

WT RB Opco 1 Limited

Butlers Mews Care Home

Inspection report

Ridge Drive
Rugby
CV21 3FE

Date of inspection visit:
14 November 2023
16 November 2023

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12 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Butlers Mews Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 76 people. The service provides support to younger and older people who may live with dementia, physical disabilities or sensory impairment. At the time of our inspection there were 33 people using the service.

People's experience of the service and what we found:

Staff understood how to recognise and report any signs of abuse and were confident senior staff would protect people, should this be required. The provider's systems for the recruitment of staff helped to protect people from harm. People were supported by enough staff to meet their needs.

People were supported to have the medicines they needed to remain well. We found one instance where a person's medicinal cream had not been dated on opening. There was no evidence of harm to the person, and staff took immediate action to address this. Staff used their knowledge when managing infection, prevention and control. This helped to protect people from the risk of infection.

People's needs were assessed and plans put in place to support them. Staff monitored people's health needs and worked very effectively with other health and social care professionals so people would have timely support to access the healthcare services they wanted. People's well-being was enhanced because the home had been adapted to meet their needs. Staff supported people to have enough to eat and drink so they would remain well. People had improved outcomes because of this. 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.

Strong bonds had developed between people and the staff supporting them, and people and staff spoke warmly about each other. People were involved in deciding what care they wanted. Staff worked in ways which promoted people's independence, privacy and dignity.

People's care plans reflected their individual histories, preferences and wishes. Relatives were invited to contribute to their family member's care plan reviews, so people's needs would continue to be met as their needs changed. The registered manager planned to use the review process to further expand people's care plans. Staff took people's communication and sensory needs into account when caring for them. Systems were in place to manage any complaints received. Relatives told us they would be comfortable to raise any concerns, but had not needed to. People were supported to enjoy a range of activities at the home and in the community. Relatives felt listened to and supported at the end of their family member's lives.

People, staff and relatives were complimentary about how the home was managed and told us there was an open and constructive culture at the home. The registered manager and provider checked the quality of care and where actions were identified improvements were driven through. Staff were supported to understand how they were expected to care for people. The registered manager had developed good links

with health and social care professionals which had a positive impact on people's care. The registered manager was planning to develop further links with the local community to benefit people living at the home.

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

Rating at last inspection

The service was registered with us on 07 June 2023 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Butlers Mews Care Home

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Butlers Mews Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Butlers Mews Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced on the first day of the inspection. We announced our intention to return to the home for the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with 16 staff, including the registered manager, a provider representative, 8 care staff, 2 activities staff. We also spoke with 2 catering staff, a member of the maintenance team, and a housekeeping staff member. In addition, we spoke with 4 external health and social care professionals who regularly visited the home.

We reviewed a range of records. These included 8 people's care records and multiple medication records. We checked 3 staff recruitment files and training records and minutes of residents', relatives' and staff meetings. We also checked records relating to the management and safety of the home, including audits, policies and procedures and compliments received.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training and understood how to identify if people were being abused. Staff knew what action to take to protect people and were also confident senior staff would take action to keep people safe, if this was required.
- Relatives were positive about the actions staff took to protect people. One relative said, "I have no concerns about [person's name] safety."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- A person told us staff were always careful to follow the plans agreed to reduce risks of them experiencing poor skin health.
- A relative said they had been involved in decisions about their family member's safety management. The relative said, "[Person's name] has moved floors recently so they are safer, we are happy about this."
- Another relative told us about the check staff did to make sure the premises we're safe. The relative said, "[Staff] always do fire alarm tests."
- Staff had a good understanding of people's individual risks and gave us examples of actions they took to support people. For example, ensuring they worked at people's pace when supporting them to move around the home or when assisting them to eat, so people would remain safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff were positive about the number of staff available to support people and told us there was enough time to chat to people.
- Relatives were complimentary about the number of staff caring for their family members. One relative said, "[Person's name] gets a cup of coffee instantly if she uses the [call] bell."
- We saw people did not have to wait long if they wanted assistance from staff.
- The provider operated safe recruitment processes.
- The registered manager undertook checks on staff applying to work with people. These included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.

- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Staff ensured people's medicines were securely stored and disposed of.
- People's Medication Administration Records (MAR) showed people's medicines were administered as prescribed. We found one instance where a person's medicinal cream had not been dated on opening. This may increase the risk this will be administered after the date it should be disposed of. Staff's checks when the cream was received had not identified the cream had not been supplied with appropriate labels to do this. There was no evidence of harm to the person, and staff took immediate action to address this.
- People were supported by staff to have additional medicines if they needed them.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Housekeeping staff undertook regular cleaning at the home and all areas of the home presented as clean.
- Staff were supported to provide good infection prevention control through training and supplies of appropriate personal protective clothing and equipment.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People and relatives told us there were no restrictions on visiting. One relative highlighted they had been made welcome to stay at the home, when their family member was very ill.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff told us findings from incidents and accidents were communicated to them in an open way, to inform the further development of their practice and the care provided to people.

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.

This is the first inspection of this newly registered service. This key question has been rated good.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Staff considered people's, their relatives and other health and social care professionals views when assessing people's needs.
- People's assessments considered their physical and well-being needs and preferences. This helped to ensure people's needs were addressed as soon as they moved into their home and care was provided in a way which reflected people's individual wishes.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People told us staff knew how to look after them so their care needs were met.
- Staff undertook a wide range of training so they would develop the skills required to care for people. Staff were confident if they identified any further training needs they would be supported to access the required training.
- Staff had the opportunity to work with more experienced staff as part of their induction programme.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us there was good support from staff to ensure people had enough to eat and drink. Relatives gave us examples showing how their family members had gained desired weight after moving to the home.
- Where staff had any concerns people might not be having enough to eat and drink this was monitored and action taken to support people.
- People were encouraged to let staff know about their meal preferences. Where people had made suggestions about the types of meals they wanted this was listened to by staff.

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

- The provider worked exceptionally well within and across organisations to deliver effective care, support and treatment.
- Health professionals told us staff knew people's needs well and made appropriate referrals to them and consistently followed their advice. One health professional told us. "I really enjoy working with staff here. There's good communication and they get a baseline of people's health as soon as new residents move in."

This helped to ensure people's health needs were met.

- People were supported to live healthier lives, access healthcare services and support.
- People and relatives were confident staff would take action to support them if people became unwell.
- One person told us because of the support from staff and encouragement to do their exercises their mobility had improved since moving to the home.
- Relatives were positive about the way their family member's health was monitored and the actions taken to help them to recover as quickly as possible, when they were ill. One relative told us, "Staff are so attentive and quick to spot if [person's name] is poorly."
- Staff worked with a wide range of other health and social care professionals. These included speech and language therapists, district nurses, emergency services, chiropractors and people's GPs, to ensure people had access to the range of healthcare services they wanted.

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

- People's individual needs were met by the adaptation, design and decoration of the premises.
- People had access to a range of private and more sociable areas for them to enjoy spending time in. These included lounges and dining rooms, a cafe area, hairdressing salon, garden areas, and a movie theatre.
- People told us they like their rooms which had been personalised in ways which helped them to reconnect with their past. One relative said, "[Person's name] loves her photos." The relative told his staff had ensured their family member was supported to have these displayed in their room, so they were comforted.
- We saw staff supported people to use the range of areas of the home that they wished.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People were supported by staff who had a good understanding of the Mental Capacity Act and how to promote people's rights and, if needed, make decisions in people's best interests.
- Processes were in place to apply for and manage DoLS, once authorised, so people's liberties would be protected.

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.

This is the first inspection of this newly registered service. This key question has been rated good.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- People valued the relationships they had built with staff. One person told us, "The staff here are kind" Another person said, "I came here because the staff are so lovely."
- A staff member said, "I love assisting the residents and all the staff here are so kind. The residents [people] will ask how I am and this puts a smile on my face, so it works both ways."
- Staff knew what mattered to people and used this information when supporting them. One staff member told us, "I look at the care plans, what they like and I chat to them to find out their preferences."
- We saw staff did not rush people, and spent time acknowledging them and chatting with them about their families and interests. We also saw staff from all teams spoke warmly about people and mutual affection was spontaneously expressed. This made people feel valued and enhanced their well-being.

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

- People were supported to express their views and make decisions about their care.
- People told us they decided what day to day care they wanted, and how they wanted this to be provided. For example, people decided what time they wanted to get up, and what time they wanted to go to bed, and which staff they wanted to support them.
- Where people wanted assistance to make some decisions, staff supported them. This included where they wished to spend their time and what interesting things people may wish to do. People were also shown plated food options, so they could make their own choice with this support, where this was their preferred option.
- Staff encouraged people to make their own decisions and checked their understanding of people's preferences by checking people's body language. Staff provided gentle encouragement to people to accept offers of care by offering them different options to choose from.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People were encouraged to maintain their independence by staff. This included by undertaking elements of their personal care, where this was possible.
- Staff took time to seek people's permission before they entered their rooms and listened to people's responses. One staff member said, "You shut curtains, you use [people's own] bathrooms. You follow their wishes and preferences".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People's care plans reflected their histories, care preferences and interests and provided staff with the guidance they needed to care for people. This included where people's anxiety or physical needs may fluctuate.
- Staff gave us examples of how they varied the care they provided to people, each day so their preferences would be met.
- Staff members told us their views were considered when people's care plans were adjusted, as people's needs changed.
- Relatives were invited to contribute to their family member's care plan reviews. This helps to ensure people's needs and preferences continue to be met as their needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- Staff considered people's preferences, health diagnosis and sensory needs when supporting them to understand information. For example, some people were shown objects to assist them to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People told us staff supported them to do a range of things they enjoyed. One relative told us, "[Persons name] enjoys movie nights, and gets to go out into the garden. Staff took them out for the day to see boats in the wheelchair taxi."
- Staff took time to find out what was important to people and used this knowledge to support them to maintain their well-being through a range of activities. For example, staff had worked with people and found out about their pasts. For one person, staff had identified the area they grew up in on a map and used this as the basis for reminiscence with the person. For another person, they found out what clubs the person used to attend and organised activities linked to this.
- Staff understood some people liked to do things which interested them on their own and other people

liked the social aspects of sharing their interests with other people. This included marking important dates such as remembrance Sunday and Diwali, bingo, trips out to the shops, craft and gentle exercise or having one to one chats with staff. This helped to reduce people's isolation and enhanced their well-being.

- Staff understood how important it was for people to develop and maintain relationships with a wide age range of people. One staff member told us how pleased people had been when a group of teenagers recently visited the home and said plans were in place to link up with younger children in the future.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Systems were in place to manage any complaints received.
- Relatives told us they would be comfortable to raise any concerns, because they considered the care to be good.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Relatives told us the care provided to their family members at the end of their lives was good. One relative described how staff had involved them in decisions about their family member's end of life care. The relative said because of the care provided to both their family member and them they were able to spend the last days of their family member's life in the way they both wished.
- The registered manager intended to develop separate care plans so this information was easily accessible to guide staff.

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.

This is the first inspection of this newly registered service. This key question has been rated good.

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

- There was a positive and open culture at the service and systems were in place to promote person-centred care that achieved good outcomes for people.
- People told us because of the way the home was managed and the culture at the service they were encouraged to ask for the care they wanted. One person told us, "It is well run here."
- Relatives were positive about the impact of the care provided. One relative said, "I can't fault the place, there is no criticism. I would be happy to make suggestions but I have not needed to." Another relative told us their family member's health had improved since coming to the home. The relative said, "I see [person's name] is being cared for properly."
- Staff told us they saw the registered manager and senior staff often and found them approachable. This supported staff to provide good care to people.
- Health professionals told us staff worked collaboratively with them so people would get the best health outcomes possible. Health professionals gave us examples of the positive impact this approach had on people's well-being and health outcomes. For example, because staff had been empowered to undertake additional training they were able to support people with specific diabetes and skin health needs. This helped to ensure people not only achieved good health outcomes, including improved recovery rates, but that people also had additional control over their care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager and provider checked key areas of people's care so they could be assured people's needs were being met. These included checks to ensure people's care plans reflected their needs, staff had appropriate training and support, and people's medicines were administered safely.
- Staff told us there were clear expectations about how they were to support people. This was done through feedback on checks made by senior staff and regular meetings with their line managers and the rest of the staff team.
- The registered manager told us, "I am proudest of how we have developed. We have been on a journey together, staff and residents [people]. It's about getting it right, supporting staff so residents [people] receive good care. I love to see residents and staff's confidence grow."
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open and honest if something went wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People's and relatives' views about how the home was run were gathered through residents' and relatives' meetings. We saw people had made suggestions about interesting things they may wish to do with support from staff and their meal time experiences.
- The registered manager had also made a 'suggestions box' available for people to use, should they wish to do this individually.
- Staff gave us examples showing how suggestions they made for improving people's care was encouraged and listened to. A staff member gave us an example of a suggestion that I had made which had been adopted. This helped to ensure where people chose to have their meals in their rooms these remained warm.
- The provider had recently begun the process of sending surveys to people and relatives to gain their views about the care provided.
- The provider had created a learning culture at the service which improved the care people received.
- Staff told us they were given feedback about their practice and given guidance to continue to improve how they cared for people come up where this was required.
- A health professional said staff quickly identified areas, "Which would improve patient experience" and actioned these.
- The registered manager and provider analysed key events in the home to see if learning could be taken from these. These were communicated to staff.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- Health professionals told us staff worked collaboratively with them so people's health needs would be met. One health professional told us they had been involved in training staff at the home to broaden their skills. The health professional told us about the positive approach to partnership working and told us because of this, "I like coming here. Staff were excited about [the training] but took it seriously."
- The registered manager had identified further areas of partnership work they planned to start to benefit people living at the home. These included plans to do joint work and training with a local Hospice, to improve people's experience at the end of their lives and by working with local schools. This was to ensure people living at the home had opportunities to socialise with people from all age ranges, to continue to improve their well-being. The registered manager also planned to set up a dementia cafe for members of the community to access.