

Eco Wings & Nights Limited

Butterfly House

Inspection report

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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

Butterfly House is a residential care home providing accommodation with personal care for up to 4 people with a learning disability or autistic people. At the time of this inspection there were 4 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

We observed that people were relaxed and happy at Butterfly House. Relatives were positive about the care people received. A relative told us, "[Person] has a full life and is loved and cared for."

Right Support:

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 partially supported this practice. We made a recommendation about review processes where people were being restricted or where decisions were made in their best interest.

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

Staff enabled people to access specialist health and social care support in the community.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

People and those important to them, were involved in planning their care.

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 10 October 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

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

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 

Butterfly House

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 was carried out by 1 inspector.

Service and service type

Butterfly House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Butterfly House 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

This first visit to the service was unannounced. The people living at the service were all out. The second visit was announced as we wanted to be sure the people and staff were at home to speak with us.

We attempted to visit the service on 22 November 2022 and returned on 24 November 2022. We had a telephone meeting with the registered manager and spoke with relatives on 5 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 22 June 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

The inspection

We met the 4 people who lived at Butterfly House. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We had phone or email contact with 3 relatives for their feedback about the service.

We met or spoke with the registered manager, the team leader and 3 members of care staff. We reviewed a range of records. This included 4 people's selected care and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

The provider gave us online access to their care records and sent us training data and quality assurance records. We contacted a professional who worked with people at the service but did not get a response.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Families were very involved at the service which reduced the risk of a closed culture.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were effective systems to help keep people safe. For example, an administrator visited weekly to check people's petty cash and spending money was being managed safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person had individual risk assessments in relation to their specific needs. Care plans outlined what staff needed to do to minimise risk and keep people safe. A person's care plan gave guidance about other staff stepping in to work with a person if they did not respond well to the staff working with them that day. When we spoke with a member of staff, their response matched the care plan. They said, "[Person] is not a morning person, we sometimes try another member of staff when they get upset."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. The registered manager had recently improved how they managed risk by formally reviewing incidents and pulling together actions and themes. They were able to demonstrate they had taken action in response to a specific situation around a person's safety and discussed learning at a team meeting.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff kept people safe through formal and informal sharing of information about risks. People also benefitted as staff knew them well and were pro-active in reducing risk. For example, we observed staff step in to prevent a person's distress from escalating during the mealtime.

Staffing and recruitment

- Staff told us there were enough staff to keep people safe and provide good quality care. A member of staff told us, "I love my job you get time to have 1:1 with the guys, it's been nice to get to know them."
- There was a shared understanding across the team of staffing levels. Staff could explain what staffing was required to meet people's needs and keep them safe. Staffing levels were adapted safely, for example when a person was away from the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff told us they had been recruited safely. They also said that agency staff were rarely used and when they were used, they were not left alone at Butterfly House with people. This meant they were always working alongside staff who knew people well.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's medicines were all locked in the staff office, rather than in individual rooms. A senior member of staff told us 1 person had the capacity to start working towards increasing their independence with their medicines. We discussed how they could review storage and administration of medicine to support people become more independent.
- The process for transferring medicines for people who visited their families had been adapted to improve safety. A member of staff told us, "We now count medicines in and out with families. We write it down on a sheet, it used to be on a bit of paper." The registered manager described how they worked effectively with a relative to ensure medicines were given consistently and safely. This was an example of good practice.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The registered manager told us that people had started to settle down in their new home and this had reduced the incidents where medicine was used to support people who became distressed. Staff worked holistically with health professionals to initially rule out physical symptoms for a person before administering medicine which was prescribed for when they were distressed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were able to visit their relatives. A relative told us, "I went to a barbecue for [Person's] birthday, the staff were happy and [Person's] really settled there."

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 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 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had completed assessments for people who lacked capacity to ensure any decisions were made in people's best interests. Families and representatives had been involved in the assessment process.
- There was some limited use of cameras in the shared lounge areas. This had been discussed with families when the new service had been set up in 2021 and best interest decisions and capacity assessments had been recorded. However, there was no systems to ensure this decision was kept under review.

We recommend the registered manager ensure there are effective systems to review restrictions on people, including the use of surveillance cameras. Reviews should involve representatives, as appropriate and ensure any restrictions are minimised and remain in people's best interest.

- We shared recent CQC guidance on the use of surveillance cameras with the registered manager. They assured us they would review their current practice in line with this guidance.
- Staff were skilled at offering choice and enabling people to make decisions about their care.

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

- Care plans reflected a good understanding of people's needs. There was scope to improve how care plans recorded pathways to future goals and aspirations, including skills teaching, in people's support plans. Despite this lack of recording, the registered manager worked well to encourage staff to promote people's skills and independence.

Staff support: induction, training, skills and experience

- The registered manager ensured staff had relevant, ongoing training. Staff could describe how their training and personal development related to the people they supported. For example, there had been training around a person's specific health needs. The staff demonstrated their learning and spoke knowledgeably about how they provided support in this area. A member of staff told us, "The manager is really good at bringing trainers in. We had a recent session about restraint."
- Staff received support in the form of supervision and appraisal. The registered manager regularly worked alongside staff and used this as an opportunity to observe staff practice and promote learning.

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

- Staff encouraged people to make choices about what they ate and drank. A person's records stated, "[Person] was offered a sausage sandwich but declined this and picked out porridge. They enjoyed lunch and had another roll."
- People were involved in menu planning and food shopping. We observed people asking for coke which got added to the shopping list. A member of staff told us, "There's a rough list and if they want anything, we add it on."
- Mealtimes were companionable. Staff sat and ate with people. We observed staff promoting healthy eating by discreetly encouraging people to have salad.

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

- Staff supported people holistically to maintain their health and wellbeing. They referred to health care professionals to help them to live healthy lives.
- On the day of our inspection the registered manager had taken a person and their relative to a specialist dentist. They described how they had worked with the family to encourage the person to go to the dentist for a check-up. This reflected the commitment of the registered manager to individual's health and to involving their representatives. On their return, all the staff praised the person, as the dentist had said how well they were looking after their teeth.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The provider had involved the people in the service when setting up the new service. This was an example of good practice, with people and families having a say about the design and decoration of the accommodation prior to moving in. People's bedrooms were personalised in line with their preferences.
- The layout of the service was tailored to the needs of the people at the service. There was good visibility in the downstairs shared areas so staff could supervise people from a distance. This limited the restrictions on people while keeping them safe. One person had their own 'safe' space where they sat and played computer games, while still enjoying the company of other people.
- Relatives were positive in their feedback about the accommodation. A relative told us how staff had recreated some of the features of their family home which had helped the person settle in.

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.

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive to people's every need. We observed a person getting staff to fetch them a number of different drinks while they relaxed on the sofa. We discussed this with the registered manager who described how she was working with staff, through encouragement and as a role model to promote people's independence. There was scope for this to be outlined more clearly in people's care plans.
- Staff encouraged people to be independent in other areas, for example with their personal care. A person was able to dress themselves independently, with staff prompting and supporting with other tasks.

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

- We observed people being relaxed and joking with staff. A person smiled when they found out the name of the staff member who was coming later for the night shift. They asked why we were visiting, and we explained we needed to check they were happy. They said yes and made a sign they were happy.
- Staff members showed warmth and respect when interacting with people. Staff showed genuine interest in people's well-being and quality of life and had focused on creating a happy home.
- The small consistent team knew people well. They used their knowledge of people to avoid any triggers such as sensory disturbance which could cause people anxiety. We observed a member of staff getting a person to put their headphones on as they were getting over-stimulated by the noise during our visit.
- People were treated as diverse individuals. At one time during our visit 2 people were watching TV or video clips, 1 person had gone for a rest and another person for a bath.

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

- Staff were skilled at encouraging people to make day to day decisions about their care, such as what to wear and what time to get up at weekends.
- People's individual choice was valued. We observed a member of staff took round two types of pasta and asked people to choose which one they wanted.

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.

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

- Since the service had opened, there had been a focus on settling people in, developing personalised and safe accommodation and care. During weekdays people all attended day services which were owned by the provider. The registered manager told us now people were settled they were able to review people's timetables to see these continued to meet their needs.
- Reviews were held jointly across day and residential services. Care records for Butterfly House had not always been adapted after the reviews, for example, with the outcomes each person was working to. However, we found staff were aware of the information, for example they were working to support a person to improve their dental hygiene. We discussed the need for the records at Butterfly House to be held independently from the day service.
- The registered manager communicated with staff from the day services to ensure people had the opportunity to spend time apart during the day. The close working between the two services meant people received joined-up, consistent care.
- People had busy lives and engaged in numerous activities. Staff told us people enjoyed doing things together. Although many activities were joint, people also spent time with staff doing things on their own. For example, staff had taken a person and a friend to an Abba tribute band.
- Staff recorded how people were being supported each day. The records were personalised and captured people's responses well. This was particularly useful where people were not able to verbally make choices about activities. For instance, staff had written how a person had smiled while watching a firework display and danced when watching a film.

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.

- Some people used signs to communicate. The registered manager had arranged training for staff to improve how they communicated using signs.
- Care plans gave information about how people preferred to communicate. One person's plan said, "Ensure that when giving me information, it is broken down into small chunks and that I am allowed time to process the information." We observed staff following this guidance.
- Staff had good awareness, skills and understanding of individual communication needs. We observed staff

suggesting stuffed peppers as a healthy option. They told people they would get a photo to show people, to help them decide whether they wanted to try them.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. They sought feedback from people's representatives and had developed a pictorial survey for people to give their opinions.

End of life care and support

- All the people at the service had close relatives who were involved in their care and would step in if end of life care was required. We discussed with the registered manager that care plans should reflect any arrangements around future care needs and be adapted as people grew older.

Is the service well-led?

Our findings

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

- The care home had been set up for people who had met at the provider's day services. Although there was a close association between the two services, it was not a requirement for the people living at the care home to attend the day services. However, we discussed with the registered manager about the importance of Butterfly House having a distinct identity, as people's home, separate from where they went during the day.
- The service had a person-centred culture where all staff focused on the people being supported. People received high quality care and enjoyed life.

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

- We had some feedback from relatives that they were worried about disturbing the registered manager as they were so busy. The registered manager was supporting one of the care staff to take over more responsibility so they would also be able to respond to any queries. This was a well-planned and gradual process with the registered manager retaining good oversight.
- All the relatives we spoke to told us the registered manager and staff were committed about the wellbeing of people at the service. A relative told us, "The registered manager and the team are marvellous. I really feel very lucky [Person] is placed there."
- The registered manager demonstrated a high level of skill when working with people with learning disabilities and autistic people. We observed this when they supported a person who had a fear of dentists to achieve their goal of attending a dental appointment. They led by example, setting high standards as a role model.
- There were practical and regular audits at the service. The audits included a review of how the service was meeting people's human rights and ensuring confidentiality, which was an example of good practice.

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

- The registered manager and staff worked closely and openly with people's representatives. We found numerous examples of regular communication to promote consistent care and involved relatives.
- Senior staff met with care staff formally in team meetings as well as working alongside them.

Communication and morale were good. Our conversations with staff reflected our discussions with the registered manager. This was a team which worked well together.

- The service worked well in partnership with other health and social care organisations, which helped improve people's wellbeing

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This was a new service which had been developed in a bespoke manner by the registered manager and relatives to meet people's individual needs.
- The registered manager was continuously improving care in response to feedback and incidents. They had responded positively to our findings when we inspected another of their services and made improvements at Butterfly House in response. For instance, they had improved how they analysed incidents and accidents.