use of these creams were kept in the person's room so that staff had information regarding what was prescribed and how it should be used. This meant people were supported with their medicines in a safe and consistent way.

Medicines that need cold storage were kept in a fridge and daily records showing temperature monitoring were completed. We saw medication was audited regularly so that any errors in the recordings could be addressed with the individual staff members to minimise the risk of further errors. This meant that medicines were administered and managed in a safe way.

Some people who had used the service for a number of years had noted that changes had taken place and remarked on it. We saw that the environment was hygienic and clean, and action had been taken to ensure all equipment in use was in good working order and safe to use. The registered manager had implemented infection control procedures and cleaning schedules. This meant action had been taken to ensure the environment was a safe and pleasant place for people to use.

People's risks had been assessed, managed and reviewed. Action had been taken to protect people from the risk of harm. Some people needed support with moving between areas and needed staff to help them. One person had variable levels of mobility and sometimes was able to stand unaided when at other times they required staff support. The risk assessment and care plan included guidance for the support the person required on each of these occasions. Assessments had been completed for the equipment that may be needed to help with the safety of the person and an occupational therapist had been contacted for additional guidance and advice. This meant action had been taken to mitigate the risks of harm for this person.

One person was very frail; they were being cared for in bed and was at risk of developing sore skin. Staff told us about the care and support they provided to this person to reduce their risk of developing sore skin. They made regular visits to this person to ensure their comfort and welfare. A specialised high grade mattress had been provided and was in use, together with other equipment and aids to support the person with their comfort and safety.

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to provide safe and effective care to people who used the service. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

At this inspection staff told us there were sufficient numbers of staff to support people in a timely, safe and effective way. One person who used the service told us: "I am very happy and very well looked after. I feel safe the staff are always around". We saw staff were present in the communal areas, where the majority of people spent their day. Staff provided support to people in a timely way when people needed help. The registered manager told us there were enough staff on duty at any one time to provide the necessary levels of care and support to people. The registered manager told us they reviewed the staffing levels each week to ensure they were in sufficient numbers to successfully meet the needs of people who used the service.

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider compromised the safety of people who used the service by not ensuring staff were of good character, had the skills, competence and experience to provide the necessary care and support. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

One member of staff was currently working through a period of induction. We saw they were working closely with and shadowing a more experienced member of staff. They told us they found the shadowing opportunities helpful as it offered them the opportunity to get to know people's preferences and care needs before working alone. The registered manager told us that recruitment for care and ancillary staff was ongoing. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people when they first started. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This showed that safe recruitment procedures were being followed in relation to the employment of new staff.

Is the service effective?

Our findings

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not follow the principles of the Mental Capacity Act 2005 by ensuring that people consented to their care and treatment. People were at risk of being unlawfully restricted of their liberty. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

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 made their own decisions and were 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 as least restrictive as possible.

We saw that some assessments had been completed when people did not have capacity to make some decisions for themselves. Where people were unable to agree to their care and treatment we saw that support from their representatives was gained to make an agreement in the person's best interest. For example, we saw that a best interest decision had been made regarding the person's end of life care. Where people had capacity to make informed decisions, they had been fully included in discussing and agreeing their care and support plan. This showed that people were being supported to consent to their care and support in their best interests.

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). The registered manager recognised that some people were being restricted of their liberty and freedom. The registered manager had made referrals to the local authority for an authorisation to restrict peoples' freedom of movement when they did not have the capacity to consent to this. The registered manager confirmed that currently they had no response from the local authority for authorisation. The registered manager told us and we saw they had implemented care plans to ensure people were cared for and supported in the least restrictive way.

At our previous inspection in September 2016 we found the provider was in breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's nutritional needs were not being met and people were at risk of malnutrition. During this inspection we saw improvements had been made.

People told us the food had improved, they liked it and had plenty to eat and drink. One person said: "The new chef goes to such a lot of trouble and is really interested". They went on to tell us their relative brings some cakes when they visit and they really enjoy them. They said: "The chef has asked for the recipe so that he can make some for me here at the home". Some people had reduced appetites and required daily monitoring to ensure they received sufficient nourishment. Risk assessments and care plans had been completed with the action needed to support people with nutrition. Some people had fluid and diet charts

completed after each time a meal or snack was offered so that their daily intake could be monitored.

Lunch was served in the light and airy conservatory. The tables were prepared in advance of the meal and condiments were on each table. Lunch requests were taken earlier and then served plated directly from the kitchen. The chef knew exactly what each person had ordered and the meals were served to each individual person. One person said they wanted something different from that what they had previously ordered. Without hesitation the plate was removed; they were asked what they would like to eat. A few minutes later beans on toast with cheese grated over was provided. The person ate up all their lunch. One person said: "Compliments to the chef". Staff supported people with their meal when it was needed; there was much interaction throughout the lunchtime period which created a pleasant social experience for people to enjoy.

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's healthcare needs were not being met as staff were not following the advice of the healthcare professionals. During this inspection we saw improvements had been made.

People's healthcare needs were met. When people became unwell or their needs changed we saw that the appropriate healthcare support and advice was gained. One person's physical health had begun to deteriorate and the person became frailer. The person's doctor had been contacted and visited and had prescribed some additional pain relief. The senior member of care staff ensured the directions and guidance from the doctor was recorded accurately both in the care and medicine records. Other health care professionals had been involved to offer guidance and support and included the community nurses, tissue viability services, occupational therapists and chiropodists.

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of having their care and support provided to them by untrained and unskilled staff. At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation.

One person who used the service told us: "I am very well looked after here and that is true the staff look after me well". Staff told us they had received 'lots' of training. One care staff told us at the beginning of their employment they were told: "Do not transfer people until you have had the moving and handling training". They went on to say they received the training, theory and practical, during their induction period. The registered manager told us and we saw records that all staff had received training to help them carry out their role effectively. People were provided with care and support by staff who were trained, competent and proficient.

Is the service caring?

Our findings

At our previous inspection in August 2016 we found the provider was in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not treated with dignity and respect. During this inspection we saw improvements had been made and the provider was no longer in breach of this Regulation.

People who used the service told us they were well cared for by the staff and they were happy living at the service. One person told us: "The staff are so respectful, they are very polite". A relative told us their relation often became anxious during the night and said: "My Mother calls them [the staff] more than once during the night. She doesn't actually need the bathroom she just wants them to sit and hold her hand and they do that". All the interactions we observed between staff and people were caring and compassionate, staff acknowledged everyone they were in contact with in a friendly and welcoming way.

Staff offered people individual choices and respected people's wishes. For example, one person told staff that they did not wish to get up and wanted to stay in bed for a while. This was respected and staff later returned to the person to offer support when they were ready to get up. The person looked relaxed and happy when they were up and dressed and in time for their midday meal. This meant that people's choices were being respected and upheld.

Relatives commented they were kept well informed of their relations condition at all times. They received telephone calls if any changes to their relation's care and support needs were suggested or made to the care plan. One relative said: "Yes I do believe we are involved in all aspects of our mother's care". Staff had a good knowledge of people's individual care and support needs.

People's right to privacy was respected. We saw that staff knocked on people's doors before entering and that people chose where they went and were able to freely move around the home. When people needed support with personal care we saw staff ensured the door was shut so people's privacy was maintained. Staff took their time and explained to people what they were going to do before doing it. For example, we regularly heard staff say to people: "Is that okay with you?" People were relaxed and smiled when in contact with staff and each other.

Is the service responsive?

Our findings

As with the other previous inspections, we found there was very little structured activity arranged for people to enjoy each day. A programme of daily activities was displayed in the conservatory but nothing structured had been arranged. We saw people sat in two of the three lounge areas either watching morning television, sleeping or watching the activity within the service. Some people had one to one support from staff and had their nails painted or visited the hairdresser and one person went out shopping with a relative. Care staff provided people with some arts and crafts activity during the afternoon but people appeared disinterested. One person said: "We have a music lady once a fortnight, we enjoy seeing her singing and we all join in". The registered manager told us people were consulted each week regarding the activities, but the current people who used the service are 'largely in their late 80's/90's, are unwell and enjoy relaxing and watching the world go by'. However, one person who used the service told us they had no visitors and used to love the newspaper and particularly liked doing the crossword. The person informed us that newspapers could not be delivered to the service due to the rural location. The person stated they were not complaining merely commenting on the fact.

People received care that reflected their individual needs and preferences. Some people's care records showed that they had been asked about their care preferences. Where people were unable to be fully involved with discussing their care needs the person's representative had been contacted. One person's previous past life and habits had been provided by a family member, this was included in the care plan and available for staff to refer to. This additional information supported staff with providing care and support in an individualised way and to the person's preferences. Staff were knowledgeable and spoke with us about this person and their likes and dislikes. Care plan reviews were completed with the inclusion of the person, and where appropriate their representative, care records were updated when there were any changes to people's levels of care and support. staff told us in addition to the records any changes were discussed at the regular handover of information at the beginning of each shift. This showed us a person centred approach was being adopted, where care and support was provided in an individual way.

People and their relatives told us they had no complaints but if they had any concerns they would be able to talk to any member of staff or the registered manager. One person told us they would speak with their relative but at the moment did not have anything to 'grumble' about. We saw that when complaints had been made they had been recorded and written responses sent in line with the provider's policy. This meant that most people knew how to complain and the service responded to complaints when they were received.

Is the service well-led?

Our findings

At our previous inspections in August and September 2016 we found the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no registered manager in post and the service lacked clear leadership and management. Systems the provider had in place to monitor the quality and safety of the service were ineffective. During this inspection we saw improvements had been made and the provider was no longer in breach of this Regulation.

The service had a registered manager. People offered positive comments regarding the registered manager and said she was 'supportive, helpful and willing to listen'. Staff responded well to her style of management. We saw good relationships had been developed and maintained throughout the various staff groups. The provider must now ensure this level of management support is maintained to provide guidance and leadership to benefit and support the people who used the service and the staff.

Quality monitoring and auditing systems were in place, where each month regular checks were made to ensure the required standard of care was provided and a safe environment was maintained. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly. For example, some people had reduced appetites and were at risk of weight loss. We saw action had been taken by the registered manager to reduce the risks to people by contacting and referring to external health professionals such as the speech and language therapists, the doctor and dieticians. Regular checks were being completed to ensure the equipment in use was safe to use and systems were in place to check the infection control procedures and the environment. This meant the provider and the registered manager were looking at ways to ensure a safe service and identify where improvements were needed.

A supplying pharmacist had recently audited the way the service managed medicines, there were some recommendations to further ensure good management of medicines was adopted. We saw the registered manager had complied with the recommendations. This meant the registered manager acted on feedback received to improve the quality of the service.

People were asked their views on the quality of the service through questionnaires and surveys. A recent catering survey was completed where some people had made comment that they would like to have certain foods on the menu each month. The chef and the registered manager had amended the menu and these meals were provided. This showed us people had the opportunity to feedback about the quality of the home and suggestions made for improvement were acted upon.

Staff meetings were arranged each month offering staff the opportunity to meet and discuss the service. At a recent meeting the concerns raised by us and other agencies in relation to the safety of the service had been discussed and the actions needed to make the required improvements. Staff told us they felt included and well supported and they worked well as a team.

Staffing levels were at a level where people were provided with a safe, effective, responsive service in a timely way. People told us they did not experience any delays when they required support. The registered

manager told us they assessed people's dependency needs each week to determine the levels of staff needed. Staff told us they received training and supervision to support them with the skills they needed to provide care and support to people. The registered manager had completed a training programme so that they were able to ascertain the training needs of staff at any given time. This meant the systems the registered manager had in place to ensure staff were in sufficient numbers and were suitably trained to meet people's needs were effective.

We previously had concerns with the management and leadership of the service, and the inability to provide people with a safe, effective, caring, responsive and well led service. The service was subject to the local authorities large scale investigation procedures because of the level of concern. Changes and improvements have been made to all aspects of the service; however the provider must now make sure the changes are effective, sustained and continue to ensure stability and continuity of the service so that people who use the service are safe and their well-being preserved.