

First For Care Limited

Butterley House

Inspection report

Coach Road
Butterley
Ripley
Derbyshire
DE5 3QU

Tel: 01773745636

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Butterley House is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 37 people.

The accommodation is provided over two floors. The upper floor has bedrooms, toilet and bathing facilities. The downstairs also has bedrooms and toilet and bathing facilities with the addition of communal spaces, a conservatory, a lounge and a dining space.

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

The provider had made many improvements however some were not yet fully embedded to provide us with assurances to support sustainability.

People received personalised care in a homely environment. Areas of the home had been refurbished to ensure spaces were suitable for people to use. People were encouraged to make choices how they wished to spend their day, and these were promoted.

There were sufficient staff to support people and new staff had been recruited in accordance with safe recruiting processes. Staff felt supported and received regular supervision for their role. Staff had received training to enhance areas of care and understanding of some long-term health conditions. Staff had requested further training to develop their individual skill and in relation to end of life care.

People were supported to remain safe. Staff understood how to raise a safeguarding alert or concern. Any received had been investigated and any outcomes shared, this meant people the provider continued to make improvements to peoples safety. . Risk assessments had been completed to ensure measures were put in place to mitigate the risks. Referrals were made to obtain health and social care advice and we saw this was recorded and followed. Medicines were managed safely to ensure people received their prescribed medicine.

Care plans had been developed to ensure all aspects of people's care was individualised and reflected people's choices and preferences. Relationships had been maintained through the use of technology and a visiting pod on site.

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.

People enjoyed the dining experience and were given opportunities to be involved in the menu planning. Staff ensured peoples dignity was being respected and showed this through offering choices and understanding people's needs.

The provider had developed a range of audits which were now being used to ensure quality was maintained and drive further improvements. The registered manager ensured we received notifications regarding incidents or events. There was a complaints policy and relatives felt able to raise concerns and were confident these would be addressed.

The provider had worked in partnership with health and social care professionals to ensure the environment and the care being delivered was in line with current guidance or best practice. Through these interactions, lessons had been learnt.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update) - The last rating for this service was Inadequate (published 27 August 2020), and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Butterley House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Butterley 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided 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

This inspection was completed by two inspectors

Service and service type

Butterley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We spoke with health and social care professionals and reviewed information they shared with us. We used all of this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the registered manager, two team leaders, the two senior

care workers, three care workers and the chef. We reviewed a range of records. This included eight people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records shared with us. We contacted by telephone two GP practices, five relatives and a further two staff which included the chef.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received training in relation to safeguarding and agreed processes had been discussed with staff. Staff felt confident in these processes and in the action, which would be taken.
- Where safeguard concerns had been raised these had been investigated and any measures to reduce ongoing risks had been implemented.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had received risk assessments to ensure any areas of concern had been mitigated. We saw these had been regularly reviewed when the risks had changed.
- People received support to reduce the risk of sore skin. For example, people were regularly repositioned to ensure staff reduced the risks, and these were recorded. One relative said, "I have no worries they are not safe."
- When people were at risk of falls, a risk assessment was completed and if required, sensor equipment used to alert staff to the persons movement.
- Consideration was made in relation to the environment of the individual to reduce the risks, for example moving furniture within people's bedrooms to reduce the risk of falls.
- Staff understood the importance of recording all aspects of risks and we saw these were followed up by the senior staff.
- Some people had behaviours which challenged, there were care plans in place to give staff guidance, on how to support people when they expressed these behaviours or anxieties.

Using medicines safely

- People had received their medicines as prescribed. We found related records were accurately maintained with the correct information and following administration of medicines these were signed in accordance

with guidance.

- When people needed 'as required' medicines, there were protocols in place so that staff understood when the medicine should be administered.
- Staff had received training in administering medicines and their individual competencies had been assessed by senior staff to ensure understanding.
- Medicine stocks were checked and maintained and any areas of concern had been followed up with the GP or pharmacy. For example, a prescription for a person was not clear, the staff contacted the GP who discussed monitoring of the person and adjusted the prescription to ensure it was clear to avoid administration errors.

Staffing and recruitment

At our last inspection we recommended the provider consider national guidance on recruitment of staff.

- The provider had ensured the required safety checks had been completed ahead of staff commencing their position at the home. These included references and a criminal records check.
- There were sufficient staff to support the current number of people using the service.
- The number of people using the service had been reduced over the last year, staff were anxious about new people and future staffing levels. The provider reassured us that these would be reviewed in line with people's needs.
- The provider used a care needs dependency tool to support the staffing levels, this tool reflected different people's needs along with the provider considering the layout of the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The provider had cleaning schedules in place, these were to be reviewed and regular meetings completed with the domestic staff to ensure inspection standards were maintained in accordance with current guidance.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the required training for their role. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

- Staff had received further training in their role to support different areas of care. For example, diabetes.
- Senior staff assessed individual staff competencies. to ensure staff had understood the training and how to implement the information in providing care.
- The registered manager had provided 'quick guide' cards to support staff to recall key aspects of the training or the people affected by a specific health care condition.
- The registered manager was developing staff role to champion (role to reflect) different aspects of care, for example, first aid, end of life etc
- All of the training was on line and some staff felt they would like to receive some additional training especially in connection with their champion roles so they could develop their skills. The provider agreed to review this area of training.

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

- At our last inspection concern was raised in relation to staff not always having sufficient knowledge about people's nutritional needs. At this inspection we found this area had improved.
- Staff had received training in relation to understanding nutrition and hydration for people. One staff member said, "We are better informed now, and I would always check."
- People told us they enjoyed their meals. We saw that there was a choice available and that staff encouraged people who were reluctant to eat or promoted an alternative.
- When people received their meal, we saw that they were supported, if required. Some people had plate guards to enable them to remain independent.
- The menu had been developed to consider peoples preferences and dietary needs. For example, to accommodate different consistencies of food, choice of meat free diet or a diet to support a health condition.
- Relatives also reflected on the meals. One relative said, "Although I cannot see the meals [Name] is eating it must be good as they have put on weight and needed larger clothing." Another relative said, "[Name] was always a good cook, and they have said that the meals have got better recently, so that's a compliment

from them."

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

At our last inspection we recommended the provider consider national best practice in relation to the environment for people living with dementia. The provider had made improvements.

- We saw there was now clear signage around the home to support people living with dementia to understand their surroundings.
- One part of the home with corridors of bedrooms had been decorated to reflect different coloured doors. There was also signage to the occupier of the room, with a familiar picture of interest along with the name of the person.
- The home had completed several areas of refurbishment to make areas of the home more accessible to people. For example, the repurposing of a large room used for storage to a lounge. We saw this was in use and people looked to enjoy this new space.
- Bedrooms had been redecorated and new furniture purchased to make them more personal to people.
- A bathroom had been completely refitted to make a walk-in shower area, this meant people who may have mobility restrictions had access an alternative bathing facility.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider current guidance on MCA. The provider had made improvements.

- The MCA assessments had been reviewed and now provided more information and were decision specific.
- We saw when required, best interest meetings had been completed and these included professionals and /or relatives who were able to support the decision making.
- Some people were subject to a DoLS. We saw the information in relation to these restrictions had been shared with staff, so they could be followed.

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

- People were encouraged to make choices in their day to day life. For example, this was reflected in people's choice of clothes and meals.
- Staff knew people well and were able to ensure they had things of importance with them, for example handbags or relevant books.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had received updated and relevant health care. We saw that the home had a good relationship with two GP practices.

- Regular contact was made with the GP's and any guidance or changes were recorded and shared with staff. One GP said, "The home is responsive and contacts us when required. Recently they checked a prescription with us, which was good practice."
- Referrals were made to relevant health care professionals when specific advice was required. For example, in relation to moving and handling or a person's dietary needs. Any advice provided was recorded in the care plans and risk assessments, which were updated and shared with staff to ensure the care provided was relevant.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure people's dignity was considered or respected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's needs were placed at the centre of the care they received. Staff ensured all safety tasks had been completed, however delivered this in a more person-centred way.
- Staff knew people's needs and considered these when offering them choices or when making them comfortable. For example, the choice of film or the use of a blanket.
- Relatives we spoke with expressed their thoughts on the kindness of staff. One relative said, "Care staff are very kind, they care from the heart." Another said, "Staff are very good, they keep me informed and share information."
- We observed people being supported and this reflected positive interactions with people from staff who knew them well. This included topics of interest in conversations to items of importance, for example, ensuring the person's handbag was close by.

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

- People were involved in their daily choices of care and were possible had been included in the details within the care plans.
- The senior staff member had completed a detailed summary for each person to share important information of people's care choices and preferred daily routines with new and existing staff. This meant that the focus of the care was on people's individual needs. For example, the time people wished to get up, preference to a bath or shower etc.

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 Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure care plans were robust in ensuring details were in place for individualised care. This was a breach of regulation 9 (Personal Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Peoples care plans now included all aspects of their care, contained the most up to date information. These included specific section for individual health care conditions, for example Parkinson's or diabetes.
- The care plans had been reviewed following any changes in needs or to comply with health care professional guidance. For example, following a new moving and handling plan or the change in the consistency of a person's diet.
- The staff received a daily handover before they commenced their shift to ensure that care was delivered in accordance with people's needs. This meant that current needs were considered, for example, if a person had been unwell and may require additional support.

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 carer's.

- People were supported to communicate their needs. Some people used gesture and others the support of pen and paper.
- The provider and registered manager were working on ensuring communication was improved and this involved meetings with the people using the service to consider their views on the home.
- Signage had been improved around the home and there was a notice board which indicated the staff who worked in the home with a photograph. This promoted some independence for peoples understanding of the home and the staff caring for them.

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 had been encouraged to keep in contact with relatives and people of importance through a range of methods. These included WhatsApp and facetime, one relative said, "It's nice to be able to keep in touch."

- The provider had refurbished a room into a visiting pod, this was a room with a clear screen to divide the room to help promote COVID 19 safety. This enabled relatives to enter from one side and the person from within the home. One relative said, "I have used the visiting pod, although it does need a microphone system as we had to mime." The provider told us they would address this.
- An outside summer house had also been purchased, which had the facilities to be used as an additional visiting area in the spring.
- There was no dedicated activities staff, however we saw that people were asked their choices for recreational activity and these were followed up. One relative said, "The activities they do are great and [name] enjoys them."

Improving care quality in response to complaints or concerns

- At our last inspection we had concerns about the responsiveness of the provider in responding to complaints. At this inspection we saw there had been improvements.
- There had been no formal complaints since our last inspection, however all the relatives we spoke with said they felt more confident, that if they raised a concern it would be dealt with.
- Some relatives told us about small concerns they had raised and how they had been addressed swiftly by the registered manager.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- People had an end of life care plan included with their care needs, should this be required.
- Staff had received some online training in this area, many we spoke with expressed a wish to have further training. One staff member said, "We wish people to have a good end with us and that when we pass them on to the undertakers, it is in a dignified way."
- The provider told us they would review this area of training and the practices for end of care within the home.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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 had failed to ensure good governance arrangements were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had been inadequate for the last two inspections. At this inspection we found improvements had been made by the provider but were not yet fully assured as sustained or ongoing.
- Relatives we spoke with felt that improvements had been made. However, they had all identified that communication could be improved in sharing any new guidance around COVID 19 or ongoing developments within the home.
- The provider has reviewed the use of audits to ensure they now drove improvements or ensure the quality and safety of care was being maintained.
- The audits we reviewed showed that actions had been completed when areas of care or the environment had been identified. For example, a new sink in the medicine room.
- Medicines audits had ensured stock was correct and all paperwork was in place to support the safe administration of medicines.
- The provider also completed audits on a quarterly basis to cover all aspects of the home. These had picked up other areas of improvement, which generated an action plan, we saw this was formally sign off once completed.
- The provider has four locations and they planned to develop an overarching reporting system across their services, to provide consistency, and shared learning opportunities.

Working in partnership with others

- The provider and registered manager had worked with a range of external health and social care partners to drive care improvements. For example, the infection control team had made several recommendations to the environment, we found these were being implemented.
- Following a recent desk top service review by local authority commissioners, several areas had been highlighted which were not in line with best practice. We saw these were considered and amended. For

example, the use of the care certificate competency framework, to review staff levels of understanding in the sixteen identified areas of care standards. .

- ● The provider and registered manager assured us they will continue to work with health and social care professionals to ensure the home is following best practice or updated guidance. We will monitor this situation and review at our next inspection.

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 had ensured that they send us notifications of important events or safety incidents, this meant we could monitor the safety of the service.
- Relatives shared with us that they felt the provider had been responsive during the Covid 19 outbreak.

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

- We observed the atmosphere within the home was homely and that people were the main focus.
- Staff felt supported. One staff member said, "Things have changed so much, we had a lot of work to do. Every day I learn something new."

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

- People had been consulted about the menus to improve their meal experience, including specific diets.
- The registered manager planned to have further meetings with people and their relatives to develop a shared approach to the service.
- Staff felt they were now supported and had the required guidance day to day. One staff member said, "Staff morale has really improved, and we work more as a team now."
- Staff received regular supervision and more team meetings were planned. The registered manager planned to develop sectional staff meetings, relevant to staff areas of work. For example, domestic staff meetings and senior care staff meetings.