

Scenario Management Limited

Butler House

Inspection report

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Date of inspection visit:
14 September 2021

Date of publication:
18 October 2021

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

Butler House is a respite centre for people with learning disabilities. They are registered for three people. At the time of the inspection three people lived at the home. The building is on two floors with stair access.

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

People we spoke with were extremely positive about the service and support they received. For example, one person said, "I love going fishing with [staff member] they are brilliant." Staff were recruited safely, and sufficient staff were on duty to support people. Staff demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided. Staff managed medicines according to national guidelines. There was a system to record and analyse any incidents that occurred and lessons learnt from them. Support for people was planned to ensure the persons needs and wishes were considered. Risk assessments were completed to support people retain their independence and receive care with minimum risk to themselves or others. Staff had focussed on positive risk taking to enable people to participate in activities of their choice within a risk framework. People were protected from the risks associated with the spread of infection. We found parts of the home were cluttered and presented a risk of accidents, in addition part of the communal area was being used inappropriately for laundry. We have made a recommendation about this. The registered manager assured us this would be rectified to ensure people were safe.

People received support with their healthcare and nutritional needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs were assessed prior to them staying at Butler House. Detailed transition plans were developed to ensure people were comfortable moving into the home. The provider had appropriate arrangements to ensure staff received training relevant to their role. One staff member said, "Despite the pandemic there is an emphasis on training". Staff felt supported by the management team.

Staff treated people with kindness, dignity and respect and spent time to ensure peoples individual needs and wishes were met. Our observations during the inspection were of positive and friendly interactions between staff and people.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns. Care was personalised to the individual and social stimulation was an important part of people's lives.

Butler House had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of Butler House and improvements made when they were identified or suggested.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

Care and support had been developed around individual assessed needs. Staff worked in a way which promoted the persons independence. For example. People told us staff encouraged them to participate in their care and make choices where possible.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Care support plans were person centred and ensured the individual and family were involved in the development and review of their plan as far as possible. Training and support for staff ensured human rights was at the heart of the delivery of care and support.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The ethos of the agency was to develop and target support which suited the individual and helped them live the best life possible.

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

Rating at last inspection

The service was registered with us on 30/06/2020 and this is the first inspection.

Why we inspected

This was a planned first inspection based on their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all 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 until we return to visit as per our re-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.

Butler 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Butler House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they 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 the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider/registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not 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.

During the inspection

We spoke with two people who lived at Butler House, a relative, four support staff, the manager and the registered manager/owner. We looked at a range of records. This included one person's care records, recruitment files of two people, medication records and audits of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and maintenance records of the premises.

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 for 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

- Staff we spoke with told us people were safe. Training records and discussion with staff confirmed instruction/training was provided around abuse awareness and signs to look out for, so that people were protected.

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

- Risks to people and the building were assessed and managed. This supported people's safety and rights to freedom and independence. Risk management processes were included in people's care documentation and there was clear guidance for staff to follow to support people in a safe manner.
- The management team had promoted people's independence within a risk framework. This approach enabled people to take part in planned activities and outings of their choice.
- Environmental risk assessments were in place to ensure the safety of people's living space. The premises had been adapted to accommodate people within the care home's registration. The provider had arrangements to carry out maintenance and safety checks on installations and equipment.
- There was a system to record and analyse any incidents that occurred and lessons learnt from them.

Staffing and recruitment

- Appropriate staffing arrangements were in place to meet the assessed needs of people in a person-centred way. For example, staff were in sufficient numbers to ensure personalised care was provided individually. One person said, "I go fishing, I enjoy that whenever I want, me and [staff member] go out on our own". Staff confirmed they felt they were sufficiently staffed to provide a good individual service for people to promote their independence.
- Effective recruitment procedures were in place. This ensured people would be supported by staff with appropriate experience and character. One staff member said, "I have recently started and love it. The induction training was very good and everything was in place for me to start work."

Using medicines safely

- The service had good systems and procedures to manage medicines safely for people. They trained staff and regularly checked medication administration was safe and act on any discrepancies through their auditing systems, which were completed weekly. A member of the management team said, "We do like to monitor medicines weekly to ensure we are safe and discrepancies are few."
- Care plans clearly set out when and how to support people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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.

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

- The service was originally an office centre and it was clear the management team and staff had made efforts to adapt the premises to suit the needs of people. However, we found parts of the home were cluttered and used inappropriately for laundry. This could be a health and safety risk for people. For example, beds and a washing machine were placed in communal areas at the entrance of the home. During the inspection staff began to relocate furniture and identify a suitable location for laundry tasks. The registered manager/owner ensured efforts were ongoing to create a more homely atmosphere for people to live in. One person said, "I love it here and my bedroom is so big."
- People were able to make adaptations to their bedrooms and we saw people had brought items from home that reflected their preferences and beliefs, and some had personalised their bedrooms.

We recommend the provider review good practice guidance to ensure the premises is suitable and fit for purpose to keep people safe and meet their needs.

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

- The management team ensured people's needs were appropriately assessed before they came to Butler House. Assessments were comprehensive and helped to ensure effective care could be provided for people.
- Following the assessment, detailed transition plans were developed to ensure people were comfortable and their goals for future living could be achieved. A relative said, "The assessment process and what they have achieved for [relative] has been nothing short of fantastic."
- People's diverse needs were noted in their support plans. This included support in relation to their culture, religion, lifestyle choices and diet preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff spoken with explained training was provided and they were supported to attend courses relevant to their roles.
- Staff told us they felt supported by the management team and confirmed they received one to one supervision sessions to discuss their role and the service. Records looked at confirmed this.
- The management team had arrangements to provide new staff with a structured induction programme, which included a period of shadowing experienced members of staff. Staff new to a care setting, completed a thorough induction programme. One staff member said, "There is plenty of training available to support our role."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier

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

- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.
- People purchased their preferred food items from local supermarkets and made their own choices of what food they wanted. This ensured staff promoted people's independence and life skills. One person said, "I love shopping and choosing my own food and cooking at times." This approach enhanced people's skills and promoted independence.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in understanding MCA, best interest decisions and DoLS. Records confirmed this. Staff understood the relevant requirements of the MCA. They confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

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. Respecting and promoting people's privacy, dignity and independence

- People who lived at Butler House and relatives told us they were treated with respect and kindness by caring staff. Comments included, "I love it here". And from a relative, "We owe them all a debt of gratitude I don't know what I would have done without Butler House, I so much recommend them. They are so good at what they do."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.
- We observed staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere in the home was calm and relaxed. It was evident people and staff had developed positive supportive relationships and this was confirmed when talking with relatives and people.

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

- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. Training was provided for staff to enhance their communication skills in order to provide a better service.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions if possible.
- People were encouraged to make choices about their day to day social and life routines. This was in line with their preferences and they were encouraged to express their views.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care, which met their needs. Records were written in a person-centred way with the involvement of the person and families. Care records were reviewed and identified changes where necessary.
- People were supported to take part in meaningful social activities and to engage with the local community in line with their choices and preferences. For example, one person attended college to further their education and improve their life skills. People told us they participated in a broad range of activities, including fishing, walking and shopping. One person said, "I love to go on walks and shopping."
- People were enabled to take positive risks to carry out their chosen activity and plans were developed to mitigate risks.

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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. People we spoke with told us they knew how to make a complaint if they had any concerns. A relative confirmed they had received this and would be confident to make any issues or concerns known to the management team.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. We looked at records of complaints and found they had been investigated in accordance with their policy and responded to in a timely way.

End of life care and support

- Where appropriate end of life plans would be put in place and discussed with people. The registered manager told us staff would have appropriate training if this was required.

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

- Staff told us they felt everyone received a good service at Butler House. It was evident through discussion with the staff team they felt motivated and enjoyed their roles. One staff member said, "A good staff team enables us to make life really good for people here. I love it, it is rewarding to see people progress in their lives."
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included in the way the home was run. A relative said, "15 out of 10 for this place the staff and owner have been fantastic, so caring and put so much into [relative] care and support."

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

- The management team had extensive auditing systems to maintain ongoing oversight and continued development of the service. For example, medication audits were completed weekly and any issues dealt with.
- Staff said Butler House was managed well. One staff member said, "The management team are all approachable and support me really well."
- The registered manager/owner understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The registered manager was supported by the operations manager who visited the home on a regular basis. During their visit, they completed medication audits and gave feedback to the registered manager/owner.
- Duty of candour was understood, and it was clear that if any complaints were made they would be listened to. Any people's concerns and worries would be investigated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from people and stakeholders.

- The registered manager/ owner had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence. This was confirmed by talking with staff and people.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. This was confirmed by discussions with the staff, relatives and registered manager.