

The Elms Residential Home Limited

Butterhill Care Centre

Inspection report

Coppenhall
Stafford
Staffordshire
ST18 9BU

Tel: 01785780380

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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

Butterhill Care Centre is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 28 people in one adapted building. Butterhill Care Centre specialises in providing care to people living with dementia.

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

People told us they felt safe. Systems were in place to keep people safe and staff understood how to protect them from abuse. People's risks were assessed and staff understood how to manage these risks. People were supported by a sufficient number of safely recruited staff. Medicines were administered safely. People lived in a clean and tidy environment and staff understood how to prevent the spread of infection. When things went wrong, the care manager ensured lessons were learned to reduce the risk of future reoccurrence.

People's needs and choices were assessed and reviewed when needed. People were supported by staff who were well trained and knowledgeable to meet their needs. People were supported with eating and drinking in line with their care plans. People were supported to access healthcare support when needed and referrals were made in a timely manner. People's personalised needs were considered in the decoration of the home.

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 were supported by kind and caring staff. People were encouraged to express their views and be involved in making their own decisions. People were encouraged to be independent and do what they could for themselves. People's privacy and dignity was respected by staff.

People received personalised care that was appropriate to meet their needs. People's communication needs were met and staff communicated with people in a way they understood. People were encouraged to engage in activities of their choice. People's concerns and complaints were listened to by the care manager, investigated and action taken where needed. People's end of life wishes were discussed with them so their preferences were known at that stage of their life.

Effective audit systems were in place to check the quality of the service. People and relatives told us the care manager was visible and approachable. The care manager promoted a person-centred approach to people's care which staff understood and followed. The care manager understood their responsibilities and statutory notifications were submitted to CQC as required by law. People, relatives and staff were encouraged to provide feedback to improve the service. The care manager was proactive in continuous learning and sought further training opportunities for staff. The service worked closely with other agencies to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 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.

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.

Butterhill Care Centre

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.

Inspection team

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

Service and service type

Butterhill Care Centre 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was not present on the day of inspection, but a care manager was also in place. The care manager told us they were in the process of registering with the Care Quality Commission to become a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the care manager, senior care staff and carers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. 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 mental capacity assessments which we had asked the provider to send us following the inspection. We spoke with two other relatives who regularly visit the service to obtain further feedback.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "[Person's name] is safe there. The staff are brilliant with them."
- Systems were in place to protect people from abuse and staff understood how to keep people safe. A staff member told us, "Keeping people safe from abuse is making sure no one is being abused or neglected and reporting it if we see anything."
- Safeguarding referrals were made to the local authority when needed.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed.
- Staff understood how to manage risks to people. For example, one person sometimes presented with agitation. A clear risk assessment was in place regarding how staff should support this person and staff understood how to reduce risk to this person and other people living at the home.
- Accidents and incidents were monitored and trends analysed to identify any patterns. Action was taken when needed to reduce risk to people.

Staffing and recruitment

- People were supported by a suitable number of safely recruited staff to meet their needs.
- People did not have to wait for care when they needed it. Staff were available to meet people's needs.

Using medicines safely

- People's medicines were stored and administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- People had clear and personalised protocols in place to guide staff when to administer 'as required' medicines.

Preventing and controlling infection

- People lived in a clean and tidy environment. One relative told us, "The home is always clean and tidy. Someone is always cleaning, hoovering and tidying when I go there."
- The provider had an environmental action plan in place and the home was in the process of refurbishment as a result of the action plan.
- Staff were observed wearing gloves and aprons when supporting people with personal care and meals.

Learning lessons when things go wrong

- The provider took action when things went wrong to reduce the risk of this happening again.
- For example, when one person absconded, the provider took immediate action to identify what had gone wrong and made immediate improvements to the home's security to prevent this from reoccurring.

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 the same. 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

- People's needs and choices were assessed. People's care plans were personalised to each individual and considered each person's diverse and holistic needs. The care manager explained although religious, cultural and spiritual needs were considered as part of the assessment process, no people currently living at the home had needs related to this.
- Assessments and care plans were reviewed and updated as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and knowledgeable regarding how to support them. A staff member told us, "I'm going on some dementia training, I'm really looking forward to it as it'll give me a better idea what it's like to have dementia and will hopefully help me to support our residents more."
- Staff records were in place which identified training had been done and showed that staff were up to date on training.

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

- People were given a choice of food and drinks. One relative told us, "The food is excellent, there's usually a choice at lunch time, I find it very good."
- People were supported with eating and drinking in line with their care plans. We saw a staff member supporting one person to eat lunch in their room in accordance with their care plan.
- Staff encouraged people to maintain their independence when eating. For example, we saw a staff member cut up one person's food for them and then place it on their spoon so they could eat the food independently.
- People's weight was monitored when needed and referrals were made to healthcare professionals when concerns arose.

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

- People were supported to access health professionals when they needed it. For example, one relative told us they were impressed when the provider arranged for a mental health specialist to see their relative after a period of anxiety.
- Referrals were made to other agencies in a timely manner to ensure people received appropriate support.

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

- People were able to personalise their bedrooms as they wanted.
- People's dementia needs were considered in the decoration of the service. For example, pictorial signs were on doors to the medicine room and communal toilets to support people with orientation.
- The care manager showed us plans they had to redecorate one person's room with sensory lighting and a fish tank to make it a more comfortable living environment for them.

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.

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. 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.

- Staff understood the principles of the MCA and asked people for consent before supporting them. A staff member told us, "It's respecting when people can't make decisions for themselves and supporting them to choose if they are able to."
- People were supported to make decisions for themselves and staff helped people with decision making when needed. Where people lacked capacity, staff supported them in the least restrictive way.
- DoLS applications had been made where needed.

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 the same. 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 were supported by kind and caring staff. One person told us, "The staff are very pleasant and nice, they're very good and very kind."
- People were treated with compassion and empathy. A staff member told us, "I try and give people as much time as I can, for some people it's just a chat or a hug that they want." We saw people asking staff for a hug and staff did this in an appropriate way.

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

- People were encouraged to make decisions about their care. One relative told us, "[Person's name] is able to make choices where they are able to. They pick what they want for tea."
- People were supported to choose their own clothes and decide where they wanted to sit. One person told us, "I can sit where I want. I sit on this chair in the morning and after lunch I like to sit outside for a while."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who encouraged their independence. One relative told us, "[Person's name] is independent. They like to clean their own room and do their own washing. Their memory is getting slightly worse now but the staff are there to sort it when needed but let them do things for themselves where they can."
- One person living with dementia also went on walks independently in the local area and staff encouraged them to do this ensuring they used the signing in and out book to maintain their safety.
- People were supported by staff who promoted their privacy and dignity. A staff member told us, "I always make sure the curtains are closed and I cover people up when washing them. I also talk to them while I'm doing it."
- Staff gave people the choice of whether they wore an apron at meal times to promote their dignity.

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

- People and their relatives were involved in their own care planning. Any changes to care to meet people's needs was discussed with people and their relatives.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs.
- People's sensory needs were understood by staff. We observed a staff member kneel down by one person with a hearing impairment and speak slowly and loudly to them into their ear to assist them with understanding.

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.

- People's communication needs were met and the provider was compliant with the Accessible Information Standard. For example, we saw the complaints policy was on display in easy read pictorial form so people could understand it.

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 encouraged to engage in a range of activities. We observed people crocheting, doing crosswords and being read to.
- An activities co-ordinator was in place and supported people to engage in activities of their choice and appropriate to their needs. For example, we saw that the activities co-ordinator allocated time to ensure that one person who was cared for in their room received one to one support.
- The care manager told us they were in the process of setting up a dementia shop which people who lived at the home would run and be able to buy things from.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and accessible to all but the care manager told us they had not received any complaints.
- Relatives told us they were confident any complaints would be addressed by the care manager but they did not usually have to complain. One relative told us, "I have not had to raise any complaints. I did mention

the light wasn't working in [Person's name]'s room but they already knew and had got the electrician out and it was sorted."

End of life care and support

- People had end of life care plans in place and end of life preferences had been discussed with some people. The care manager told us not everyone liked to discuss this but assured us they would ask all people and their families who this had not yet been discussed with so any end of life wishes were known.

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 were supported by a care manager who was open and visible in the home. One relative told us, "The manager is always visible, she likes to see what's going on."
- A staff member told us, "I couldn't wish for a better manager. The staff work better as a team since she came and days run smoothly because we all know what we're doing."
- People were supported by a care manager and staff who were passionate about providing person centred care.

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 complied with the duty of candour and was open and honest with people when something went wrong. For example, when one person absconded from the service, the provider contacted the family to inform them of this and reported it to the police, the local authority and the CQC.

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

- Effective audit systems were in place to check the quality of the service.
- Systems were in place to monitor accidents and incidents and information was analysed so that trends could be identified in order for appropriate action to be taken.
- Managers and staff were clear about their roles. A registered manager was in place to oversee the service. A care manager was also in place to manage the care home on a day to day basis. The care manager informed us they were in the process of applying to become a registered manager.
- The care manager was aware of their legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.
- The rating of the last inspection was clearly on display at the service.

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

- People were involved in the service and suggestions for improving the service were acted on. People and the care manager told us they had been involved in ideas for the dementia friendly shop that the provider is due to implement.
- Relatives were encouraged to give ideas for the development of the service. Feedback forms were

accessible for all on entrance to the home so visitors could choose to leave feedback regarding the service at any time.

- Staff had supervisions and team meetings where they were able to make suggestions for improvements to the service. A staff member told us, "We get supervisions. The care manager is approachable and we would be able to raise any issues or concerns with them."

Continuous learning and improving care

- The care manager was proactive and keen to progress learning in order to improve the care provided to people. For example, the care manager had read learning from the CQC oral healthcare review and had started to implement learning from this to improve people's oral healthcare.
- The care manager had also sought out training opportunities for staff to improve their learning. For example, we saw that additional dementia training had been arranged to improve staff knowledge.

Working in partnership with others

- Positive relationships were in place with health professionals to ensure people had their care needs met effectively. We saw there was regular input from a range of different professionals in people's care to support them to remain safe and healthy.