

Butterfly's Care Homes Ltd

Butterfly's Care Home

Inspection report

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Tel: 01206826872

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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

This inspection took place on the 5 April 2016 and was unannounced.

Butterfly's is a small care home providing personal care and support for up to five people with a learning disability. On the day of our inspection there was five people living at the service

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.

People were well cared for, relaxed and comfortable with staff. People and their relatives were complimentary about the staff team and the quality of care people received. People were cared for by a motivated, caring and well trained staff team. 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 records. 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 according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people to air their views through regular review of their care, meetings and their involvement in the planning of their care.

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 because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

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.

The provider had safe systems in the management of people's medicines.

The provider's recruitment procedures demonstrated that they operated safe and effective systems.

Is the service effective?

Good ●

The service was effective. Staff were highly motivated, well trained and effectively supported.

Staff had been trained to understand their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to the healthcare support they required according to their changing needs.

Is the service caring?

Good ●

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on with all aspects of their care and welfare. People's opinions were listened to and acted upon.

Is the service responsive?

Good ●

The service was responsive because people were involved in the

planning and review of care and support needs.

People were supported to live life to the full and to follow their interest and hobbies.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

Is the service well-led?

Good ●

The service was well led. The culture of the service was open, inclusive and centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and were supported well by the management team.

The manager and provider carried out regular quality and safety monitoring of the service.

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 was planned to check 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 inspection took place on the 5 April 2016 and was unannounced.

This inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with all five people who used the service. However, some people had limited verbal communication. We also observed interactions between staff and people who used the service. We also spoke with one relative and following our visit spoke with two further relatives by telephone.

During our visit we spoke with two staff including the activities organiser, also the registered manager and acting deputy manager who both shared responsibility for the day to day management of the service. We reviewed two care and support plans, medication administration records, two staff recruitment files, meeting minutes and records relating to the quality and safety monitoring of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with all the staff who supported them. One person said, "I am safe here. Yes, I like it here." Another told us, "Yes the staff are good" and confirmed this was their home in which they felt safe. All relatives we spoke with were complimentary about the quality and safety of the service. One relative told us, "I have no concerns about my relative's safety. They have improved 100% since they moved here both in their health and behaviour." Another told us, They are absolutely faultless. I would not have [my relative] live anywhere else. I am confident they are absolutely safe. I have never felt that they did not put [relative's] needs first."

Prior to our inspection we asked the manager for information within their submission of the provider information return, how they would ensure the service they provided was safe? They told us, "We are committed to keeping the people that use our service safe, we acknowledge that everyone has the right to live a life free from abuse and exploitation; we do this by implementing a zero tolerance policy on abuse. We have identified a safeguarding lead, who together with the management will ensure that every person who works for Butterfly's is trained in recognising abuse and safeguarding procedures within their three month induction period. Safeguarding updates and training will be continuous, through in house and an externally independent trainer. There are robust procedures in place to investigate and take necessary action. The home openly displays "our policy is to say no to abuse" which is written in easy format within the home and easily assessable to everyone."

We saw from a review of records and discussions with staff that they had been trained and demonstrated their understanding of what steps they should take to safeguard people from the risk of harm. Staff training provided staff with the required knowledge they needed to recognise the signs of abuse. They were aware of the provider's whistleblowing policy which they had signed and understood the procedures to follow if they had concerns about people's safety and wellbeing.

The provider had taken the responsibility for safeguarding people's finances for everyday expenses. We saw that processes were in place to safeguard people from the risk of financial abuse.

Risks to people's safety and welfare had been assessed and actions taken to reduce these risks whilst supporting people's choice to take informed risks. Staff understood what measures were in place to mitigate any risks to people's health, welfare and safety. Risk assessments had been produced for a range of situations. For example, the risk of choking, management of people's medicines and accessing the community safely.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access management support and advise when required.

People told us that the staffing levels were sufficient to meet their needs. Recent staff vacancies had been filled with new staff about to shortly start working at the service. Staff told us that staff worked well as a

team to fill vacant shifts which supported people to receive continuity of care.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form which identified any gaps in employment history. A formal interview, previous employer references obtained, identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support. However, the manager also recognised that more could be done to ensure that staff did not start until satisfactory Disclosure and Barring (DBS) checks had been received before staff started their employment with the service.

People's medicines were managed safely. Staff who handled medicines had been provided with training. People were satisfied with staff handling their medicines. Staff maintained appropriate records of administration and regular management audits had been carried out. This assured us that steps were in place to identify and respond to medicines administration errors.

Is the service effective?

Our findings

All of the relative's we spoke with told us they were confident in the skills and abilities of staff to meet the needs of their relative's. One relative told us, "They put [relative's] needs first. The staff and the manager make us feel very welcome and include us in decisions and always keep us informed as to any changes."

Staff had the relevant skills and knowledge needed to perform the role for which they were employed and meet people's needs. Staff and relatives told us that people had a keyworker allocated to them. These were members of staff assigned to each person, who coordinated their care, liaised with family members and alongside management updated care and support plans to ensure they reflected the current care needs of people.

People received their care from staff who had been appropriately supported. Newly appointed staff were provided with induction training and opportunities to shadow other staff. Staff told us this supported them to grow in confidence and become familiar with people's care and support needs before they worked alone. Staff were provided with training appropriate for the roles. This included annual refresher training as part of the provider's ongoing development of staff programme. Where people had a specific healthcare condition such as; epilepsy, dementia and living with the effects of having had a stroke, staff had been provided with relevant training to enable them to support people safely and effectively.

Staff received support through one to one supervision support meetings and regular staff meetings. These provided opportunities to monitor staff performance, identify training needs and support planning for staff development. One member of staff told us, "I think we are very well supported here. We have plenty of training and opportunities to develop. We are well trained. If there is someone with a condition we have training so that we know how to care for them."

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included staff supervisions, daily handover and regular staff meetings. We saw from discussions with staff and the deputy manager that staff had been supported with guidance to enable them to meet people's needs and formats for providing evidence when tasks had been completed, which also provided an audit trail for management reference. However, the manager recognised areas where they could improve the evidencing of actions taken in response to any shortfalls were identified following audits for example in the area of health and safety. They told us they would include recording of actions and timescales within future audits.

We checked staff understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what action providers must take to protect people's human rights where they may lack capacity to make decision about their everyday lives. Staff confirmed that they had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people's capacity to make decisions regarding their health, welfare and finances had been assessed. Where one person who was subject to a DoLS and who had recently moved from another service, the manager was in the process of making a fresh application to the local

safeguarding authority as is required by law.

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, people with speech and language difficulties and epilepsy had clear support plans to guide staff in how to respond and monitor people to keep them safe. There was evidence of when people had been supported to access advice and support from health care and mental health professionals with evidence of regular reviews with healthcare specialists and when they had attended appointments. This included following appointments with their GP, dentist, and assessments carried out by dietitians including speech and language therapists.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately and should the person be admitted to hospital.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. One person told us, "We do plan the menu together." Weekly menu plans recorded people's choice and when they had reviewed their options and changed their menu according to personal taste. People were supported to maintain as much independence as possible and told us they were encouraged to be involved in food preparation and cooking. Where people had limited ability to communicate verbally their choices, visual aids were used to support people in expressing their wishes and preferences. Dietary requirements were noted within people's care and support plans. People were referred for specialist dietary advice when this was required. For example, dietitian's and speech and language therapists where risks of aspiration/choking had been identified.

Is the service caring?

Our findings

We received only positive feedback about the service. People told us they were happy with the care and support staff provided. They told us they were treated with dignity and respect and that staff were always kind and caring. One person told us, "They are kind to me. Yes I can choose what I want to do." Relatives told us that people were treated with dignity and respect. One relative told us, "They do respect people's choices about how they want to live their life within their limitations."

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. Throughout our visit we observed a warm friendly atmosphere where staff supported people in a kind, caring and dignified way. The atmosphere was relaxed, warm and friendly. It was noted that staff were not rushed in their interactions with people. People were treated with warmth, kindness and staff had time to sit with people and chat to them. We observed people to be involved in the daily life of the service. For example, people willingly showed their pleasure of being encouraged to be involved in household chores and opted to show us around the service which they did so with a demonstration of pleasure and pride about where they lived.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People had been involved in planning their own care where they had the capacity to do so. This included what activities they chose to be involved in, the planning of holidays and options for choosing subject for attendance at college. Care plans described how people chose to spend their day. Care plans gave guidance for staff in, 'what makes happy' and 'how would you know I was happy' as well as 'things that make me cross'. Staff had been provided with guidance in pro-active strategies including distraction techniques to ease a person's agitation and distress.

People told us they were treated with dignity and that their privacy was respected by staff. One person told us, "I like my room and I can go there to be on my own when I want."

Along with the local authority arrangements were being made to support one person with advocacy support services for when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights.

People told us they were supported, where necessary with daily living tasks and were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities.

People's personal histories and life stories were documented within their care and support plans. People and their relatives told us they were supported and encouraged by staff to maintain links with their family, friends and the local community. One relative told us, "We can visit at any time. They respect our privacy when we visit."

Is the service responsive?

Our findings

People who used the service and, where appropriate, their relatives had been involved in the development and review of their care plans. Care plans were detailed, informative and regularly updated to reflect people's changing needs. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. One relative told us, "The support [relative] has received has improved their quality of life no end. They have improved 100%. They are much happier than they were before." Staff had been provided with guidance as to each person's likes, dislikes and what action to take in response to any distressed and agitated reactions to situations or others.

Support plans had been developed from the information people provided during their initial assessment process and had been updated regularly according to people's changing needs. This meant that information was accurate, relevant and up to date.

Care and support plans documented the support people required and how they wished it to be provided, including how they wished to be supported with their personal care and how people liked to take their medicines. Care plans included information to enable staff to provide care effectively and encourage people to be as independent as possible. This provided staff with the guidance they needed to support people in accordance with their wishes, autonomy and choice. We observed where people had limited capacity to communicate staff supported people to express their wishes in line with what had been recorded within their plan of care.

The service had a designated building an area located within the grounds of the service where people living at the service and others living at the provider's other services locally could visit and take part in weekly, planned, social and community activities. Activities were organised by the employed activities coordinator. People attending the group activities on the day of our visit told us they very much enjoyed the activities provided such as crafts, cooking, outings out into the community and valued the opportunities to socialise with their friends.

People and their relatives told us that people were supported to follow their own hobbies, interests and support with opportunities to access further education at college and local support groups. Staff supported people to go on holiday to a place of their choosing and with activities which enabled them to develop their independent living skills. For example, with food preparation, choosing their food, shopping and accessing work. People told us staff supported them to access and be involved in the local community. People told us and records evidenced that people had enjoyed meals out, attending concerts, trips to the coast, local farms and other places of interest within the community.

None of the people we spoke with had any complaints about the service they were provided with. Information was available on notice boards to inform people of how to make complaints should they wish to do so. People and their relatives told us they would not hesitate to speak with any of the staff and the management of the service should they have any concerns or complaints. We saw the provider had a

complaints policy and process in place for managing complaints. One relative told us, "We have had some minor concerns with communication and the manager has suggested we have a meeting. I know they will get things sorted. They are so organised and helpful." Another told us, "They always make you feel like nothing is too much trouble. They treat us as friends and I would not hesitate to go to the manager or the owner with any concerns we might have."

The provider carried out annual surveys which provided opportunities for people who used the service, relatives and staff to express their views about the quality of the care provided. Feedback from these surveys was positive and complimentary about the management of the service.

Group meetings took place regularly for people living at the service and regular opportunities for one to one 'chats' with keyworkers provided and these were recorded. We saw from a review of meeting minutes that people were provided with opportunities to air their views in how they were cared for and in the planning of activities and events.

Annual local authority care review meetings took place for some people. However, these did not always take place within the timescales as required on an annual basis for all people. This was outside of the manager's control and remit as the responsibility to organise these sat with the local authority. However, the manager told us they were in the process of organising regular in-house care reviews. This they told us would provide people with more opportunities to part of the review of their care and support plans as well as an opportunity to discuss any concerns they might have. These meetings would also enable people to have other people important to them to attend to provide additional support if they wished them to do so.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the care provided and confident in the leadership of the service. One relative said, "I could not be happier with the care provided. The staff team appears to be fairly stable. I know they have a couple of new people starting but the staff and the manager appear competent and know just how to look after [my relative]." Another told us, "The management is open and cannot do enough for you. We have a lovely rapport with them."

It was apparent from our observation of interactions between the management and people who used the service that there was a genuine warmth, affection and openness to people's request for support or when they just wanted to company.

Staff morale was high and the atmosphere was positive, warm and supportive of people and of each other. The culture of the service was centred on the needs of people who used the service. Staff told us issues were openly discussed and the focus was always on the needs of people. One staff member told us, "I have been well supported and also with some personal issues I have had in the past. The manager and the deputy are very supportive and easy to talk to."

People and staff were positive about the management of the service. One person told us, "The staff and the manager are all very good. I am confident with the management here; they listen to us and sort out anything we are concerned about." People had been involved in making decisions about how the service was run. For example, in the planning of how they lived their daily lives as well as being consulted and involved in the recruitment of staff.

Observations of how staff interacted with each other and the management of the service showed us that 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. Staff told us the management team were supportive and approachable should they have any concerns. There were clear communication systems in place such as handover meetings and communication books. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. People told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards. There was a strong emphasis on striving towards continuous improvement of the service. The manager and the deputy manager told us that there were regular quality audits carried out by the provider and following our visit copies of these were sent to us. We

noted that where shortfalls had been identified and where improvements could be made, actions proposed to improve had been recorded. For example, where improvements to the environment were identified and replacement of equipment was required. Staff and the manager told us the provider visited the service regularly, was supportive and provided the resources required to maintain a clean, homely and well maintained environment.