

# The Elms Residential Home Limited

# Butterhill Care Centre

## Inspection report

Coppenhall  
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Date of inspection visit:  
29 June 2021

Date of publication:  
13 August 2021

## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Butterhill Care Centre is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection some of whom were living with dementia. The service can support up to 28 people in one adapted building.

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

Systems in place to learn and improve care were not always effective. Although there was no risk of harm, the systems had not identified the missed recordings we found. Following the inspection, the registered manager took action to address the errors.

People were supported by staff trained to recognise and report on potential harm or abuse. Staff were safely recruited and responded to people's needs timely and effectively. We found people's medicines were managed effectively. The registered manager had an environmental action plan to help effectively prevent and control infection. Lessons were learnt when things went wrong.

Managers and staff shared a positive culture which was person-centred, and they were open and honest when things went wrong. Staff and managers were clear about their roles and responsibilities. The provider encouraged people to share their views on the service and worked in partnership with other health and social care professionals to meet people's needs.

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 good (published 12 October 2019).

### Why we inspected

We received concerns in relation to staffing levels, staff practice in relation to personal protective equipment (PPE) and the environment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. You

can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Butterhill Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

#### 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 professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, a senior healthcare assistant, a healthcare assistant and the cook. We also spoke with one professional who regularly visits the service.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on potential harm or abuse. One person told us, "I do feel very safe, they [staff] are very kind."
- Staff told us the process they followed when raising risks of abuse and confirmed concerns with people's welfare were always followed up. One member of staff told us, "People are safe, we go above and beyond to make sure residents and staff are safe."

Assessing risk, safety monitoring and management

- People's risks to safety were assessed and regularly reviewed. These included risks associated with mobility, falls, nutrition and skin integrity. People's records documented they were receiving care in line with their identified needs and risks. For example, daily skin checks and bowel charts were completed if required.
- Safety checks and risk assessments were also completed in relation to the environment and equipment. The registered manager had an environmental action plan where required refurbishments were identified and actioned.
- During our inspection we received feedback from a visiting adult nurse practitioner. They told us how staff effectively responded to people's deteriorating needs and consistently escalated any concerns.

Staffing and recruitment

- People were supported by staff who were safely recruited to ensure they were suitable to work at the home. Relevant pre employment checks and references were received prior to staff starting work.
- We found there were mixed reviews in relation to the staffing level. One person told us there were enough staff, another told us, "They [staff] are very busy at times, they can't spend much time with you." Although some staff stated increased staffing was required, they confirmed people's needs were always met in a timely manner.
- Staff had specific roles and a domestic staff member had recently been employed. We also observed staff responding to people timely and effectively.

Using medicines safely

- People's medicines were managed effectively.
- We found people's medicines were received, stored, administered and disposed of safely and their medicine administration records (MAR) were completed.
- Protocols were in place for people's as and when required medicines. They detailed instructions for staff to follow.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the home was clean and cleaning schedules had been increased. The building required refurbishment, however, the registered manager had an environmental action plan to complete the required work. This included new flooring and paintwork, areas which currently were difficult to keep clean.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Staff kept accident and incident records which the registered manager reviewed to identify learning.
- Staff completed the initial documentation and management, or seniors recorded any required actions. Records detailed when relevant professional involvement was sought following an incident or accident. For example, the adult nurse practitioner and the tissue viability team.
- The registered manager completed a regular audit of the records to identify themes and any improvements to help reduce the risk of it happening again.



# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The service had monitoring systems in place to ensure staff had completed key tasks, such as medicines and meals however, we found records were not always completed. We established the staff had carried out the tasks and it was an issue with recording, however the systems in place had not identified the missing recordings we found. This meant, although the provider had systems in place to monitor the service and improve care, they were not always effective.
- Although we found no risk of harm, we raised this with the registered manager who took action to address the recording errors. Following our inspection, the registered manager planned to complete a meeting with senior staff to ensure gaps were identified and records were accurately completed. We were informed senior staff were required to check the daily records for the previous day.
- The provider carried out a recent audit and the registered manager had identified actions from the audit and recorded them when completed.
- The registered manager completed a recent care plan review and identified required improvements. Examples were shared with staff of how to make the care plan more person centred.

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

- Managers and staff shared a positive culture which was person-centred, inclusive and promoted good outcomes for the people who lived at the home.
- The registered manager was based in one of the communal areas to support staff and to respond to people's needs when required. This also helped achieve a positive culture.
- All staff were complimentary of the registered manager and deputy manager, confirming they were approachable and supportive. One member of staff told us "They [the registered manager and the deputy manager] are really open to helping and supporting you, they help during night shifts too."

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager encouraged staff to be open and honest when things went wrong. Incidents were investigated and actions were identified. This helped make improvements to the home.
- All staff across the home demonstrated an open and honest approach and shared information to ensure people's needs were effectively met.

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

regulatory requirements

- Staff told us they had the opportunity to discuss their role through regular supervisions and appraisals. One staff member told us, "Significant discussions were also held if warranted."
- Staff gained further support during day to day practice. One staff member told managers they would benefit from further dementia training. The staff member told us, "You can talk to the managers and they ask you what you want."
- The registered manager notified us of relevant events in line with their legal requirements. The previous inspection rating was also displayed in the home.

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

- The provider encouraged people to share their views on the service.
- Staff attended handovers daily and senior staff shared information and updates through a daily report.
- People who lived at the home had the opportunity to provide input in their daily routines.

Working in partnership with others

- The provider worked with other health and social care professionals to ensure people's needs were consistently met.
- Managers and staff worked with the local authority to make improvements to the service following a site visit. For example, the registered manager reviewed their accident and incident records to ensure they were up to date and accurately recorded.
- The registered manager identified actions in response to a recent pharmacy audit to achieve good outcomes for the people who lived at the home.