

Butts Croft Limited

# Butts Croft House

## Inspection report

Tamworth Road  
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Tel: 01676540334

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Butts Croft House provides care and accommodation for up to 35 people. Whilst the majority of people who live at the home are older people living with dementia, the service also offers care and support to young people living with dementia. The home provides some temporary beds for people who have come from hospital for further care or assessment before going back to their own home. At the time of our visit there were 27 people living in the home.

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

The provider's governance systems and oversight had failed to address issues around risk management and safe medicines practices we have consistently identified at our previous inspections of this service.

Individual risks were not always identified, assessed and managed effectively and records did not enable the provider to evidence medicines had always been given as prescribed.

Whilst people's feedback was positive about the standards of care and the approachability of managers and staff, audits and checks were ineffective at driving improvement in key areas of the service.

There were enough staff on duty to meet people's needs and staff understood their responsibility to report any concerns about people's safety or other staff practices. However, improvements were needed to ensure staff consistently followed the most up to date guidance to limit the risks of infections spreading.

The provider was in the process of recruiting a new business manager to support the registered manager and take over the management of quality assurance processes.

We communicated our urgent concerns to the provider after our inspection visit. The provider responded to our concerns stating that they would work to improve the service within tight timescales through closer scrutiny of the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance in the home.

At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. This service has been rated requires improvement for the last six consecutive inspections.

### Why we inspected

The inspection was prompted in part due to concerns received about the management of risks and medicines practices within the home. As a result, we undertook a focused inspection to review the key

questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Butts Croft House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of the regulations in relation to the safety of people's care and the management of the service.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Butts Croft House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience who contacted relatives by telephone to gather feedback on their experiences of the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Butts Croft House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

#### Notice of inspection

Our inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the service and an advocacy service who had visited the home. We also contacted Healthwatch. Healthwatch is

an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider had been asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, the deadline for submission of the provider information return was after our inspection visit. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We carried out observations to assess people's experiences of the care provided. We spoke with the registered manager, the deputy manager and the provider. We also spoke with four members of staff including care staff and housekeeping staff. We spoke with ten relatives to gather their experiences of the care provided. We also spoke with a visiting healthcare professional.

We reviewed how risks were managed in five people's care records and three people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, safeguarding records and two recruitment files.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and sought feedback from a healthcare professional who provided support to people who lived at Butts Croft House.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

At our last inspection, the provider had failed to robustly manage risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and there was a continuing breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Where some risks had been identified, plans had been implemented which informed staff how to manage and minimise the risk. For example, in relation to catheter care and diabetes.
- However, some risks were not always identified, assessed and managed effectively and gaps in risk assessment tools in some care plans meant it was not clear how the level of risk had been assessed which put people at risk of unnecessary harm.
- One person required equipment when moving and transferring. There was no information about the equipment the person required, or information to guide staff in transferring the person safely.
- This person had previously experienced choking episodes. There was no formal healthcare assessment to assess the level of risk or to guide staff as to what action they needed to take if the person started to choke.
- This person was being given thickener in their drinks, but this had not been prescribed by a healthcare professional. Following our feedback, the registered manager contacted the GP who formally prescribed thickener and an urgent referral was made to the Speech and Language team.
- Care records were not always updated when people's needs changed. One person had recently sustained a skin tear, but their risk assessment for developing skin damage had not been reviewed since February 2021. There was no care plan in place to inform staff how to manage the wound between district nurse visits.
- One person who was at risk of malnutrition and dehydration, had food and fluid charts to monitor their safe nutrition. Records were incomplete which meant it was not always clear how much the person had eaten or drunk.
- At our last inspection we found records to support safe medicines management required improvement. At this inspection, we found further improvements were required.
- People were at risk of not receiving their medicines as prescribed. We reviewed three people's medicine records and found discrepancies in them all. For example, one person was prescribed a medication to treat an underactive thyroid gland. Staff had signed to indicate this medication had been administered but the amount of medicine that remained in stock showed this had not been given in line with the prescriber's instructions.

- Records did not support safe medicines practices. One person required a medication to be administered on the same day each week. Records did not indicate which day this should be given and as a result, this medication had been missed.
- The balance of stock medicines on the MAR charts did not always tally with what medicines people had in stock. This meant we could not be assured other medicines had been given as prescribed.
- At our last inspection we found the management of medicines applied through a patch on the skin required improvements. The same concerns were found at this inspection. Staff had not maintained a record of where the patch had been applied, or to confirm the removal of old patches. It is important application sites are rotated to reduce the risks of skin irritation and/or an overdose.
- At our last inspection we found people were not always protected from the risks associated with poor infection prevention practices which posed risks of cross infection. Although improvements had been made and the home was clean and free from unpleasant odours, further improvements were still required.
- We were not assured the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff did not consistently follow current guidance when using PPE, such as gloves, masks and aprons. Whilst PPE was available within the home, we observed numerous occasions when care staff were wearing their masks under their nose or chin in communal areas. One member of staff was not wearing a mask at all in a communal area. We discussed this with the registered manager who told us their expectation was all staff wore a face mask, and this was not to be removed unless staff had a break away from the people living at the home.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. The provider had not completed a site contingency plan to manage an outbreak of COVID-19. One staff member told us, "If we had a massive outbreak of COVID now, I'd be a bit concerned. I mean, I know what to do from my own common sense, but I think we need a plan of action."
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. We were only asked minimal screening questions before entering the home to determine our COVID-19 status. The registered manager showed evidence of where other visitors had been robustly screened before entering the home.
- We were somewhat assured the provider was accessing testing for people using the service and staff. The registered manager informed us the home took part in the whole home testing scheme and government guidance was being followed. We were assured weekly Polymerase Chain Reaction (PCR) tests were being carried out with staff but we could not be assured the recommended twice weekly Lateral Flow Tests (LFT) were being carried out. Following our visit, the registered manager designed a new protocol to ensure LFT and staff temperatures were completed and recorded before staff entered the home.

We found no evidence that people had been harmed as a result of failings, however systems and processes were not sufficient to demonstrate risks associated with people's care were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we recommend all open top bins are changed to closed bins. In addition, all clinical waste bins must be foot pedal operated to reduce the risk of cross infection.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



### Staffing and recruitment

- There were enough staff on duty to ensure people's needs were met safely. However, staff vacancies meant an increased use of agency staff to ensure rotas were covered.
- Relatives generally felt there were enough care staff to meet people's needs. Comments included: "They are busy, but they make time to talk to us and they talk to the residents and keep them smiling and laughing", "They are busy but cheerful and they really care" and, "They are short. They are always advertising but there is no continuity."
- The recruitment process ensured staff were suitable for their roles by conducting relevant pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check. However, some references had been obtained without checking their authenticity.

### Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family members were kept safe. One relative said, "Although [Name] is very mobile, the staff keep an eye on them, and I feel they are safe." Another told us, "I have no concerns at all, [Name] is very capable of telling me if there is anything wrong."
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- The registered manager understood their obligation to report their concerns and any potential allegations of abuse to the local authority.

### Learning lessons when things go wrong

- Accidents and incidents were recorded, and records indicated what action had been taken to keep people safe and to minimise the risk of future re-occurrence.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider's systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and there was a continuing breach of regulation 17.

- Issues regarding the governance of Butts Croft House have been identified at the previous five inspections of this service. Whilst improvements in ratings have been made in some key questions such as effective, caring and responsive, the provider's processes to manage risks and improve medicines management have failed to improve.
- Following our last inspection in October 2019, we expected significant improvements would have been made and the provider to be compliant with all regulations. However, we found repeated breaches of the same two regulations and this is the sixth consecutive time the service has been rated requires improvement in safe and well-led.
- The provider had failed to ensure action was taken to address the regulatory breaches and concerns we identified at the last inspection to ensure people received high quality, safe care.
- Audits were either not effective or had not been carried out which meant shortfalls in service provision had not been identified. For example, medicines audits had not identified and addressed shortfalls in medicines practices as they had not been completed since May 2021.
- Processes to monitor care records was ineffective. Systems to monitor and mitigate risks to people had failed to identify gaps in risk assessments and where some risks had not been assessed or reviewed for accuracy.
- Checks of staff practice had failed to identify that staff were not consistently following the most up to date infection control guidance.
- There were no provider audits to ensure checks were driving improvements. The provider told us, "I don't do the paper checks, I interview the residents and talk to staff. I inspect the premises and I haven't found any deficiencies in the premises. There is nothing to worry about the care aspect."

We found no evidence that people had been harmed however, the provider had failed to make improvements to the service and comply with regulations. Service oversight and governance systems were ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care

- The registered manager remained fully committed to the home and people living there and told us how improvements in governance had been made following our last inspection. However, the improvements had not become embedded and had not been maintained during the challenges of the COVID-19 pandemic.
- The provider recognised the registered manager needed support and was in the process of recruiting a new business manager to take over the management of quality assurance processes.
- Following our inspection visit, the provider implemented an action plan to improve standards and practice at the home.
- Whilst we identified that improvement continued to be required in the overall governance of the service, we found some learning had taken place. The management team showed us improvements made to areas of the physical environment to make it more stimulating and interesting for people.
- Prior to our inspection we had received some concerns about staff training being mainly e-learning. The registered manager told us that now COVID-19 restrictions were gradually being lifted, more face to face training was being planned. This included practical moving and handling, first aid and dementia care.
- Staff spoke positively about the registered manager and deputy manager. One told us, "I think they are really understanding and caring, and they always put the residents first."

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

- The registered manager understood their responsibility to be open and honest when things had gone wrong.
- The provider had met the legal requirements to display the services latest CQC ratings in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Despite our findings people and relatives were satisfied with the service provided and spoke positively about the registered manager and the person centred care their family members received at Butts Croft House. Comments included: "Staff are so attentive, they will help even when they are off duty for something like getting her ready for a hospital appointment", "I can't praise them enough, that is all staff including the cooks, I always recommend the home to other people" and, "It is a wonderful place."
- Whilst there were limited formal processes to capture people's views, relatives told us managers and staff were always available to speak with and they were confident any concerns would be addressed. One relative told us, "I spoke to the manager when I had some concerns, and everything was sorted out to my satisfaction." Other relatives told us, "I have raised minor things, but they have all been dealt with well" and, "She (registered manager) is approachable."
- Commissioners told us the registered manager worked with other health and social care professionals to ensure Butts Croft House was an appropriate place for people to live.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users and do all that was reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes to manage and monitor the quality and safety of the service were not effective.</p>