

Butts Croft Limited

# Butts Croft House

## Inspection report

Tamworth Road  
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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?

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

Butts Croft House provides care and accommodation for up to 35 people. Whilst the majority of people who live at the home are older people living with dementia, the service also offers care and support to young people living with dementia. The home provides some temporary beds for people who have come from hospital for further care or assessment before going back to their own home. At the time of our visit there were 27 people living in the home.

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

At our last inspection we found improvements were required to ensure the effective governance of the service. Some action had been taken to address the issues from the last inspection, however the momentum for improvement had not been consistently maintained. The provider's schedule of required audits had not been completed as required and where improvements were identified, action had not been taken in a timely way to achieve the required results.

Records to support safe medicines management required improvement and people were not always protected from the risks associated with poor hygiene practices which posed risks of cross infection. Risks associated with people's health and wellbeing had been identified, but records to evidence risks were managed appropriately were not always accurately maintained. Whilst we found no evidence people had been harmed, systems were not robust enough to demonstrate safety was effectively managed.

Staff told us they had enough training and support to meet people's needs. Staff monitored people's health and ensured people saw other healthcare professionals when a need was identified. People were offered a choice of meals and special diets and preferences were known to staff.

Staff knew people well and were kind and considerate. Staff understood the importance of people's views, wishes and choices being respected. 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.

Some improvements had been made to personalise people's care records and further improvements were planned.

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

### Rating at last inspection

The last rating for this service was Requires Improvement but there were no breaches of the regulations (published 22 October 2019). At this inspection we found whilst some improvements had been made, inconsistent governance meant improvements had not been achieved in other areas. We identified breaches of the Health and Social Care Act 2014 (Regulated Activities):

Regulation 12 Safe care and treatment

Regulation 17 Good governance

We have used the previous ratings to inform our planning and decisions about the rating at this inspection. The service has been rated as requires improvement five times consecutively.

Why we inspected

This was a planned inspection based on the previous rating.

We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# 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 (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

One inspector and an assistant inspector undertook this inspection.

#### Service and service type

Butts Croft 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 were both 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.

#### 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 who commissioned services for people. We used all this information to plan our inspection.

The provider had completed 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 met most of the people who lived at the service and observed their daily routines and support. One person was able to speak with us and talk about their experiences of living at Butts Croft and we also spoke with two visiting relatives/visitors and two visiting healthcare professionals. We spoke with the provider, the registered manager, a team leader, four care staff and a member of domestic staff face to face and the provider's external management consultant by telephone.

We reviewed a range of records. This included four people's care records and six people's medicines administration charts. A variety of records relating to the management of the service including, accident and incident reports and quality audits were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- At our last inspection we found staff did not always follow good practice to demonstrate medicines management was consistently safe. At this inspection we found records to support safe medicines management still required improvement.
- Handwritten amendments to Medicine Administration Records (MARs) were not always signed by the member of staff making them and/or countersigned by a second member of staff to confirm their accuracy.
- There were some gaps on MARs where staff had not signed to confirm people had received their medicines. However, we were not able to check whether this was only a recording issue because the balance of stock medicines on the MAR charts did not always tally with other records of what medicines people had in stock. This meant we could not be assured people always received their medicines as prescribed.
- We found two medicines in the medicines trolley which had gone past their 'use by' date. Three other medicines which had shortened expiry dates when opened, did not have the date of opening recorded on them. This meant we could not be assured of the continued effectiveness of some medicines.
- One person received their pain relief medicines through a patch applied directly to their skin. Staff had not maintained a record of where the patch had been applied, or to confirm the removal of old patches, since 16 September 2019. It is important application sites are rotated and old patches removed to reduce the risks of skin irritation and/or an overdose.

### Preventing and controlling infection

- At our last inspection we found risks of infection were not always mitigated. At this inspection we found some improvements had been made, particularly in the safe disposal of clinical waste, but further improvements were still required.
- Personal protective equipment such as plastic gloves and aprons were available for staff which they used when carrying out personal care tasks, serving food and cleaning.
- However, people were not always protected from the risks associated with poor infection prevention practices which posed risks of cross infection. In one person's bedroom we saw their continence pads and sling had been left on the floor, together with a used pair of plastic gloves. The box to store the person's dentures was very dirty and damage to the plastic covering of a crash mat meant it could not be cleaned effectively. All these issues posed a risk for infection.

### Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been identified, assessed and documented.

- However, records to evidence risks were managed appropriately were not always accurately maintained. For example, when people needed to be repositioned to prevent skin damage, this was not always recorded as being done. However, we were assured by staff understanding of risk management and confirmation by a healthcare professional that they had no concerns about skin integrity management in the home.
- One person had a sensor mat in their bedroom to alert staff should they try to get out of bed unaided. We found the sensor mat was not working because the wall connection had broken. The registered manager took immediate action to ensure a working sensor mat was put in place.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- On the day of our inspection there were enough staff to provide safe, effective care. However, we found the deployment of staff at busier times of the day was not always effective. For example, at lunch time we saw there were periods of time when there was no staff presence in the dining area to support people.
- The provider's recruitment system was not sufficiently robust. Past employer references and Disclosure and Barring Service checks had been obtained. However, application forms had not always been fully completed and gaps in employment had not always been explored and documented. Similar issues had been found at our previous inspection.

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

- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles.
- Safeguarding records demonstrated the registered manager had a good understanding of what needed to be reported. All accidents and incidents which could meet the safeguarding threshold had been reported to the local authority and to us as required.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and we could see improvement since our last inspection in the quality of investigation into any potential causes.
- Records indicated what immediate action had been taken to ensure people's safety and any further action required to minimise the risk of future re-occurrence. However, the level of detail in the records remained inconsistent.



# 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. 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 shared their needs and choices in an assessment process before moving to the home.
- The registered manager checked people's preferences and the care they required, to assure themselves they could provide the care people needed. A visiting healthcare professional felt the assessment process had been applied more robustly in the 12 months since our last inspection visit to ensure people's needs could be met.

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

- Staff monitored people's health and ensured people saw other healthcare professionals when a need was identified. On the day of our inspection visit people were receiving their annual 'flu jab'.
- Feedback from a healthcare professional who regularly visited the home was that staff kept them informed of any issues regarding people's health and followed their advice. They told us, "They are very quick at responding and noticing change in people's condition. I know they have done a lot of work with their care plans. They have been recording my observations when I have been going round to see people."
- People did not have specific oral health care plans. However, the registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019 and planned to follow it.

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

- People liked and enjoyed the choices of meals they were offered. A visitor commented, "The food looks really appetising, it looks like nice home cooked food. They get offered snacks and drinks and different things."
- Special diets, preferences and allergies were known to staff and when people needed their food to be pureed or mashed, this was provided.

Staff support: induction, training, skills and experience

- Staff told us they had enough training and support to meet people's needs. Some training was overdue to be refreshed, and this had been recognised by the registered manager.
- Some staff had completed further training, so they had extra knowledge in areas such as dementia care.
- New staff completed an induction which included working alongside more experienced staff so they could learn about people's individual needs. A new member of staff told us, "When I started I wasn't so confident, but my confidence has built up over the past few months."

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.

- The manager and staff understood the principles of the Act. DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty. Any conditions on authorised DoLS were being met.
- Staff offered people choices, asked for consent before delivering care and respected people's right to decline assistance. A member of staff explained what they would do if a person declined support. They told us, "I would leave them and approach them a bit later. If they still wouldn't accept that with me, a different face sometimes works. If not, it would be recorded in the care plan and I would inform the management of my concerns. If it is an ongoing thing it can go down the best interest route."

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

- People had access to communal areas including lounges, dining areas and a designated smoking area in the large, landscaped gardens.
- Some areas of the home were very tired, especially on the second floor. The registered manager told us there was an ongoing plan of refurbishment which would address these areas.

# 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. 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

- Throughout the inspection visit we observed, kind, considerate and professional interactions between staff and people. People's responses to staff demonstrated they were happy at Butts Croft.
- Relatives and visitors were happy with the service. One person's visitor said, "The carers are lovely, all of them, nothing is too much. It's a lovely atmosphere here." This visitor told us the person would say if there were any problems, so they were confident they were happy at the home.
- The service had received many compliments in the 12 months since our last inspection visit. Many of these were specifically about the caring nature of staff and the friendly atmosphere within the home. Comments included: "Staff are visibly attentive and show genuine care", "This is a wonderful home. The staff are caring and compassionate and treat all the residents with respect and dignity. It is not an easy job, but they do it with endless good humour and a smile" and, "I witnessed such kindness not only to my dad but to the other residents. From the registered manager to the cook, they took time to know the residents and worked in a very person-centred way."
- Two visiting healthcare professionals also spoke positively about the friendliness of the staff. One told us, "I find the care staff are very caring. They never moan about a patient or groan about them. They also go the extra mile."
- Staff provided support to meet the diverse needs of people using the service including those related to disability, ethnicity and faith. For example, a member of staff was supporting a person to use specialist hair products that met their individual needs.

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

- Staff understood the importance of people's views, wishes and choices being respected.
- One visitor told us how a person had expressed a preference for certain staff to support them with care. This request had been accommodated.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be more independent. One visitor told us how staff encouraged a person to walk short distances, which helped them maintain their level of mobility. We saw another person being encouraged to walk along a corridor with their walking frame. A member of staff walked behind them with a wheelchair, so the person could sit down safely when they tired. A relative had recently commented, "[Name] has spent an excellent six weeks at Butts Croft. She has received care beyond our hopes. She has found some confidence to enable her to come home."
- Healthcare professionals confirmed staff respected people's privacy and dignity. They told us any

treatments were carried out in people's bedrooms and people always looked clean and well cared for.

# 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 improved to Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences

- Some improvements had been made, following our last inspection, to personalise people's care records and further improvements were planned.
- New care plans had been introduced which described people's abilities, preferences and wishes for different aspects of their care needs. The care plans described the level of support people required depending on what sort of day they were having. For example, on a 'good day' one person required minimal support when walking around the home. However, on a day when they had not slept well, the person became unsteady on their feet, disorientated and required a greater level of support. The registered manager told us this continued to be a work in progress as all the plans were transferred into the new, more person-centred format.

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

- There continued to be no specific member of staff responsible for providing activities, but it remained the responsibility of all staff to engage with people as part of their working day.
- During the morning of our inspection, we saw staff were busy, but engaged with people in a friendly way as they went about their tasks. Staff appeared to know people well, their routines and how they wanted to spend their time. However, staff recognised that sometimes they did not always have the time they would like to provide people with meaningful social opportunities.
- In the afternoon some people enjoyed participating in a music quiz and other people preferred to spend time in a quieter lounge watching television. We heard about other activities people could engage in, entertainers who visited the home and trips out. These included a trip to the pantomime and plans for Remembrance Day.
- People's religious needs were recorded and respected.
- Visitors to the home were made to feel welcome.

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.

- Consideration had been given to providing people with information in a format they could understand. For example, in the lounge there was a large sign on the wall with the day, date and weather, together with a large clock. This meant people had information in an accessible format to help orientate them to time, date

and season. One person had limited verbal communication and staff used a white board to support communication with them.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. No complaints had been received in the 12 months since our last inspection visit.
- A visiting healthcare professional told us they would feel confident to complain to the registered manager knowing they would be listened to. They told us, "I am the patients advocate and I will go to the manager if there is an issue." This was confirmed by a visitor to the home who told us any informal concerns they had raised had been dealt with to their satisfaction.

#### End of life care and support

- No one at the service was receiving support with end of life care at the time of our inspection visit. When people were at end of life, care staff worked alongside other organisations, such as district nurses, to ensure people experienced a comfortable, dignified and pain free death.
- The registered manager had recently completed a 12-week end of life course and further work was planned in relation to this to develop detailed care plans.
- Some people had 'Respect' forms in place which captured their views regarding resuscitation in the event they became very unwell. A 'butterfly' was placed on each person's bedroom door who had a 'do not resuscitate' decision in place to ensure people's wishes for resuscitation were respected.

# 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 Requires Improvement. At this inspection this key question has now remained as 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had begun to address the issues from the last inspection, however the momentum for improvement had not been consistently maintained.
- There was a range of audits in operation to monitor the health, safety and welfare of people and the environment in which they were supported. However, these had not always been carried out in accordance with the provider's schedule of checks. Of the 25 audits the provider had scheduled to be completed between January 2019 and September 2019, only six had been completed. For example, an infection control audit had not been carried out and we found examples of poor infection control practice.
- Some medication audits had been completed, but we identified concerns in relation to the management of medicines that audits had not identified.
- The provider employed an external management consultant who carried out quarterly inspection visits of the service. We found many of the issues we identified, had already been identified by the management consultant. However, action had not been taken in a timely way by the registered manager to achieve the required improvements and many of the actions identified remained outstanding. For example, in relation to robust recruitment processes and the detail required in accident and incident forms.
- As part of their quality checks the registered manager told us they walked around the home every day. However, the registered manager was not able to provide us with any records of those checks. We found issues the spot checks had not identified such as one person's sensor mat not working and another person's pressure relieving mattress being on the wrong setting.
- The registered manager was open and honest that they struggled with some of the managerial aspects of their role because they spent significant periods of time supporting staff and being with people. This was confirmed by the management consultant who told us, "Some things have been done, but when there has been a need for support on the floor, they haven't been maintained."

Systems were not effectively implemented to demonstrate the governance of the home was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us action was being taken by the provider to give them administrative support and protected time to concentrate on their governance of the home.

- Staff told us they felt very supported by the registered manager. One staff member told us, "If we do have any concerns or problems, [manager] is so approachable. On a supervision you can really open up and if you do have any concerns you can talk to her about them." A visiting healthcare professional described the registered manager as, "Very open and very honest. I can approach her and discuss any of my concerns. She takes on board any concerns and usually does what I ask her to do."
- The provider and registered manager understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. This demonstrated the provider and registered manager were following the duty of candour regulation.

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

- The registered manager operated an 'open door' policy, so relatives, people and staff could visit them at any time.
- People were invited to regular 'residents' meetings' where they were asked to make suggestions about what activities they would like to do and what food they would like on the menu.
- Staff told us they had regular opportunities to meet with managers, so they could raise any issues, concerns or put forward suggestions.

Continuous learning and improving care; Working in partnership with others

- Managers and staff worked with other healthcare professionals to achieve positive outcomes for people. Two health care professionals spoke positively about the service.
- The provider had recently participated in the local authority's 'Care Champions programme'. The programme helps providers recognise what they do well, gives them ideas about what could be done better and helps them understand people's experiences in specific areas of care. Feedback from the programme was positive about the care provided at Butts Croft.
- The occupational therapy service had recently completed a review of moving and handling and falls prevention within the service. Actions identified within the report were being implemented.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not consistently ensure care and treatment was provided in a safe way for service users. Staff did not always follow safe medicines or infection control practice and records did not always evidence that risks were always mitigated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes did not always effectively assess, monitor or mitigate risks related to the health, safety and welfare of the service users who may be at risk from the carrying on of the regulated activity.</p>