Mrs P D Smith

Butterley House Residential Home

Inspection report

Coach Road
Butterley
Ripley
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Tel: 01773745636

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 10 April 2018 and was unannounced. Butterley House Residential Home is a care home that provides accommodation with personal care and is registered to accommodate 37 people. The service provides support to older people who may be living with dementia. The accommodation is on the ground and first floor and there are two lounge areas, a dining room and an activity and reminiscence room. The home is on the outskirts of Ripley in a rural location and has a car park for visitors to use. Public facilities and transport services may not be accessible for all people due to the rural location.

Butterley House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 36 people using the service.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we found the service needed to make improvements to medicine management systems which meant 'Is this service safe?' was now 'requires improvement'.

People felt safe and were protected from harm and abuse. Staff were knowledgeable in safeguarding people and knew how to respond if they had any concerns. Risks to people were assessed, managed and reviewed to minimise potential harm. The provider had safe recruitment processes in place. Lessons were learnt from when mistakes happened.

Staff had the knowledge and skills needed to carry out their roles and received training and support to be enable them to care for people well. People were supported to maintain a balanced diet and enabled to maintain good health. The environment met people's needs.

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. When people were not able to make decisions about their care and were being restricted, the provider ensured this was authorised legally.

People were supported by staff who were respectful and kind towards them. Staff knew people well and cared for them in a dignified manner. People's privacy was respected and their independence promoted. People's diversity was recognised and promoted by the staff; people were supported to follow their religious beliefs and to maintain important family relationships and visitors were made to feel welcome.

People were involved in the assessment and planning of their care. The staff responded to people's changing needs and they received support that was individual to them. There were opportunities for people

to participate in activities they enjoyed. People could raise any concerns or complaints and were confident their concerns were acted on. The staff and registered manager were approachable and listened to what people wanted to say.

Quality assurance systems were in place to monitor the service and drive improvements. There was a positive culture within the home and staff felt supported by the management team.

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.

Is the service safe?

Requires Improvement

The service was not consistently good.

Medicine management systems with the new medicines provider needed to be reviewed to ensure this was safe. There were enough staff available to meet people's needs, and the provider had safe recruitment processes in place. People were safe and protected from harm and abuse. Staff were knowledgeable in safeguarding people and the provider referred any incidents as needed. Risks to people were assessed, managed and reviewed to minimise potential harm.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Butterley House Residential Home

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.

This inspection visit took place on the 10 April 2018 and was unannounced. The inspection visit was carried out by one 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. Their area of expertise was with older people and people living with dementia.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service and six relatives. We also spoke with three members of care staff, the registered manager and the provider and a visiting health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and audits and staff files.

Requires Improvement

Is the service safe?

Our findings

A new system had been introduced to assist the staff administer people's prescribed medicines. This system meant that most medicines were dispensed from the pharmacy into blister packs which contained the tablets people needed at different times throughout the day. Where medicines needed to be prescribed in the original packaging and dispensed in boxes we found that an accurate record was not always maintained of the number of tablets stored. This meant it was not possible to complete an accurate audit and identify whether people had received all of these tablets. Some medication administration sheets had been handwritten and each entry had not been checked by a second member of staff to ensure accuracy.

We saw people were told what their medicines were for and staff spent time with them to ensure they took them. Where people refused any medicine, this was respected. Some people needed certain medicines 'as required'; individual plans were agreed so that staff knew when to administer these medicines and the amount to give. All medicines were kept securely in a locked cupboard to ensure that they were not accessible to unauthorised people.

People felt safe and the staff helped to protect them from harm. Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks for people had been identified and steps taken to minimise them. One relative told us, "They are safe here; they weren't before. They were always falling in their home and couldn't cope." Where people chose to spend time in their room, the staff recorded when they visited them to ensure they were safe, whether they had been assisted to move or had anything to eat or drink. Some people were moved with the assistance of a hoist and felt safe during the process even though they might not like using the equipment. We saw two staff supported people and gave reassurance as they prepared and then moved them from their chair. Where people needed assistance to move, there was information about the equipment and how people needed to be supported which staff understood and followed.

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. They understood the procedure to report any concerns and were confident these would be dealt with by the manager. One member of staff told us, "I've recently had safeguarding training though the local authority. It looked at what would be considered as neglect or abuse and who you should contact." The staff confirmed they would have no hesitation in reporting any concerns.

People felt there were enough staff working in the service to meet their needs. They told us that if they needed help, the staff were quick to respond. One person told us, "I don't wait long for help. At night I might just press the buzzer and they come promptly." Another person told us, "I have a call bell in my room, I press that and the staff come quickly." We observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. The staff told us that the team worked together to ensure that vacancies or unplanned absences were covered in the team to ensure continuity of care for people.

People were satisfied with the standard of cleanliness in the home. We saw staff wore gloves and aprons

where this was needed and used hand gels which were located around the home before delivering personal care.

The registered manager had ensured that lessons were learned and reflected on where improvements where needed. Following a concern which had been raised, the registered manager had identified and made improvements to ensure confidentiality was maintained and that staff understood the impact of social media sites.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

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).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff recognised where people had capacity, they were able to make decisions about their own care. One person told us, "I am diabetic and I know what I should eat to keep well but if I want something I will have it. I know what I should or shouldn't eat and the staff respect that." Where people were no longer able to make decisions, assessments had been completed to identify where people no longer had capacity to make important decisions and a best interest decision had been recorded. Staff and family members knew where people had a DoLS applied for or authorised. One relative told us, "The staff explained everything to us when they felt a DoLS was needed. I happy that I know why it's in place and we agreed that it was needed to keep them safe."

New staff members completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I felt my induction covered everything I needed to know and the senior staff have checked that I'm working in the right way and that I support people properly."

People were confident that staff supported them in the way they wanted. Staff received on-going training the registered manager considered essential to meet people's care and support needs. One member of staff told us, "We've had more training about how we can support people if they become anxious or agitated. It helps that we know people well so recognise any changes and notice when people aren't happy." One health care professional told us, "The staff are very good at recognising the changes in people's behaviour and recording what has happened. The staff welcome any suggestions so they can support people and are very receptive to any new ideas."

People enjoyed the food that was prepared and were provided with a varied diet with a choice of food and drink. The meal time was a pleasant experience and the tables were laid with table cloths and condiments were available. People could sit with who they enjoyed spending time with and one person told us, "We always sit together; we met when we moved here and we get on really well, so we always sit here. It makes it a pleasurable experience." People chose what they would like to eat and drink and could choose from the menu or an alternative was prepared including a vegetarian option. One person told us, "I like all the food.

They come and tell me what's on offer each day. Today I've chosen mince and all the vegetables; all the food is good." Where people needed a soft diet, the food was served separately on their plate to enable them to taste the different flavours. People were weighed regularly where there were concerns. We saw people had nutritional supplements or a thickening agent was used in people's meals and drinks when required. For example, if people had swallowing difficulties because of their health condition and were at risk of choking.

People were supported to access health care services such as GPs, dentists and opticians. People received support from the district nursing team where they needed any wounds monitoring or to check the integrity of their skin. This support was recorded in the care plan to ensure all staff had the necessary information to provide the support people needed.

All shared facilities were on the ground floor and there were two lounges and a dining room. An activity and reminiscence room was being developed and we saw this contained furniture from different time periods and there were games and arts and craft for people to use. People were able to move about their home safely as there was sufficient communal space to enable people to pass or have room to use their wheelchair or walking aids. Where people had a visual impairment, they had equipment to help them. For example, clocks that spoke the time and there were hand rails in corridors to help them move safely around the home. One person told us, "I'm quite independent and like to get about by myself and the staff make it easy for me. At lunch time I go to the dining room earlier, so this means I'm not bumping into anyone; I prefer to do this. The cleaners are excellent too. When they clean my room they always make sure they put everything back in the same place so I can find everything." Staff had recognised the difficulties people living with dementia were experiencing when trying to find their bedroom. They were responsive and the doors had been changed and painted different colours and had the design of a front door.

Good

Is the service caring?

Our findings

People were happy and liked to live in their home. They told us that the staff were kind and caring and were always happy to help. One person told us, "This is my home. I've made it my home here and I'm happy." Another person told us, "I have a lot of fun with the staff here and get on well with them." Relatives confirmed people enjoyed living in the home and they were welcome to visit at any time. One relative told us, "The staff here are like an extension of our own family and if you need to ask anything, all the staff have time for you." Another relative told us, "We are always offered a drink and cake and made to feel welcome." We saw family and friends visited throughout the day and there was a relaxed atmosphere and people were comfortable with staff.

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves. People were dressed in a style of their choosing and had matching accessories and people could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them.

Staff knew people well and understood how previous life experiences influenced their behaviour and why they may become distressed. One member of staff told us, "We have developed good relationships with people and that's important so we can not only support them how they want to be helped, but to understand what is happening and why they may act in different ways. This is especially important for people who are living with dementia. If we know them as a person we can make sure our care reflects what they want and what they would expect."

People were encouraged to express their views and staff listened to their responses. People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. People were recognised and valued as adults and their privacy and dignity was respected. One person told us, "The staff always knock on the door and let me know who they are before they come in. I tell them they don't have to bother doing that but they always tell me. 'It's polite.'"

Good

Is the service responsive?

Our findings

People were able to join in activities that interested them. One person told us "I like to watch and listen to sports programs and follow my home football team." Another person told us, "There's always something to do if you want to be involved. We are asked what we want and can say yes or no." There were photographs displayed of activities that people had participated in, including, baking cakes, flower arranging and when they had watched a pantomime. Some people went out independently and one member of staff told us, "We want people to enjoy themselves. For some people that means they want activities organised in the home and for other people they want to go and see their friends in the pub." There was a designated member of staff who was responsible for planning and carrying out activities. We saw as well as completing general activities for people in one lounge they also spent time giving one to one time to people during the afternoon. There was a list on the door informing people of any planned activities for each day of the week.

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate and consideration was given to people's preferences in relation to their cultural and human rights. People had an assessment of their needs completed before they moved to the home. We saw the initial assessment considered how to ask people information in a way that they could comfortably disclose personal information. Staff understood they should not ask directly about information relating to protected characteristics to ensure people did not experience discrimination when they were looking to find a service to use. People had been able to look around the home and make the decision whether they wanted to move there. One person told us, "I came and looked around and the staff showed me the empty rooms. I liked this one and the manager said I could do with it what I wanted, so I'm happy with how it all looks."

Information had been sought from the person, their relatives and other professionals involved in their care in order to determine how they wanted to be supported. This information was used to develop a support plan and people told us they had been consulted about this and this was reviewed to continue to reflect their care. The registered manager told us they always visited people and completed a pre-admission care plan. Thy told us, "We are realistic about meeting people's needs and we need to remember that this is people's home and it's important that we consider them too when reviewing whether we are able to meet people's needs."

The staff understood the importance of promoting equality and diversity. This included making arrangements to meet people's spiritual needs, as a representative from the church visited to offer communion and service were held at significant Christian events such as Christmas and Easter. People felt the current arrangements met their needs and were happy with these arrangements. The staff explained that none of the people using the service practiced different faiths other than Christianity, although they knew local services that people could go to access if they had different faiths or beliefs.

People knew how to raise any concern or complaint and people were happy with the care and support that was provided in the home. People remembered having a copy of the complaints procedure in the pack of information they received when moving into the care home. People were confident if they had a complaint, they could speak with staff or the registered manager and they would act on it.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Good

Is the service well-led?

Our findings

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.

The registered manager was supported by the provider and they told us they worked well together to ensure standards were maintained. The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. The registered manager was visible in the home throughout the day. People told us they were approachable and knew what they were doing. We observed that the registered manager knew people well and could chat to them easily about their current wellbeing.

The registered manager sought people's views and staff felt that their suggestions were appreciated and encouraged. One of the relatives told us though they had not raised any issues with the registered manager; they had confidence in their knowledge and ability. They also told us that the registered manager had been sorting out a problem with supply of medication. The pharmacy which they had used for several years was less than responsive, so the registered manager moved to a new pharmacy which had resolved the problem quickly and they appreciated this.

The staff felt the registered manager gave clear direction to them and were supported and valued. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. The staff were aware of the whistle-blowing policy that was in place. This supports staff to raise any concerns they may have, anonymously if they preferred. One member of staff told us, "I wouldn't think twice about reporting something that was wrong. I know it would be sorted."

The staff were able to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.
The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed. Where any concerns were identified, action was taken to ensure people were safe.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their web site.