

Butterflys Care Homes Ltd

# Butterfly's Care Home

## Inspection report

1-3 Bromley Road  
Colchester  
Essex  
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Tel: 01206861482

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 12 April 2016 and was unannounced.

Butterfly's is a small care home providing personal care and support for up to nine people with a learning disability. On the day of our inspection there was seven 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 were aware of local safeguarding protocols for reporting any concerns they might have to the relevant safeguarding authorities.

There were shortfalls in the management of people's medicines and these had not been identified by the medicine audits. This meant we could not be assured that people always received their medicines as prescribed.

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 which guided staff in how to mitigate these risks and keep people safe from harm. The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. However, we found some shortfalls in the management of people's medicines. Management audits did not identify the shortfalls that we found and we were not assured that people had received their medicines as prescribed.

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 assessment and planning and regular review of their care as well as satisfaction surveys, one to one and group meetings. This meant that people were consulted and involved in the planning and in the continuous improvement of the service they received.

During this inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not consistently safe because there were shortfalls in the management of people's medicines and these had not been identified by the medicine audits. This meant we could not be assured that people always received their medicines as prescribed.

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

**Requires Improvement** ●

### Is the service effective?

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 to access the healthcare support and services they required according to their changing needs.

**Good** ●

### Is the service caring?

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.

**Good** ●

### 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 checks 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 12 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 five people who used the service. However, some people had limited ability to verbally communicate with us. We spent time observing interactions between staff and people who used the service. Following our visit to the service we spoke with three relatives by telephone.

During our visit we spoke with three staff and the registered manager. We reviewed three care and support plans, medication administration records, two staff recruitment files, staff training files, meeting minutes and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

The overall management arrangements for auditing people's medicines were in need of improvement. Where staff were responsible for the administration of people's medicines within the care service this had been recorded within their plan of care. Staff who handled medicines had been provided with training.

Alongside the registered manager we carried out an audit of stock against the medicines administration records (MAR). We found that the balance of stock against the MAR did not always tally which indicated that staff had signed for medicines that had not been administered. Not all medicines received into the service had been logged on the MAR record. This meant it was not always possible to carry out an audit and balance stock. Where people had refused to take their medicines this had not always been recorded on the back of the MAR in accordance with the provider's policy. Weekly management audits had not identified the shortfalls we found at this inspection. This meant we could not be assured that people had received their medicines as prescribed. We discussed this with the registered manager who in response immediately spoke to staff concerned and arranged a staff meeting with the purpose of communicating with staff the need to ensure compliance with the provider's medicines management policy.

This demonstrated a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us they felt safe with all of the staff who supported them. One person said, "I like it here, yes, I feel safe. The staff are nice to us." Another told us when asked if they felt safe with all staff and the manager they told us, "Yes the staff are good. They are all kind. I like them all." All the relatives we spoke with said they were happy with the quality of care and that their relatives were protected and safeguarded. One relative said, "[Our relative] is very vulnerable and at risk of being exploited. They [staff] know how to keep [relative] safe from harm. They know their history and know what situations to avoid to keep them safe." Another told us, "[relative] is really well looked after. The staff and management are so good. [Relative] has come on in leaps and bounds. They are kept safe and we have every confidence they know what they are doing. I cannot fault them."

We saw from a review of records and discussions with staff that they had been trained in recognising potential abuse and were able to demonstrate to us 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 and understood the provider's whistleblowing policy for reporting concerns they might have. Staff told us they had confidence in the management of the service to take appropriate action in response to any safeguarding concerns they might have.

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 and records maintained in the handling of people's personal money. However, people did not have up to date, recorded personal inventories which would provide a record of items belonging to them. For example, we saw that there was no personal inventory record maintained by the service which would identify furniture and equipment that

had been purchased by people who used the service. This meant it was not clear what items belonged to individuals and those that belonged to the service. We discussed this with the manager who agreed this could present as confusing. They told us they would put into action updated personal inventories immediately following our inspection.

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 to staff and others in the event of a person becoming distressed to situations and others, the management of people's medicines, environmental risks 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 access to management support and advice 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 start work at the service. Staff told us that vacant shifts were covered from within the team which enabled 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 and a formal interview. Previous employer references were obtained; identification and criminal records checks were undertaken. 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 evidence the safety checks carried out in the recruitment of all maintenance staff employed directly by the provider. They told us they were in the process of updating recruitment files and reassured us that maintenance staff did not work alone with people who used the service unless relevant safety checks had been completed.

A programme of works was currently being carried out to make improvements to the environment. We saw that decoration of rooms was ongoing and replacement of carpets and furnishings. One person told us they had been involved in choosing furniture for their room. A relative told us, "The place is always so clean and well maintained. They are very good at keeping [relative's] room maintained and decorated when needed. They love their room. It is all very homely."



## 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 needs. One relative told us, "They take [relative's] needs into consideration and are led by [relative] in planning their daily life. They [staff] always keep us updated with any changes and include us in decisions although it would help to have other opportunities to meet to discuss their care other than the reviews with the social worker. These rarely take place. It would help to have regular planned meetings rather than just ad hoc sharing of information when we visit. Otherwise we are more than happy with the service and are lucky [relative] has a place there."

Staff had the relevant skills and knowledge they needed to perform the role for which they were employed. Relatives told us staff had the relevant experience and skills to meet their relative's needs. People had an allocated keyworker. These were members of staff assigned to each person, who 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. Staff records and discussions with staff evidenced that newly appointed staff were provided with induction training and opportunities to shadow other staff. Staff were provided with training appropriate for the roles they performed. This included annual refresher training including relevant health and safety training. Where people had specific healthcare conditions such as; epilepsy staff had been provided with relevant training to enable them to support people safely and effectively.

Staff told us that they had received regular supervision, annual appraisals and adequate training to enable them to do their job safely and effectively. Training records showed us that staff had received training in a variety of subjects relevant to the roles that they were employed to perform. This included training to enable the staff to support people with specific complex health conditions such as neurological conditions, epilepsy, diabetes and supporting people with de-escalation techniques when they presented with distressed behaviours which may put them and others at risk of harm.

Staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had obtained the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were assessed and guidance provided for staff. For example, we saw that the registered manager accessed advice from the local safeguarding authority when assessment of a person's mental capacity had highlighted questions with regards to a possible deprivation of their liberty. They had submitted as is required by law authorisations to the local safeguarding authority to ensure that where people had their freedom of movement restricted, assessment of their best interests by those qualified to do so had been requested.

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 records, records in

diaries and regular staff meetings. Discussions with staff and the registered manager demonstrated that staff had been supported with guidance to enable them to meet people's changing needs. Handover records recorded when tasks had been completed, where incidents or accidents had occurred and where people had been supported to attend appointments. This provided an audit trail for management reference.

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.

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 a record of when they had attended appointments. We saw that people's health and wellbeing was regularly monitored. All of the relative's we spoke with told us staff supported their relative to access health care when required, kept them informed of any changes and supported people to attend health care appointments.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. Staff described to us how they considered the needs of people who required a reduced sugar intake due to their diagnoses of diabetes. Staff Diaries described people's daily choice of meals and the food they consumed. However, staff recognised the need for further work to evidence the planning and consideration of the needs of people with a diagnoses of diabetes when planning menus and recording nutritional intake. 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.

## Is the service caring?

### Our findings

We received only positive feedback about the service from both relative's and people who used the service. People told us they were happy and content with the care and support staff provided. When asked if all staff treated them with dignity and respect? People told us, staff were always kind and caring. One person said, "They are all kind. I like living here." One relative told us, "We visit at all times of day and I can honestly say I have never heard any member of staff talk inappropriately to anyone. There is a lovely atmosphere here." Another told us, "They do all they can to find out what [relative] wants to do. They treat them with dignity and communicate appropriately without treating them like a child."

Some people had limited capacity to verbally communicate their views to us. However, we observed people to be at ease and comfortable when staff and the manager were present. Throughout our visit we observed a warm friendly atmosphere where staff supported people in a kind, caring and dignified way. People were observed to be relaxed about going into the manager's office to ask for assistance and also just to be with the manager for company. The atmosphere was relaxed, warm and friendly.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. Some people, where able had been involved in planning their own care. This included the planning in of how they wished to live their daily lives, the planning of activities, further education opportunities, outings and holidays. Care plans described how people chose to spend their day.

People told us they were treated with dignity and that their privacy was respected by staff. One person told us, "I can choose to be alone if I want in my room when I want. I get up when I want and go to bed when I want."

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. One person told us, "I like it here. I have a good life."

There was limited information regarding people's life history. It was evident from discussions with staff they had some awareness of people's backgrounds and life history. However, the manager recognised that further life history information would be beneficial for staff and useful in planning to meet people's care and support needs. For example, to enable staff to support people appropriately with an increased understanding of possible indicators for distressed behaviours in reaction to situations or others. The manager told us they were in the process of developing a pen profile for each person which would include additional previous to their admission life history information to support this.

We observed people to have easy access to have friends and family visit them and were also supported to visit whenever they chose to do so. People and their relatives told us they were supported and encouraged by staff to maintain links with their family, friends and the local community.

## Is the service responsive?

### Our findings

People who used the service and, where appropriate, their relatives had been involved in the initial assessment, 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 change in [our relative] has been truly amazing. They have come on in leaps and bounds. They are always going out and well occupied which is what they need. Their quality of life is good since they moved in there."

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. Staff had been provided with guidance in pro-active strategies including the identification of triggers which may lead to distressed reactions from people and situations which may cause harm to the individual or others. Staff had been provided with detailed information including what they should do in response. For example, distraction techniques to ease a person's agitation and distress.

Care plans included information to enable staff to provide care safely and effectively. For example, encouraging people to be as independent as possible within the boundaries of their limitations and encouragement to pursue their personal interests. 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 provider had another service which had a designated building within the grounds used to provide a day service to people living within the provider's various locations. People living at Bromley Road visited and took part in weekly, planned, social and community activities. Activities were organised by the activities coordinator. People told us they enjoyed attending these group activities as they got to meet with their friends and took part in activities such as crafts, cooking, and outings into the community. People told us they 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. On the day of our visit some people were attending college. They told us how much they enjoyed learning new skills at college such as cooking.

People and their relative's told us they were supported to go on holiday to a place of their choosing. For example, people told us they had enjoyed holidays to the coast and abroad to Spain. People told us and

records evidenced that people had enjoyed meals out, attending music concerts in London, day trips to the coast, Wimbledon for tennis and other places of personal interest within the community.

None of the people we spoke with had any complaints about the service. Everyone we spoke with told us they were satisfied. We saw the provider had a complaints policy and process in place for managing complaints. Information was available on notice boards in an easy read format which informed people so that they could understand 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. One relative told us, "Honestly, I have always found they cannot do enough for you to sort any concerns out. I cannot fault them in any way."

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. We saw from a review of meeting minutes that people had been supported to express their views, plan activities, inform people of any changes and support continuous improvement of the service.

## Is the service well-led?

### Our findings

Staff morale was positive. Staff told us they worked well together as a team. The culture of the service was centred on meeting people's personalised needs. Staff told us there was an open, transparent culture where issues were openly discussed and the focus was always on the needs of people who used the service.

People and staff were positive about the management of the service. Relatives told us, "It is a well managed place. They make you feel welcome when you visit. We are confident in the management and their ability to care for [relative] well."

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 manager and the provider were visible, supportive and approachable should they have any concerns. They told us they were trained well and supported in their personal and professional development. One member of staff told us, "we understand what is expected of us and the manager has been supportive when you have personal issues going on."

There were clear communication systems in place such as handover meetings and communication books for passing messages from one shift to another. 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.

The provider had systems in place to support staff and monitor performance such as, supervision 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. Staff and relatives told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

It was apparent from our observation of interactions between the staff including management and people who used the service that there was genuine warmth, empathy and empowering of people.

People had been involved in making decisions about how the service was run. For example, people had access to regular meetings where they could express their views and opinions about the food provided, the planning of activities that supported their daily living and access to community activities including the planning of holidays.

The manager and the provider carried out regular monitoring of the quality and safety of the service. This included regular satisfaction surveys which surveyed the views of staff, relatives and people who used the service. They also had a formal complaints policy and procedure 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.

There was a strong emphasis on striving towards continuous improvement of the service. Ongoing improvement of the premises was evident with resources provided to the manager which enabled people to live in a clean, homely, well maintained environment.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have safe systems in place to ensure people always received their medicines as prescribed.</p>