

# Grow & Achieve Together CIC

# The Butterflies

### **Inspection report**

132 Old Hall Road Northwich CW9 8BU

Tel: 07469934953

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Good •
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

# Summary of findings

### Overall summary

About the service

The Butterflies is a supported living service providing personal care to people living in their own homes. The service supports young adults who have a learning disability and autistic people. At the time of our inspection the service was supporting two people.

Two younger adults lived in one residential property which was in keeping with other neighbouring properties; they had access to local amenities and transport.

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

People received personalised care that was tailored around their wants needs prefe

People received personalised care that was tailored around their wants, needs, preferences and aspirations. Staff were familiar with people's support needs and how to keep them safe.

Care reviews regularly took place. Records contained the most up to date and relevant information and people received care and support by a dedicated team of staff who demonstrated kindness, compassion and respect.

Safeguarding and whistleblowing systems and processes were in place; staff received the appropriate safeguarding training and knew when and how to report any concerns. One relative told us, "It's absolutely superb, I've got reassurances that [person] is in the best place". People receiving support told us they felt safe and that staff supported them as much as possible.

People were supported to remain as independent as possible; staff supported people to manage their own medication in a safe and effective manner.

Staffing levels were closely monitored, safe recruitment procedures were in place and staff felt thoroughly supported. Training for staff was up to date and they were encouraged to enhance and develop their skills and knowledge through additional training.

Safe and effective infection prevention and control procedures (IPC) were in place. Staff wore the appropriate PPE as a measure of reducing the risk of COVID-19 transmission and all staff were engaged in COVID-19 testing.

People were supported to have maximum choice and control of their own lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. 'Right Support, right care, right culture' is the statutory guidance which supports The Care Quality

Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The Butterflies demonstrated how they were meeting the principles of 'Right support, right care, right culture'. The model of care and setting helped to maximise people's choice, control and Independence. Person-centred care helped promote people's dignity, privacy and human rights and the ethos, values, attitudes and behaviours of leaders and care staff ensured that people using the service were independent, confident and lived enriched lives.

Overall governance and quality assurance measures had been successfully embedded. The quality and safety of care was routinely monitored, assessed and improved upon when needed.

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

#### Rating at last inspection

This service was registered with us on 13 April 2020 and this was their first inspection

#### Why we inspected

This was a planned inspection following their registration with CQC.

#### Follow up

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

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

We always ask the following five questions of services.

Is the service safe?	Good •
The service was safe.	
Details are in our safe findings below.	
Is the service effective?	Good •
The service was effective.	
Details are in our effective findings below.	
Is the service caring?	Good •
The service was caring.	
Details are in our caring findings below.	
Is the service responsive?	Good •
The service was responsive.	
Details are in our responsive findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our well-led findings below.	



# The Butterflies

### **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Butterflies is a supported living service which provides care and support to people living in one domestic property so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. The registered manager 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

We gave 24 hours' notice of the inspection because infection prevention and control arrangements had to be agreed with the provider and put in place prior to our visit; this helped to mitigate the risk of any cross contamination or transmission of Covid-19.

#### What we did before inspection

We reviewed information we had received about the service and sought feedback from the local authority who work with the service. The provider was 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 the registered manager, deputy manager, four members of staff, occupational therapist, a volunteering service that collaborated with The Butterflies, two people who were receiving support and two relatives about their experiences of care provided to their loved ones.

We reviewed a range of records. Records included two people's care records, medication administration records and three staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.



### Is the service safe?

### Our findings

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

This was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was well established and regularly reviewed by the management team.
- We were assured that people were safe, and areas of risk were effectively managed.
- Robust risk assessments had been devised; these were regularly reviewed and provided staff with the most up to date and relevant information. We reviewed bespoke sensory, social media and discrimination risk assessments. These contained information around current risk and the control measures that needed to be in place.
- People were supported to take positive risks enabling them to experience maximum independence, choice and control over their lives.

#### Using medicines safely

- Safe medication management procedures were in place.
- People were supported and empowered to manage their own medication. Staff maintained a degree of oversight, ensuring that medicines were routinely ordered, safely stored and administration guidelines were safely followed.
- Staff received medication training, medication administration records were in place and medication audits were regularly completed.
- Care records contained medicine management care plans that staff were familiar with. We did note that additional PRN (as and when needed) medicine protocols needed to be implemented. This was taken on board.

#### Staffing and recruitment

- Staffing levels and recruitment procedures were safely managed.
- People received support by a dedicated and consistent staff team.
- The required pre-employment checks were completed; suitable references were obtained and Disclosure and Barring Service (DBS) checks were completed.
- People were involved in the recruitment process; ensuring that the right candidates were recruited to support them.

#### Preventing and controlling infection

- We were assured that safe IPC procedures were in place.
- Staff were engaged in routine COVID-19 testing.
- Personal protective equipment (PPE) was readily available and essential COVID-19 guidance and

information was circulated.

• Staff regularly communicated with people they were supporting in relation to the pandemic and safety processes and arrangements were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were safeguarded against the risk of abuse and lessons were learnt when things went wrong.
- Safeguarding and whistleblowing policies were in place; staff had received the relevant safeguarding training
- Staff and relatives all expressed that safe care was provided. One relative said, "[Person] is so happy living there, they're [staff] absolutely amazing." One staff member said, "We do everything to make sure they're safe and happy."
- Accident, incidents and safeguarding reporting procedures were in place; lessons learnt were communicated daily with the staff team.



### 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 was the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty

- Principles of the MCA (2005) were complied with.
- People's consent was sought and obtained in line with the principles of the MCA.
- All staff had completed MCA training and were aware of the principles.
- People were provided with choice and control over the care and support they received.

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

- People's needs, choices and preferences were assessed and supported in line with standards, guidance and law.
- People received a tailored level of care and support that was centred around their assessed needs, wants and preferences. One relative said, "It's all about her choices and what [person] wants to do. It's [persons] home, [person] is very happy there."
- Principles of 'Right support, right care, right culture' was thoroughly embedded into the service; people were supported to remain independent and they were empowered to make choices and involved in decisions that needed to be made around their provision of care.
- Best practice standards and guidance were clearly evident in person-centred care plans; these clearly evidenced people's desired outcomes, their choices and preferences.

Staff support: induction, training, skills and experience

- Staff were supported, effectively inducted and received the necessary training and support to enhance their skills and experience. One relative told us, "The staff are well skilled, they know [person] so well."
- All staff had completed mandatory and bespoke training that was needed. Staff were also supported to complete national vocational qualifications.

- An occupational therapist (OT) had been recruited to specifically enhance the skill set of the staff team. The OT told us, "I have also contributed towards delivering training to staff, to ensure they are supporting our services users in a holistic and evidence-based way."
- Staff told us they felt valued and thoroughly supported in their roles. Feedback we received included, "I have never been so supported", "I feel valued, we're always being praised" and "Managers are brill."

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

- People made choices around their food and drink; balanced diets were supported. One care plan stated, 'I am able to make decisions and choices in relation to the food I eat.'
- Nutritional support information was contained within care plans.
- One person had a particular set of goals around weight loss and dietary specifications; staff supported the person to help achieve their goal.
- People chose their own food; Staff supported people to shop online and at local supermarkets.

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

- People received consistent, effective and timely care and support. They were supported to access external healthcare services and encouraged to live independent, healthy lives.
- People's health and well-being was regularly discussed with them.
- Any concerns were responded to in a timely manner. One relative told us, "[Staff] responded to a little health concern, they arranged a GP appointment and it was sorted."



## 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 for this newly registered service. This key question has been rated 'good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- People were well treated and supported; care and support was personalised and centred around their equality and diversity support needs. One relative said, "[Persons] decisions and choices are respected, I've got assurances [person] is in the best place. It's great, it really is."
- We observed staff engaging with people in a kind, caring and respectful manner, always promoting choice and independence. People told us they 'loved' living at The Butterflies.
- People's equality and diversity support needs were discussed and promoted. Care records contained 'spiritual and cultural beliefs' care plans; one persons' care plan stated, 'Staff are to respect my beliefs and support me going to church.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Person-centred care plans contained detailed, tailored information about the person's daily routines, preferences, choices and the support they needed. A care plan stated, 'I make my own decisions and choices', 'I choose who supports me' and 'I would like to develop my life skills."
- People were empowered to remain independent and encouraged to reach their goals. Relatives told us, "Staff promote [persons] independence as much as possible" and "It's all about what they [people] want to do, it's just amazing." One staff member told us, "They're absolutely supported with their independence, we always talk things through with them."

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

- People's views were captured and responded to; they were involved and included in the decisions that were made in relation to the care and support they needed.
- Processes were in place to encourage feedback, share any concerns / worries and respond to suggestions that were made.
- People told us they could speak to staff whenever they wanted and were fully supported. One relative also told us, "There was a recent review [of care] with [person] and staff. It's all about [person]."



### 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 for this newly registered service. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

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.

- AIS was fully understood and complied with; people's communication support needs were fully understood and supported.
- 'Communication' care plans contained tailored information in relation to the support staff needed to provide. For instance, one person's communication care plan stated, '[Person] will verbalise when they require support' and 'I am familiar with picture exchange communication, staff to speak clearly and softly.'
- Easy read material was available, people also chose to use iPads, pictorial and visual aids to communicate with staff, friends and family.

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

- Personalised care was provided; people were supported with choices, and maintained control over their lives.
- Personalised care plans contained detailed information about people's desired outcomes. Desired outcomes were centred around people's support and friendship circles, maintaining healthy and safe lifestyles, tenancy arrangements and their rights and responsibilities.
- Documents such as 'Key things you need to know about me' provided staff with people's likes, hobbies, enjoyments, special moments and areas of support.
- Tailored occupational therapy support was due to start, with the aim of further enhancing people's independent skills. The OT told us, "The proposed plan for next month, is to commence separate assessments, with the goal of ensuring that both [people] can be as independent as possible across all areas of their life."
- We received positive feedback about the personalised care people received. One relative said, "It puts my mind at ease knowing staff know [person], they're more like friends".

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

- Positive relationships were maintained, people engaged in activities, hobbies and work opportunities they enjoyed. People's hobbies and interests were well known amongst the staff team, people were supported to take part in activities they enjoyed such as horse-riding, bingo, shopping trips and going to discos.
- People took part in employment, volunteering and educational opportunities that were important to

them. People enjoyed creating a weekly planner that contained all their activities, appointments and commitments. One person told us, "It's good to have routine."

• Daily routines were centred around individual choices. One relative told us, "[Person] is involved in lots of different activities but it's all about choice and what [person] wants to do such as volunteer work and work, [person] loves these things."

Improving care quality in response to complaints or concerns

- The quality of care was monitored and there was a complaints process in place.
- People and relatives were provided with information about how to complain and they understood how to make a complaint.
- People and relatives told us they could speak to staff regarding any concerns and believed their concerns would be listened and responded to. One relative told us, "A few things have been raised but these have been dealt with and responded to straight away."

#### End of life care and support

- No end of life care was being provided at the time of the inspection. However, measures were in place to ensure people's preference and wishes were discussed and documented.
- Staff had access to end of life training and understood the importance of providing this level of care in the most dignified and respectful way.



### 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 for this newly registered service. This key question has been rated 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- An inclusive, person-centred and empowering culture was embedded at The Butterflies. The care and support people received helped them to achieve good outcomes.
- People were empowered to make decisions and involved in the day to day care and support they received.
- There was a positive culture and ethos which was centred around the people supported.
- People were empowered to make their own choices and take control over their own lives. One relative told us, "They [staff] guide and offer choices, this is done actively" and "There's definitely been a positive impact."

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

- Roles and responsibilities were clearly defined; managers staff understood their roles and effectively managed risk and complied with regulatory requirements.
- Effective quality assurance and governance systems were used to monitor, assess and improve quality and safety for people.
- There was a service action plan in place. This was a 'live' document that was amended and adjusted as and when needed.
- The manager was aware of their regulatory responsibilities and understood the importance of liaising with both the CQC and partners agencies such as the local authority.

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; Continuous learning and improving care

- Duty of candour responsibilities as well as legal and regulatory duties were complied with.
- Open, honest and transparent methods of communication had been developed. One relative told us, "Staff contact me whenever they need to, they're available as and when needed."
- Audit systems and quality assurance checks meant that the provision of care was continuously reviewed, monitored and improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged and involved others in the quality and safety of care and support being provided. Partnership work was well established.
- Relatives told us were fully included and involved in the care being provided. They said, "We have constant contact with the team" and "There is constant communications, communication is amazing, I honestly can't fault it."
- Engagement surveys were circulated as a way of capturing the thoughts, views and suggestions on the provision of care being provided.
- Staff told us, "It's the best job in the world", "We all share ideas" and "We're such a great team."
- Daily interactions, discussions and feedback was recorded. It was evident that feedback was listened and responded to. For instance, one person expressed that they wished to go horse riding. This was responded to and arranged by staff.