Butts Croft Limited

Butts Croft House

Inspection report

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Tel: 01676540334

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 29 November 2016. The visit was unannounced.

Butts Croft House provides care and accommodation for up to 35 people. The majority of people who live at the home are older people living with dementia. The service also offers care and support to seven younger people living with dementia. Younger people have a separate area for their accommodation, however, both older and younger people are able to access all parts of the home. At the time of our visit, there were 24 people living at the home.

The home is required to have a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager at the time of our previous inspection in January 2016 had left the service. There was a new manager who was not yet registered with us.

When we inspected the home in January 2016 we identified breaches in the regulations relating to safe care and treatment, consent, and good governance of the home. We rated the home as 'required improvement'. At this inspection visit, we looked to see if the provider had taken action. We found improvements had been made and the provider was no longer in breach of the regulations. However, some further improvements were still required.

People told us they felt safe and happy living at the home. Staff knew how to protect people from the risk of abuse because they had been trained to safeguard people and knew what to do if they had a concern. There were enough skilled and experienced staff to meet people's needs and the provider's recruitment process ensured, as far as possible, staff were safe to work with people.

Risks associated with each person's care and support had been assessed, recorded and plans developed to manage these. Staff received induction, training and supervision to support their practice in meeting people's assessed needs safely and effectively.

Improvements were needed in the management of medicines within the home. The manager was working with commissioners and the local pharmacy to ensure people received their medicines safely and as prescribed.

People's rights under the Mental Capacity Act were protected by the provider and staff team who sought their consent to care. However, there was some inconsistency in the recording of when people's capacity, in respect of specific decisions, had been assessed.

People were satisfied with the food provided and were able to have as much food and drink as they wanted.

People had access to, and used the services of other healthcare professionals to maintain their health.

People spoke positively about the friendly, warm attitude of staff and the homely environment within Butts Croft. People felt able to approach staff and staff took time to sit and talk with people. Staff were attentive to people and displayed interest and affection when speaking with them. People told us staff were respectful and promoted their privacy and dignity when providing care. People said they felt comfortable to approach staff if they had any concerns or problems.

Where possible, people and their relatives were involved in making decisions about their care needs and how they would prefer them to be met. Care plans provided information for staff on how to meet people's care needs and were reviewed regularly. Staff had a good knowledge of people's needs, preferences, likes and dislikes.

Since our last visit the provider had taken action to ensure the accommodation people lived in was safe and risks to people were minimised. However, further improvements were required to ensure checks carried out by the manager and provider to assure themselves people received safe, effective care were consistently recorded.

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 safe.

The provider had processes in place to ensure the safety and maintenance of the premises, but some further action was required. Staff understood how to protect people from harm and abuse. The risks associated with each person's care and support had been assessed and plans developed to manage these. Improvements were require in the safe management of medicines.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff received an induction and training so they could meet people's needs effectively. The manager and senior staff understood their responsibilities under the Mental Capacity Act and staff worked within the principles of the Act. However, some improvements were required in recording when people's capacity had been assessed in respect of specific decisions. People told us they enjoyed the food and had access to other healthcare professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were friendly, thoughtful and warm in their interactions with them. Staff were attentive to people and displayed interest and affection when speaking with them. Staff were observant of people and their moods and took time to offer reassurance when people became anxious.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in making decisions about their care needs and how they would prefer them to be met. Staff had a good knowledge of people's preferences, likes and dislikes and an understanding of how to respond to the

needs of the people living in the home. People felt comfortable to approach staff if they had any concerns or problems.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a new manager in post who had identified areas where improvements were required. Some checks on the quality of service were not formally recorded to evidence how these were driving improvements within the home. Staff felt supported in their roles and worked closely as a team. People spoke positively about the welcoming atmosphere within the home and told us they enjoyed living there.

Butts Croft House

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 took place on 29 November 2016 and was unannounced. The inspection team consisted of three inspectors and a specialist advisor. The specialist advisor was an experienced nurse who specialised in dementia care.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We spoke with the local authority, who shared information about their most recent visit to the home. We also looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms. This was to see how people spent their time, how staff involved them, and how staff provided care and support to people when required.

During our inspection visit we spoke with six people who lived at Butts Croft to get their experiences of what it was like living there, as well as two visiting relatives. We spoke with the provider, manager and deputy manager. We spoke with three care staff, one agency care worker and two non-care staff.

We looked at three people's care records and other records including quality assurance checks, complaints and incident and accident records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and happy living at the home. A relative told us, "The care here is spot on, I have never witnessed anything of concern."

At our previous inspection in January 2016, we had identified the premises and equipment were not always maintained safely. This was a breach of the regulations and we asked the provider to make improvements. At this inspection we found the provider had taken the action they said they would, but some further improvements were still required.

In January 2016 we had concerns about fire safety within the home. We notified the fire service who carried out a Fire Safety Compliance Check. They found a number of areas where the provider was not compliant with the fire safety regulations. The fire safety officer returned to the home on the same day as our inspection to check whether the provider was now compliant. The fire safety officer confirmed that the areas of major concern had been rectified. The provider had engaged an external company to carry out a fire risk assessment which they were now working to. Some issues still remained outstanding. This included individual risk assessments for people who smoked and personal emergency evacuation plans (PEEPs). PEEPs inform emergency services and staff what assistance each person would need to evacuate the building safely. The manager was committed to completing these as a priority. They subsequently notified us that PEEPs had been completed for everyone living in the home within a week of our inspection visit.

At our last inspection we found a bedroom which was accessed via steep and narrow stairs which were unsafe. We also found the flooring in the reception area and a ramp outside the office both posed a trip hazard. The provider had de-commissioned the bedroom which was no longer in use and taken action to improve the flooring and ramp so they were no longer potential trip hazards.

In January 2016 the heating was not working properly and portable heaters which posed a burn risk to people, were being used to heat some bedrooms. When we first arrived at this inspection we found some areas of the home were cold and radiators were not on. However, radiators were on and working later during the morning. We were told that although the heating had been repaired, there were still some on-going problems so the provider had arranged for the boiler to be replaced. The deputy manager confirmed the new boiler was due to be fitted the week of our visit.

At our last inspection we found some areas of the home had not been cleaned effectively. At this inspection we spoke with one of the domestic staff. They confirmed that following our last visit schedules had been introduced to ensure cleaning tasks were undertaken. We looked at the cleaning schedules for the kitchen. These had been completed as required. We did not identify any issues with the overall cleanliness of the home.

During our tour of the premises we identified that some upstairs windows did not have appropriate restrictors on them and a patio door onto a large first floor balcony was not secure because the lock had been removed. The provider immediately instructed the maintenance person to ensure the patio door was

made safe and told us they would arrange for restrictors to be added to the windows.

Shortly before our inspection, a medication audit had been completed by the local clinical commissioning group. The audit had identified that improvements were required in the safe management of medicines within the home. This included improvements in the ordering, storage and recording of when medicines had been given. Improvements were also required in the management of medicines that had specific prescription requirements. For example, some medicines that needed to be given 30 minutes before food were being given after people had eaten. There was no written protocol to inform staff when a medicine prescribed on 'an as required' basis should be administered to a person when they became anxious or agitated. A lack of a written protocol could lead to staff giving the medicine inconsistently.

The manager was meeting with the local commissioning group and the pharmacy to put actions in place to improve the management of medicines in the home and to ensure people received their medicines safely and as prescribed.

People we spoke with told us they received their medicines when they needed them. One person told us, "I have my tablets on time. If I have pain, I can get something for it." Another said, "Tablets are given at the right time, I have never had to ask or remind them."

People and relatives told us there were generally enough staff during the week, although there seemed less at weekends. One relative told us, "There always seems to be enough staff around when I visit, maybe weekends there are not so many, but there is always someone to update you." This was confirmed by another relative who told us, "I don't think there are enough staff, especially at the weekends."

Staff felt there were enough staff to meet people's needs, but confirmed there had been some staffing issues. One staff member explained, "I will be honest, we get times when you get staff ringing in sick but staff are good here and will cover. And the manager will come on the floor and so will the deputy." The manager confirmed staffing levels had been a 'struggle' due to a high turnover of staff due to the location of the home. The manager had recently recruited three new night staff, but was still reliant on agency staff to cover gaps on the rota. The manager told us they tried to use the same agency staff to provide consistency. The agency member of staff confirmed they had covered more than 20 shifts at the home and was confident they understood people's needs.

During our visit we found there were enough skilled and experienced staff to meet people's needs. Staff had time to spend with people and respond to their requests for assistance. The manager and deputy manager were visible within the home and assisted staff by supporting people with personal care.

Staff understood how to protect people from harm and abuse. Staff understood the need to report any abuse concerns to the manager or senior member of staff without delay. One staff member told us, "I have had safeguarding training. I learnt about different types of abuse and I know I must protect people. Of course I would tell [manager] if I thought someone was being abused. [Manager] would sort out any problems, I am sure of that." An agency member of staff told us, "Safeguarding is causing harm to people. If someone told me they were being abused, I would tell the manager or my agency manager if the manager did not do anything." The manager understood their responsibilities to safeguard people and report any concerns to the CQC and the local authority safeguarding team.

Staff were recruited safely and the provider checked they were of good character before they started working at the home. The manager had obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that

keeps records of criminal convictions.

The risks associated with each person's care and support had been assessed, recorded and plans developed to manage these. Before people moved to the home, a senior member of staff visited them to complete an initial assessment of need. The deputy manager explained, "We get an idea of what people's needs are, but if people are in hospital you don't get a full picture of their abilities or needs. We use the initial assessment to start the care plan which we add to as we get to know people." Risk assessments covered areas such as moving and handling people, nutrition and falls. They were updated monthly or more frequently if required to ensure any changes in risks were identified and minimised.

However, we identified one person who was at risk of their skin breaking down. Staff gave conflicting information as to whether the person needed to be regularly turned to relieve pressure on vulnerable areas. The manager confirmed the person was on two hourly turns, but there was no chart in place to confirm this was being done. Although we had no concerns because the person's skin was intact, the manager told us they would take action to ensure the care provided was consistently recorded.

We looked at how accidents and incidents were managed in the home. We found action had been taken to reduce the likelihood of some incidents such as falls. For example one person had fallen twice during the night when trying to go to the bathroom. A sensor mat had been put in place to alert staff if the person got up during the night and staff had been instructed to encourage the person to use the bathroom before they got into bed. A staff member we spoke with knew about the actions put in place to minimise the risks.

Requires Improvement

Is the service effective?

Our findings

People and relatives felt staff met their needs effectively. One person told us, "The carers are absolutely fantastic." A relative told us of an occasion when one person became anxious and agitated and explained, "Staff handled it wonderfully, so calm."

At our last inspection in January 2016 we found improvement was needed in the implementation of the Mental Capacity Act 2005 within the home. The Mental Capacity Act 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. At this inspection we found improvements had been made, but further improvements were required.

The manager and senior staff understood their responsibilities under the Mental Capacity Act. They explained how people's capacity could fluctuate depending on the decision or health of the person. Where people lacked capacity for complex decisions, we were told, "Families and health professionals need to be involved in making decisions in people's best interests." However, we found inconsistency in the recording of when people's capacity had been assessed in respect of specific decisions. The manager had identified this and assured us they would complete the necessary assessments and ensure they were properly recorded.

Some people had lasting powers of attorney, this is the authorisation to allow other people to make decisions on their behalf. The manager kept a copy of the documents issued by the courts so they could be confident people's relatives and representatives had the legal right to make decisions on their behalf.

Staff worked within the principles of the Mental Capacity Act. One staff member explained, "We can't presume people can't make decisions. It's everyone's human right to be in control of their life." Another member of staff told us, "It is recorded if people don't have capacity. I can't presume and make decisions for people. I had capacity training. I learned how to make decisions in people's best interests. If people can't choose things for themselves I find out what they would like." They explained they did this by talking with the family, more experienced staff or reading the care plans. During the day we saw staff asking people to make their own decisions, for example, about how they wanted to spend their time and what they would like to eat and drink.

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 are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager informed us DoLS referrals had been made for six people, two of which had been authorised at the time of our visit. However, the manager acknowledged that most people in the home would require a DoLS due to restrictions within the home and because they were unable to leave if they wished. They assured us they would be submitting the required applications as a priority.

New staff completed an induction when they started working in the home that included training and working alongside more experience staff. One staff member who had recently completed their induction told us, "I shadowed others for about two weeks, that was enough as I felt confident to work on my own." An agency member of staff told us they also received an induction to the home. They told us, "When I started I was shown around, introduced to people and given people's information to read." They also spent time working alongside other staff. They said this gave them the opportunity to ask questions and find out about people's needs so they had the understanding to meet them effectively.

At the time of our inspection visit the induction new staff received was not linked to the Care Certificate. The Care Certificate helps new members of staff to develop and demonstrate they have the fundamental skills they need to provide quality care. The deputy manager advised they would access the information about the Care Certificate to make sure the provider's induction met current good practice recommendations.

Staff received regular training to ensure their knowledge and skills were kept up to date. Training was booked a year in advance and mainly consisted of on-line training which staff had the option of completing at home. The deputy manager monitored training and told us the training provided care staff with the skills to meet people's needs. One staff member told us, "Training is really good, we have just had medication training and fire training."

A healthcare professional told us on one occasion they had seen a member of staff who had not used good manual handling techniques. They reported this to the manager who had taken prompt action. They explained, "The only issue I raised was a manual handling issue. I escalated it the same day and the manager sorted out the training immediately."

Staff had received training in caring for people living with dementia. One member of staff told us how the training had supported their practice and gave them the knowledge to provide person centred dementia care. They explained, "We did the dementia training and that gave me a really good insight into people with dementia. Straightaway I put what I had learnt into my practice on the floor and it really did work. Talking to people in a quiet tone really did work." This was confirmed by our observations of staff interactions with people during the day.

People told us they enjoyed the food and staff offered them alternatives if they did not like something. Comments included: "Food is really good, plenty of it and so tasty" and "There is always an alternative if you don't want what is first offered." A relative told us, "The food looks lovely and there is always a good choice."

We spoke with the cook who had a good knowledge of whether someone's diet needed to be pureed to reduce the risk of choking or whether the person required a diet for diabetes. They told us they fortified meals with cream, butter and full fat milk to ensure people had a sufficient number of calories to maintain their health. We observed people eating lunch and snacks and saw people were served food and drink of good quality. One relative told us, "[Person] needs assistance to eat and drink. If I'm here I help with this, but the staff make sure they have enough to eat and drink. I'm not worried about their eating and drinking. They have a good appetite and drink enough. They also have [dietary supplement] that the staff make sure they have."

People told us they had access to, and used the services of other healthcare professionals. Records confirmed people received care and treatment from other healthcare professionals such as their GP, nurse practitioner, optician and chiropodist.

A healthcare professional visiting the home on the day of our visit told us staff took prompt action when they

identified a health concern. Staff also worked with them to explore reasons behind people's behaviours. For example, people who did not sleep well. The healthcare professional explained, "We can't quickly jump to medication and that has been on-going teaching. Staff did sleep diaries for me and evidenced the behaviours for me when I asked. They worked with me on it."

Good

Is the service caring?

Our findings

People and relatives spoke positively about the friendly and warm attitude of the staff at Butts Croft. One person told us, "Staff are very helpful. They don't treat you like patients, they treat you like family." Another said, "It is an excellent place. All the staff are brilliant, we are one happy family." A visiting relative told us they were confident staff were consistently caring in their interactions with everyone and explained, "The staff are always very friendly. I can hear them talking to other people when I visit, they are just lovely."

Staff we spoke with were committed to providing an environment that was homely and caring for people. Comments from staff included: "It is more like a family run home. We accommodate all our residents here, we think about their needs and provide everything we can to make them happy" and "I love working here; it is such a friendly and homely place."

At our last inspection we found staff were often busy with care tasks and had little time to spend with people. At this inspection we saw unrushed interactions between people and staff. People felt able to approach staff and staff took time to sit and talk with people. One person told us, "Staff are good here, they have time to chat and are a good laugh." We observed one person refused to take their medicines when they were offered them. This decision was respected, but a little while later a senior staff member went to the person and sat with them. The staff member spent time with the person and spoke encouragingly, explaining why it was important they took their medicines. The person responded positively and took their tablets, laughing and smiling. An agency member of staff told us, "I have worked at many homes; this is one of the best." They explained this was because they had time to spend with people and were not rushed.

During our visit we saw staff were attentive to people and displayed interest and affection when speaking with them. Staff ensured they were not standing over people and bent down when talking with people sitting in chairs so they could maintain eye contact with them. Staff stroked people's arms and back when they spoke with them. People appeared to enjoy this physical reassurance and responded by smiling and stroking the staff member's arms in return.

One relative particularly commented on the thoughtfulness of staff. They told us, "[Person] always looks clean and tidy when I come. I visit a couple of times a week if I can. [Staff member] is wonderful with her and on her good days, she will put a bit of lipstick on her or her beads. [Person] used to like to wear these when she was well and it's lovely that they remember little things like this. It makes all the difference."

A visiting healthcare professional spoke positively about the caring nature of staff and told us about a recent visit they had made to the home. They explained, "We listened to one of the residents sing and I needed to assess them and one of the carers said 'you can't interrupt them, you will just have to let them finish'. The staff member was very warming to the situation."

Staff were observant of people and their moods. For example, following an incident after lunch, one person became unsettled. They approached a senior staff member in a slightly agitated state and said, "I love you." The staff member replied, "I love you too, would you like a hug," and opened their arms to the person who

hugged them tightly for several seconds before letting go and moving away smiling and reassured. Another person was anxious and asking when a family member was visiting. A member of non-care staff walked past and promptly offered reassurance. They told the person their family member would be visiting later in the week and offered to make them a cup of tea. A member of staff told us, "We are a nice friendly lot here, we all get on well. The care staff are all lovely and make sure people get a cuddle."

People told us that staff were respectful of them and promoted their privacy and dignity when providing care. One person told us, "They (care staff) know what I like. I do need help to shower and they do this fine. No problems with privacy." Another person told us, "They call me by my first name which I like." During our visit we saw staff knocking on doors and asking people discreetly if they needed help with personal care. A healthcare professional told us that if they needed to see people, staff encouraged them to return to their rooms so they could see them in private.

Staff understood people wanted to maintain as much independence as possible in their daily lives. One person told us, "Staff are lovely, they leave you to do what you can, but are there to help if you need them." Another person explained, "You can make a coffee in the kitchen with supervision any time you want."

Some people had developed friendly relationships with each other and showed interest and concern for those around them. One person enjoyed telling us a little about the other people in the home and said, "It's very homely here. It's like a family – we help each other out." A healthcare professional particularly remarked on this and explained, "It feels like a family here."

Relatives and friends were able to visit whenever they wished and staff understood how important those relationships were to people. One person whose partner also lived in the home explained, "They make sure [person] and I have everything we need, and they make sure we are together which is so important to us."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us, "Staff are very helpful, they help you out when you ask for help." They told us staff responded quickly to call bells and requests for assistance, but also said they felt able to go to staff if they wanted to discuss anything.

Where possible, people and their relatives were involved in making decisions about their care needs and how they would prefer them to be met. One person told us, "I told them what I needed help with and how I like things and they wrote it down." Another person showed us their care plan and explained how they had been involved in developing it with the manager and their social worker. This person felt their care plan fully reflected their current needs and explained, "They came to see me to find out what my needs are and what they can provide. I had an input into nearly all of my care plan and I can read it when I want."

Care plans provided information for staff on how to meet people's care needs. There were plans for different aspects of people's care such as nutrition, mobility and personal care. The care plans provided sufficient information for staff about people's needs, but were not person centred. The manager had identified that care plans required more detail. They told us they planned to review each person's plan to ensure it was centred about the person, taking into account their individual needs and wishes and health choices.

Care plans were regularly reviewed so they continued to meet any changes in people's needs. A relative told us, "They review [person's] care regularly. They invite me to reviews and if I can't be there, they ask for my opinions and will let me know the next time I come if there have been any changes to anything."

Staff told us they read people's care plans so they understood people's needs. One staff member explained, "Everyone has a care plan. I have read them and can read them again if I am unsure of anything." An agency member of staff told us they had read people's care plans and was able to tell us who had their dietary intake monitored and who had behaviours that made them anxious. They explained, "One person paces up and down when they are unhappy. I know to give them time to relax and they will approach me when they are ready for help."

People told us that staff had a good knowledge of their needs, preference, likes and dislikes. One person told us, "They know I don't like tea." A relative told us, "[Person] likes to listen to their radio, particularly classical music and it's often playing when I arrive." One person's care plan stated they liked to have something to hold. We saw they had a muff with buttons and beads which they enjoyed touching and feeling. A visiting healthcare professional confirmed, "There is a core group of staff who know people well."

Staff had an understanding of dementia and how to respond to the needs of people living in the home. One relative told us how their family member became confused at night time. "[Person] wasn't sleeping well. One care staff told me '[person] said it wasn't bed time so I got undressed and put on a nightie to show it was'." A healthcare professional told us that another person liked to be busy around the home and involved in helping staff with their care tasks. For example, they liked to help staff give people their mid-morning and afternoon drinks. They explained how staff minimised the risks of this person giving other people hot drinks.

"Staff will distract them and suggest they take the biscuits round." They went on to say that there were no restrictions on this person as they walked around the home stating, "It is the person's home and they can wander wherever they want to."

Staff told us there was a handover of information between shifts so they were aware of any changes in people's needs. One member of staff explained, "We have handover at the beginning of each shift." They explained this was important because they knew if people were poorly or if they were attending appointments. They went on to say, "Messages are passed on so we know what is going on, it's a good system and it works really well."

The provider had tried to recruit an activities co-ordinator to organise activities in the home, but without success. However, most people we spoke with felt there was enough going on to keep them occupied and engaged. One person told us, "There are things to do during the day. There are nice people to talk to, we watch films and sing along." During our visit we saw that activities occurred spontaneously and were led by the people living in the home. For example, four people told us they liked to watch films and enjoyed singing. We observed this during our visit with people singing along to a musical they were watching in the morning and to music in the afternoon. Two people enjoyed waltzing to the music and people and staff took pleasure in watching them. One staff member told us, "We could do with a bit more time for activities, but it's not an issue because people are occupied. We love to dance and sing with the residents. Their faces light up and we all enjoy a joke together."

People from the younger people's unit were welcome to join people in the main unit, but most chose not to. One person told us, "They organise activities to stop us getting bored. They take me out for the day. I go shopping or go out for a meal. I went to the library last month and one of the carers got me a book on York. I found out about Medieval York and then I went on a day trip to York." This person particularly valued the views of the home's large well maintained garden from their bedroom window. They told us they really enjoyed spending time in the garden in both the summer and winter and watching the animals. However, another person told us they would like more opportunities to go out with staff and said they would like to do some painting. We discussed this with the provider who said they would consider putting an extra member of staff on the rota some days to provide more one to one support for people to follow their individual hobbies and interests.

People told us they felt comfortable to approach staff if they had any concerns or problems. A relative told us, "I think I have been given some information about complaints. I have never needed to make a complaint, but I would if I needed to. I would speak to [deputy manager] she is lovely with [person]."

We looked at the complaints log. In the last 12 months there had been one recorded complaint. The complaint had related to soiled linen being left in a person's bathroom. The complaint had been investigated by the manager and it had been discussed with the staff member concerned during their supervision. The person who had made the complaint was happy with the outcome.

Requires Improvement

Is the service well-led?

Our findings

Throughout our visit we saw there was an open and welcoming atmosphere at Butts Croft. People told us how homely Butts Croft was and how they enjoyed living there. One person told us, "I am very happy with this place. Nothing is a problem. I love my room and the carers are very good." Another person told us, "Everybody here is really nice and friendly. Everything I want is here." A visiting relative confirmed, "We are very happy with the care here, actually I was only saying to my husband the other day, it might not look five star but the rooms are large and comfy and the staff are just great. This is where I want to come if I need care."

At our last inspection we found improvements were needed in the governance of the home. At this inspection we found improvements had been made, but further improvements were still required.

When we arrived for our inspection, we saw the provider was not displaying their CQC rating from our January 2016 inspection. It is a regulation, which came into force on 1 April 2015, that says providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website. We discussed this with the manager who immediately took action to ensure a poster was displayed to show the rating of the home.

Since our last inspection the registered manager had resigned and a new manager had been appointed. The new manager had been in post since September 2016 and told us they would be submitting their application for registration with CQC in due course. The manager was supported by a deputy manager. Staff spoke positively of the management team. One staff member told us, "The manager has put a lot more things in place, like the training." Another said, "The manager and deputy are so lovely. The manager has taken me under her wing. I would talk to her if there were any problems." A relative told us they had met the new manager and said, "I think she will be really good."

A visiting healthcare professional told us they had raised an issue with the manager who had responded immediately. They told us, "[Manager] was really approachable and supportive and said she was going to get it sorted and she did."

At our last inspection we found there were no checks to ensure all aspects of care were provided safely. For example, there were no audits of care plans to ensure all the relevant information was contained in them. The new manager had identified this was an area that still required improvement. They had recruited a new team leader who had experience of working as a senior member of staff in the care sector. The team leader's role was to review all care plans, monitor accidents and incidents and provide an overview of staff supervision and appraisal. This member of staff explained they were putting together a folder to ensure an overview of accidents and incidents was completed each month to identify any emerging trends. They explained, "It will be easier to analyse the incidents to make the home safer for people. The manager welcomed my idea to create the folder as previously analysis was not completed."

Staff told us they felt supported in their roles because they had opportunities to talk about their work in

supervisions and team meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The deputy manager told us they worked closely with staff so they were able to monitor staff practice through observation. However, records of observations were not maintained and when we asked for the staff meeting minutes, they could not be located.

Staff told us they worked closely as a team. One staff member told us, "We all work together as a team to benefit the residents. Staff have supported me and answer all of my questions." This was reiterated by an agency member of staff who told us, "The staff are all friendly; they gave me advice about how best to communicate with people. Staff treat me as one of their own." This made the agency member of staff feel valued.

Staff told us the provider visited the home regularly. One staff member explained, "He rings every day and comes once or twice a week. If there is a resident's party he comes and interacts with all the family." Another member of staff said, "The Doctor (provider) comes a lot and he always asks how I am and do I need any help." We spoke with the provider about the checks they completed to assure themselves the home was compliant with Health and Safety Regulations and provided a good quality of care. The provider told us that following our last inspection visit they had increased their visits to the home and spent more time there. They went on to say, "Every time I come I go round the building, speak to residents, and speak to staff. Anything that is not to my satisfaction I bring to the attention of the manager." However, they accepted these checks were not formally recorded to provide an audit trail of actions taken to address issues identified during their visits. The checks had not identified the issues with the management of medicines picked up by an external medication audit in the home.

In September people's visitors were asked to complete evaluation sheets to provide feedback on the quality of care in the home. These were positive in their responses with a typical response being, "We are always made to feel welcome when we arrive and the staff always go out of their way to keep us up to date with recent events." The manager told us they also planned to introduce a questionnaire for people and visitors to capture their views about all aspects of the service provided.

We found improvements were required in the maintenance of people's confidentiality. Care plans were stored in a cupboard in a communal area. The cupboard was lockable, but was open throughout our visit. Other files containing people's personal details were stored on a nearby desk instead of being locked away. This meant they were accessible to anybody walking through the home.

At our last inspection we saw there was CCTV monitoring a communal area of the home. The registered manager at the time told us they would put up a sign to inform people CCTV was being used. At this visit, we were told the CCTV was not working. The manager assured us that when it was repaired, they would obtain the necessary consent and put a sign up to indicate the use of CCTV to any visitors to the building.