Butterflys Care Homes Ltd

Butterfly's Care Home

Inspection report

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Alresford
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Essex
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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

Butterfly's (Alresford) is a residential care home registered to provide personal care and accommodation for up to five people with learning disabilities and on the autism spectrum. The service is a bungalow located in Alresford, Essex. Each person has a single room with ensuite facilities and there is a communal bathroom, kitchen, laundry, dining room and lounge. There is a rear enclosed garden at the back of the house with level access. At the time of our inspection there were five people living at the service.

This comprehensive inspection took on the 11 January 2018 and was unannounced.

At the last inspection in June 2016, the service was rated Good overall.

At this inspection, we found the service remained Good as all relevant standards were met.

People and their relatives were complimentary about the staff team and the quality of care received. A motivated, caring and well-trained staff team cared for people. Staff understood how to identify people at risk of abuse and aware of protocols for reporting any concerns they might have.

Staff had been provided with sufficient guidance and information within care planning records, staff meetings and supervision support.

Care and support plans were personalised, regularly reviewed and accurately reflected people's care and support needs. This included an assessment of their health care needs and the planning of personalised activities, which reflected people's autonomy and choice about how they lived their daily lives.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

Medicines were managed safely and the provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were a number of quality and safety monitoring audits to help ensure the service was running safely, effectively and to plan for improvement of the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Butterfly's Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took on the 11 January 2018 and was unannounced.

This inspection was carried out by one inspector.

Prior to our inspection, we reviewed information available to us about the service, such as notifications that had been sent to us. A notification is information about important events, which the provider is required to send us by law.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Due to technical difficulties, not all of the information we requested was received but was provided during the inspection.

Because people using the service were not able to fully describe their experience of living in the service, we observed interactions between staff and people. Following our site visit, we spoke with four people's relatives.

During our inspection, we spoke with the registered manager and three members of staff. We reviewed care records for three people who used the service, reviewed three staff recruitment files, staff training records, meeting minutes and quality and safety monitoring audits.

Good

Is the service safe?

Our findings

People continued to be safeguarded from the potential risk of harm to their health, welfare and safety. Where people were able to verbally communicate with us, they told us they felt safe with all staff who supported them.

People who were able to express their views said they were safe living at the service. Relatives told us, "I couldn't fault the place, it is safe and homely." Another said, "It is the most wonderful home I have ever come across, I trust them implicitly to keep [relative] safe and they do."

Staff explained and demonstrated their understanding of what steps they should take to identify and protect people from the risk of abuse. Records reviewed showed us that staff had received training in safeguarding adults from the risk of abuse. Staff were aware of the provider's whistleblowing policy. This is a policy, which guides staff in how to report concerns about poor practice within their organisation and to local safeguarding authorities.

Risks of harm to people had been assessed, managed and reduced through the effective use of risk assessments to guide staff in the steps they should take to keep people safe. Risk assessments were personalised to each individual and covered areas such as potential risks when accessing the community, epilepsy management, the risk of choking and medicines management.

Behavioural management strategies had been developed which guided staff in steps they should take to keep people safe where they may become distressed and present a risk to themselves or others. There were safeguards in place in the management of people's finances. There were regular checks to ensure that, where staff were supporting people to manage their money, the correct procedures had been followed to safeguard people's funds.

People received consistent care from a stable, established team of staff, without the need to use agency staff. There were systems in place to monitor people's level of dependency and to assess the number of staff needed to provide people's care. On the day of our inspection, we saw that there was sufficient staff on duty to ensure people received the support they needed.

Feedback from relatives was mainly positive in relation to the staffing levels provided. However, some made comment to there not always being enough staff to enable people to access the community. One relative told us, "I am not sure that [relative] receives their full one to one time. They often sit in front of the TV and do not get to enjoy daily walks and swimming as they used to. I am not sure there is always enough staff to enable them to do this." Staff and the registered manager gave us examples of how they enabled people to regularly to access the community but said the location of the home and weather could limit these opportunities. They also told us that due the recent winter weather people had been less keen to access the community.

A review of staff recruitment files and discussions with staff showed us that the registered provider had a

system in place to ensure appropriate recruitment checks had been carried out before staff started working at the service. This included obtaining references from the most recent employer, carrying out enhanced disclosure and barring checks (DBS), checks on identification, and health.

Medicines were managed and administered safely. Staff responsible for the administration of people's medicines had received training in medicines management and their competency to administered people's medicines safely was regularly assessed.

People's medicines had been stored safely and effectively for the protection of people using the service. There were clear personalised protocols in place for staff to guide them when administering 'as and when required' medication such as pain relief. Guidance on each person's prescribed medication could be found in their care plan. This included information as to possible side effects of medicines, and alerted staff to any allergies.

We carried out an audit of stock against medication administration records (MAR). We found all but one item tallied with the records of administration. However, not all medicines received had been recorded on the MAR record but had been recorded within audits records when received. The deputy manager responsible for auditing medicines told us they would rectify this.

The management team carried out regular audits to check that people received their medicines as prescribed.

Appropriate monitoring and maintenance of the premises and equipment was on going. The environment was found to be clean and well maintained. Infection control measures were in place with cleaning schedules to reduce the risk of cross contamination. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment.

Incidents and accidents were monitored and analysed by the management team. Learning and actions for improvement following incidents were discussed at team meetings and with individual staff in supervision meetings when required.

Good

Is the service effective?

Our findings

Staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People received care and support from staff who had been supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care through face to face training and e-learning methods. Discussions with staff and a review of their training profiles showed us that staff had been supported in the role for which they were employed to perform. Staff more recently employed told us they had been supported with comprehensive induction training.

Staff performance was monitored, and staff regularly competency assessed. For example, in medicines management, care delivery and their knowledge of current best practice. This was confirmed through discussions with staff, the management and a review of records. Staff were positive about the management support they received and the quality of the training provided.

Staff told us that they received opportunities for regular group staff meetings and one-to-one supervision with their line manager. Supervisions were used as an opportunity for staff to discuss their training and development needs. Staff told us team meetings provided them with the opportunity to raise any issues they may have and receive updates on people's care needs.

People were encouraged to make their own choices about what food they ate and told us they were happy with the food provided. Staff supported people to be involved in planning weekly menus and maintain a balanced diet. People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day, we observed people being offered food and drink. People where able were encouraged to prepare with staff support their meals to promote their skills and encourage their independence. Staff encouraged and supported people to have regular fluid intake throughout the day. Where people required monitoring and support due to the risk of choking, staff supported people to eat at the person's own pace and food was prepared at the right texture as described in their plan of care.

People had access to healthcare professionals as required and this was recorded in people's care records. For example, referrals to falls prevention teams, speech and language specialists and community mental health professionals for advice and support.

People were supported to attend annual health checks and any hospital appointments as scheduled. For example, on the day of our visit staff supported people to attend their GP surgery for blood tests as part of their annual review. In addition, people accessed dental care services and vision tests in the community. We spoke with relatives who told us they had been informed of any changes to the health and welfare of the people using the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager informed us that other than one application submitted to the local safeguarding authority for review regarding the person's placement in a care service, there was currently no one subject to a deprivation of liberty. Staff demonstrated how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people as to how they wanted their care and support to be delivered. If the person they supported were unable to make an informed decision, staff would then make a decision within the person's best interests.

Good

Is the service caring?

Our findings

People and their relative's told us they were treated with respect, their dignity protected and independence promoted by staff. Whilst mindful of risks to people's safety, people were encouraged to have informed choice and maintain as much control over their daily lives as possible.

People had limited capacity to verbally communicate their views to us. However, we observed people to be at ease and comfortable when staff were present. People were supported by staff in a kind, caring and dignified manner. Staff had developed positive relationships with people and we observed people to be relaxed and at ease in the company of staff. Staff understood the needs of people with non-verbal communication. We they noticed people's body language and non-verbal cues and clearly understood the needs of the people they supported well.

Relative's told us, "They should win awards. They are so kind and caring, all of them. The care there is amazing." Another said, "[Relative] has come on leaps and bounds. Their care has been outstanding and has enabled [relative] to become more independent and able to do things they could not do before."

People's bedrooms were personalised and contained photographs, artwork and personal items, which reflected people's individuality and personalities. Staff respected people's private space, for example waiting for a response from people before entering their room. One person said, "Staff ask my permission to go into my room."

The service continued to involve people in making decisions about their care and support. Health professionals and relatives, where appropriate, were involved to help people to make specific decisions about their care. Records showed people contributed to the planning of their care as much as possible and that their decisions were respected. People's care and support plans included personal profiles which described in good detail what was important to people and how they wished their care to be delivered. People met with their keyworker on a regular basis where their views and opinions were assessed.

People were encouraged to maintain their role in their family life and staff supported people to maintain relationships with family and friends. For example, a relative of one person who visited them regularly became unwell and was unable to visit. Staff supported the person to visit their family member at home, which they greatly appreciated. Relative's told us they were made welcome by staff and were free to visit without restrictions.

People had access to independent advocacy support. We saw that where appropriate people had accessed this support in relation to support with managing their finances.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs.

People were involved in assessing and planning their care. Support continued to be provided in a way, which catered for people's individual needs and choices.

People's needs were assessed prior to their admission to the service, and these assessments were used to develop their care plans. Care plans were personalised and covered different aspects of people's health, welfare and safety needs and provided staff with guidance as to how people preferred to have those needs met.

People and their relatives where appropriate, were involved in the setting up and agreement in making decisions about their family member's care. One relative said, "They just understand the people they care for well. I know they talk to [relative] and ask them their opinions on things that matter to them. They consult with us too and involve us. Family is important to [relative] and they know that. They are like family to us."

People received personalised care according to their assessed needs. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff understood and respected people's routines and their preferences as to how they lived their daily lives. Care plans recorded people's preferences as to their preferred gender of care staff when supported with personal care. Staff understood people's needs and knew how to approach and communicate with people who had limited verbal communication skills. Care plans were subject to ongoing review and had been updated to reflect people's current health, welfare and safety needs.

Daily logs and handover records were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative.

Staff continued to encourage people to maintain their interests, hobbies, and involvement in the local community. The support people required to access activities both within the service and the community was assessed. Some people attended a local college and un-paid voluntary work whilst others preferred more home based activities.

People had access to annual holidays according to their choice and preferences as to whether to go within a group or individually with staff support. Some people chose not to go on holiday and preferred days out to the seaside or other events according to their personal preference. We observed staff taking people out into the community, for a car drive and shopping. People had access to meet up with others from within the provider's services on a regular basis visiting other services or as they attended the provider's day services.

People had access to regular opportunities to air their views. For example, we saw from a review of meeting

minutes, individual keyworker meetings and house meetings took place on a regular basis. Annual review meetings also took place where relatives or people important to the individual were invited to attend. This meant that people and their relatives had the opportunity to air their views regarding the quality of the care provided.

The provider had a system in place to respond to suggestions, concerns and complaints. This was freely accessible and information to enable people to make a complaint in a pictorial format. Since our last inspection there had been no formal complaints received. Relatives told us that when they had raised any concerns these had been responded to promptly with outcomes to their satisfaction.

People were supported to express their preferences in planning for their end of life needs. Care had been taken to record any information relevant to people becoming unwell or in the event of their death. Care plans provided staff with guidance in recognising and responding to people with limited verbal communication who may be experiencing pain. Care plans detailed people's wishes should they require end of life care with planning to meet their wishes in the event of their death.

Good

Is the service well-led?

Our findings

We found that the service was well led as at the previous inspection. The rating remains good.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was a visible presence in the service. There was a clear management structure in place. The registered manager was easily accessible and knew the people who used the service well. The registered manager understood their responsibilities in reporting incidents to relevant authorities and stakeholders.

There was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Feedback from staff showed us that the registered manager had an open, motivational leadership style. Staff told us they felt able to discuss with the registered manager anything they wished. One staff member told us, "This is truly the best place I have ever worked. We work well as a team. It is homely with a family atmosphere." Another said, "If you have any concerns the manager and deputy manager sort it out there and then. They don't let things linger on. We get on well as a team and really care about the people who live here. It's like family."

There were systems in place to ensure effective communication such as staff, handover meetings and communication books. The provider had systems in place to support staff and monitor performance such as, supervision and appraisal. Staff said they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to and acted upon.

People who used the service knew the registered manager well and we observed had a positive relationship with them. We saw people had confidence to approach the staff team if they had any worries or concerns. Relative's told us, "There is always an open door"; "There is a warm welcoming atmosphere when you visit" and "I have absolute trust and confidence in them."

The registered manager and provider carried out a number of quality and safety monitoring audits to help ensure the service was running safely, effectively and to plan for improvement of the service. These included health and safety audits to ensure people lived in a safe environment. Other audits included medicines management and care plans reviews. There were systems in place to ensure people's finances were handled appropriately. Incidents and accidents were recorded and analysed by the registered manager.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The provider had systems in place to make sure equipment was maintained to a safe standard. These included regular testing of the fire detecting equipment and electrical testing as required.

People and their families were involved in decisions about their care and support provided, through on-going conversations with staff and management and care reviews. The provider carried out satisfaction surveys to seek the views of people and their relatives. Relatives told us where suggestions for improvements to the service had been made; the management had taken these comments on board and made the appropriate changes.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of notifiable incidents. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

Stakeholders such as the local authority told us the provider had a track record of transparency and worked well with them as stakeholders in support of the care commissioned on people's behalf.