

Shivron Care Home Ltd

# Buttercup House Care Home

## 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

About the service:

Buttercup House is a residential care home. It provides personal care and accommodation for up to 20 older people. There were 20 people living at the service at the time of inspection, some of whom were living with dementia.

People's experience of using this service:

People and relatives were very happy with the quality of care at Buttercup House.

Staff were motivated to ensure that people had meaningful occupation and remained active in their everyday lives. The provider had developed links with local community resources to organise activities and events which people could participate in.

Staff treated people with dignity and respect. They understood people's needs and were patient in their approach. People received individualised care and followed daily routines which they were comfortable and familiar with. People were supported responsively and with compassion when receiving care at the end of their life.

The provider had made adaptations to the home to make it suitable for people living with dementia. The environment was safe, whilst remaining homely and welcoming.

There was a positive atmosphere at the home. Staff were motivated in their role and the registered manager was approachable and in tune with people's needs. There were enough staff in place, who received appropriate training and support in their role.

People and relatives felt comfortable raising issues with the provider. There were appropriate systems in place to gain people's feedback and respond to complaints.

The provider and directors visited the home regularly and were motivated in making improvements to the home. There were systems in place to monitor the quality and safety of the service.

There were safe systems in place to manage people's medicines and other risks associated with their health. People had appropriate access to healthcare services and external stakeholders were consulted when required. People were protected from the risks of suffering abuse or coming to avoidable harm.

People were involved in developing their care plans and relatives fed back positively about the collaborative relationship they had with the provider. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Rating at last inspection:

The service was rated good at our last inspection (report published 27 April 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Buttercup House Care Home

## **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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Buttercup House 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.

The service had a manager registered with the Care Quality Commission. A 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:

This inspection was unannounced.

What we did before the inspection

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is

information about important events which the provider is required to tell us about by law.

We spoke with one health and social care professional on the telephone.

During the inspection

We spoke with five people and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the provider, two directors, six care staff and the activities co-ordinator.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports and risk assessments were reviewed.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, with plans put in place to reduce the risk of harm. This included risks of falls, pressure injuries, malnutrition and dehydration.
- Environmental risks at the home were managed safely. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The provider had procedures in place to ensure emergency equipment, such as emergency lighting, fire extinguishers, fire alarms and evacuation mattresses were regularly tested and well maintained. This helped to ensure there were robust plans in place to keep people safe in the event of an emergency.
- The provider ensured that all care related equipment was regularly serviced and kept in a good state of repair. This included hoists, which were used to help people mobilise around the home.

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

- People felt safe living at the service. Comments from people and relatives included, "This is a very safe home", "I feel very comfortable here", and, "It is reassuring for us to know [my relative] is safe."
- Staff received training in safeguarding vulnerable adults. This training helped them recognise the signs people had suffered abuse and the appropriate actions to take to help keep people safe.
- The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager had made the appropriate referrals to local safeguarding teams when concerns were raised about people's welfare.

### Staffing and recruitment

- There were enough staff in place to meet people's needs. Comments from people and relatives included, "It is well staffed and the staff are consistent", "The staff never keep me waiting", and, "I feel the ratio of staff to people here is good, people get lots of attention." The registered manager calculated staffing levels according to people's needs. They made themselves and senior staff available to supplement staffing numbers during busy times of day, such as mealtimes. This helped to ensure that people were supported promptly and they were not rushed.
- There were safe recruitment processes in place. Staff were subject to checks on their work experience, including feedback from previous employers. Staff also had a check with the Disclosure and Barring Service (DBS). A DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. These recruitment processes helped to identify suitable staff to work with people.

### Using medicines safely

- There were safe systems in place for the ordering, storage, administration and disposal of people's medicines. Staff had received training and competency assessments in the safe management of medicines,

which helped to ensure they were working in line with best practice guidance.

- People had medicines profiles in place, which documented their prescribed medicines and preferred administration routines. Some people were prescribed 'when required' medicines for pain or anxiety. There were plans in place to ensure the use of these medicines was minimised.
- Some people required their medicines to be administered covertly on occasion, due to anxiety. In these circumstances, the provider had obtained appropriate consent from a multi-disciplinary team of professionals, who had helped to develop protocols for the administration of these medicines.

#### Preventing and controlling infection

- The home appeared clean and hygienic. The provider had specific cleaning staff employed to oversee the cleaning of the home.
- There were policies and processes in place to reduce the risk of infections spreading. There were appropriate arrangements around people's laundry and for the disposal of clinical waste.
- The service had received a rating of five by The Food Standards Agency in October 2019. This reflected a high standard of cleanliness and food hygiene.

#### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, the provider had installed CCTV in the communal areas of the home. This had been effective in helping determine the causes and future preventative measures when people had unwitnessed falls or other incidents occurred.
- The registered manager shared learning from incidents with staff through verbal handover's, supervision and team meetings. This helped to ensure the risks of incidents reoccurring were minimised.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to admission to the home. This included using information from people, relatives and professionals to develop care plans.
- They used a nationally recognised set of assessment tools to assess the risk of malnutrition and dehydration, falls and pressure ulcers.
- Staff used a computer-based care planning system to record key details about people's health and wellbeing. This included; what drinks and food had been offered and taken, support with personal care, daily routines, incidents and medicines. The system alerted the registered manager if any planned activities, such as medicines administration had not been recorded. This helped the registered manager ensure people were receiving their care as planned.

Staff support: induction, training, skills and experience

- All staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Staff attended regular training updates to help ensure they were following most current guidance. Some staff had achieved or were working towards additional qualifications in health and social care.
- Staff received ongoing supervision and support in their role. The registered manager regularly met with staff in supervision meetings to identify training and development needs. They also assessed staff competency in key areas of their role, such as assisting people to supporting people with their mobility. Staff told us they felt they received appropriate training and support in their role. One member of staff said, "I have all the training I need."

Adapting service, design, decoration to meet people's needs

- The service was suitable for people's needs. There were a range of communal spaces available for people to socialise or have quieter time. There was a passenger lift and separate stairlift in place to help people mobilise between floors. People had access to a secure garden space, which had been adapted to include walkways, raised flower beds and a sensory garden. Staff had encouraged people to use the garden space for leisure and relaxation.
- The provider had made adaptations to make the home suitable for people living with dementia. There was clear signage for bathrooms, toilets and bedrooms, which helped people distinguish between these rooms. Toilet seats, handrails and light switches were brightly coloured, which also helped to make them easily identifiable. There was an abundance of natural light in communal areas of the home, which made the home bright and easy to navigate around.
- People's rooms were decorated in line with their preferences. Some people had chosen to decorate their

bedrooms with pictures and personal items. The service was bright and spacious, which people clearly felt comfortable in. One relative told us, "The way the place is set up is just like a home. I think that's why people like it."

Supporting people to eat and drink enough to maintain a balanced diet

- People received nutrition in line with their preferences and dietary requirements. One person said, "The food is good here. Lovely."
- People's preferences around food and drink were documented in their care plans. The service had a chef in place who designed a menu to meet people's specific dietary requirements and preferences. Staff went through menu choices with people, using visual prompts where appropriate to help people make an informed choice.
- The provider had made adaption to the mealtime experience to make it suitable for people living with dementia. They had invested in brightly coloured plates, which helped to make them easily distinguishable. Recordings of soft music were played during mealtimes, which promoted a calm atmosphere. People received appropriate support during mealtimes. Where they required encouragement and assistance, staff were attentive to their needs. The registered manager told us that since introducing these changes, they had seen improvements in people's food intake.
- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake after making referrals to external professionals, where appropriate. On the first day of our inspection, we highlighted to the provider that some fluid records were not accurately completed. This meant it was not always clear how much fluid some people had been offered and had drunk. The provider took action to support staff to make improvements to the recording of people's fluid intake. On the second day of inspection, we reviewed seven people's fluid records from 4 to 11 December 2019 and found improvements had been made.

Staff working with other agencies to provide consistent, effective, timely care

- The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'enhanced healthcare in care homes'. The programme's aim was to improve the quality of life and healthcare for people living in care homes through preventive care to those at risk of having an unplanned admission to hospital.
- As part of this programme, the provider used the 'Restore 2 Tool' to help monitor people's health and wellbeing. The 'Restore 2' is a tool developed by the Royal College of Physicians, used by the NHS to recognise when a person's physical health may be deteriorating or when they are at risk of physical deterioration. It is based on monitoring six vital signs including a person's respiratory rate and blood pressure.
- Staff had used this tool had helped to identify early signs that people had infections or were unwell, which promoted quick referrals to medical professionals before people became seriously unwell.

Supporting people to live healthier lives, access healthcare services and support professionals.

- People were supported to attend regular health appointments such as doctors, dentists, opticians and chiropodists. Where people were unable to leave the home to attend appointments, the registered manager arranged for healthcare professionals to visit, where possible. This helped to ensure people had access to the healthcare services they needed.
- Staff had received training in providing effective oral care. The provider had completed an oral health assessment for each person. This highlighted their oral healthcare needs and the daily support they needed with their mouth care. This helped to ensure people's oral care needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.

- The provider gained appropriate consent to people's care. The provider had processes in place to assess people's capacity and to make decisions in their best interests, when they were unable to consent to key aspects of their care. The provider's processes were in line with the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives praised the homely and welcoming atmosphere at the service. Comments included, "It's very nice, I feel relaxed", "It is always very nice when I visit the home" and, "What sets the home apart is the homely feel it has."
- People and relatives told us staff were caring and kind. Comments included, "There are some really nice staff here", "Staff are very patient and kind" and, "They [staff] put a lot of thought into how they care [for my relative]".
- Staff understood how to give people comfort and reassurance. When people were unsettled or distressed, staff understood ways to approach them, helping them remain calm by using humour or encouragement with alternative activity. In one example, one person was becoming confused as they walked around the lounge, staff engaged the person in dancing to some music, which the person was able to focus on and enjoy.
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in their care plans. People told us they were free to follow their beliefs and spirituality.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were developed in partnership with people and relatives. The provider asked them to complete documents detailing their past lives, family contacts, preferences and routines. This information was used to help people follow daily routines they were familiar and comfortable with.
- People's relatives told us they were kept informed about important events involving their family members. Comments included, "I am here pretty often and the staff are good at keeping me updated" and, "[My relative] is settled in the home and staff are very good at telling me about any changes or if he is unwell."
- People had access to advocacy services as required. Advocacy services are independent bodies who represent people's interests when they need support to communicate their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff supported people in an unhurried and respectful manner. People were supported discreetly with their personal care and encouraged to maintain a level of dress and appearance which they aspired to.
- The provider also had a 'dignity champion' in place. Their role was to carry out a periodic dignity audit of

the service to help ensure staff were upholding the principles of providing dignity in care. The most recent audits reflected that the service was upholding these principles.

- People were given personal space and privacy when they wished. Some people were very private and followed their own routines away from the main communal areas of the home. Staff ensured these people were supported regularly and were given opportunities to participate in activities and events.
- People were encouraged to be as independent as possible. They were encouraged to mobilise around the home and keep as active as possible. This included completing aspects of their personal care without the assistance of staff.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included details about their preferred daily routines. This included preferences around, sleeping, washing, eating and activities. People's preferences were respected by staff. For example, one person preferred to go to sleep late at night. Staff made adjustments to ensure their daily routine was planned around this preference.
- Staff used knowledge about people's personal histories and interests as a way of motivating them and giving them comfort. One person had a history of working with animals, so staff provided a therapy dog for the person. This helped to give them comfort, companionship and a sense of purpose when looking after it.
- People's care plans were reviewed when their needs changed. Care plans were updated via the provider's electronic care planning system. This helped to ensure that staff had the most up to date information at hand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to lead active lives and take part in activities in line with their interests. We received positive feedback about the amount and variety of activities on offer. Comments included, "They [staff] make a real effort with people" and "[Staff] are really good at keeping [my relative] busy and interested in doing different things."
- There was an activities co-ordinator in place whose role was to organise activities in line with people's interests. They worked to identify people's interests, designing individual and group activities to suit. Activities focussed on utilising people's existing skills, past jobs and interests. For example, people had been encouraged to restore furniture, develop the garden area and make craft items. This helped to give people a sense of purpose. Activities also focused on people's physical and mental wellbeing. This included exercise, reminiscence, music, dance, themed events and external entertainers. People were engaged with the activities, which helped to give the home a sense of energy and purpose about the day.
- People's relatives told us they felt welcomed at the service and connected with their relatives care and daily life. The provider had developed a secure social media page, which was only accessible to relatives, after appropriate permission had been obtained. The provider uploaded pictures of events and celebrations which had taken place at the service. People's relatives told us this application helped them to feel connected to their relatives' everyday lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

- People's communication needs were identified in their care plans and staff were confident in meeting these needs. The provider had resources available to provide information to people in a variety of ways, including large print.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising issues to management and staff. Comments included, "Everyone is very accommodating and approachable" and, "If I had a problem, I would tell them [staff]".
- There was a complaints policy in place, which outlined how the provider would investigate and respond to complaints and concerns. The registered manager kept a written record of all complaints. These records reflected that they had responded to all complaints received in line with the provider's policy.

End of life care and support

- There were policies and procedures in place to provide end of life care.
- The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care.
- Staff worked with people and relatives to identify preferences around care arrangements when people were nearing the end of their life. People had an end of life care plan in place which reflected these preferences.
- The provider had received many thank you cards from relatives of people who had passed away after staying at the home. These commented on the personalised care they had received.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives gave us positive feedback about the quality of care, leadership and culture of the service. Comments included, "We looked at many homes and this one stood out", "It's good here, you can do what you want and the people [and staff] are nice" and, "They are a lovely team that work here. They look after people well."
- The registered manager was practically involved in the day to day running of the home. They had a good understanding of people's needs, making themselves available to assist people with daily activities or personal care. Comments included, "The registered manager is very caring" and, "I like the boss."
- The provider and directors played an active role and were a visible presence in the home. Staff and relatives told us the provider frequently visited, was approachable and listened to their perspective. Comments included, "They [the provider] has put a lot into the home and it shows."
- There was a whistleblowing policy in place. This identified the actions staff could take if they had concerns and felt unable to raise them with the provider. Staff we spoke to were positive about the home and its leadership.

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 provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager had an open and transparent approach when responding to people and relatives when mistakes were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear leadership structure. Senior staff were in place to support with the management of the home and supervision of the staff. Staff were clear about their duties and motivated within their role.
- The provider had displayed their previous inspection rating conspicuously near the entrance of the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.
- Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were invited to complete a Quality Audit Questionnaire of the service. The responses to these questionnaires were positive about the service.
- The provider ensured people were connected to local community resources. This involved partnerships with local businesses, churches and schools to visit the home or support activities and events. The provider also had developed a relationship with a local voluntary service, who provided volunteer staff for people's companionship.

Continuous learning and improving care

- The registered manager subscribed to regular updates from regulatory bodies such as CQC. They also attended quality forums facilitated by the local authority, where best practice was shared between providers.
- There were effective audits in place to monitor the quality and safety of the service. This included audits of care plans, medicines, health and safety and risks relating to the home environment. The registered manager collated this information into a monthly report, highlighting outstanding actions and timescales for completion. This helped them to track how improvements were implemented and embedded.
- The directors visited the service regularly to complete overall audits of the quality and safety of the service. These audits assessed how, safe, effective, caring, responsive and well led the service was. They used a computer-based system to upload evidence supporting the audits findings. This information was constantly updated and made available to commissioning authorities to review. This reflected a good oversight of the service from the provider.
- The provider commissioned an external care consultancy company to give them recommendations about how to develop an environment, which was suitable for people living with dementia. This had led to some changes being made to communal areas of the home.

Working in partnership with others

- The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, doctors, district nurses, speech and language therapists and dieticians. This helped to ensure that people had appropriate plans of care in place.
- In one example, the provider made a referral to speech and language therapists after staff noticed a person was having swallowing difficulties. They provided training and support to the chef and staff to ensure an adapted diet was put in place. This ensured the person was safely able to enjoy their food.
- The directors and registered manager participated in the development and running of local provider networks. Their role within these networks included engagement with commissioners about developing collaborative working practices. The registered manager was part of a local network, facilitated by Skills for Care, where registered managers shared examples of good practice together. We received positive feedback from commissioners about the active role the directors and registered manager played in these networks.