

Hap Care Home Ltd

Butterfly House

Inspection report

22 Linden Avenue
Halesowen
B62 9EL

Tel: 01214224357

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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 personal care for up to two people with a learning disability or autistic spectrum disorder. At the time of inspection one person lived at the home.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible to gain new skills and become more independent.

The person was kept safe by staff who knew how to report concerns of abuse and manage risks. There were sufficient numbers of staff in place and recruitment was ongoing to maintain consistency of care. Medicines were managed in a safe way.

The person was supported by staff who had received training and supervision. The person's dietary needs were being met, and they had access to healthcare services where needed. The person was 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.

The person was supported by staff who were kind and caring to them.

The person's independence was encouraged. Staff knew the person well and records held personalised information about the person's preferences with regards to their care.

The person had access to social activities that met their interests and needs. A complaints procedure was available for the person and their relative to access if they had a need.

The person received person centred care. A relative and staff expressed confidence in the registered manager and the overall service provided. The person, their relative and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

Why we inspected

The service was registered with us on 05/02/2019 this was the first inspection.

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.

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

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

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 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 undertaken by one inspector.

Service and service type

Butterfly House is a 'care home'. People in care homes receive accommodation and 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. The registered manager and directors were at the service during the inspection.

Notice of inspection

Short notice of this inspection was given as we wanted to make sure the person was at home for us to meet.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who had worked with the service. The provider completed a provider information return. 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 used all of this information to plan our inspection.

During the inspection

We met the person who used the service briefly before they went out. We received feedback from one family member and two external health care professionals. We also spoke with four members of staff.

We reviewed a range of records. This included the person's risk assessments and care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff, a relative and external health care professionals all told us the person was kept safe. A relative told us, "The management and staff work hard every day to make sure they [person] is kept safe." A staff member said, "We [staff] ensure we keep them [person] safe."
- All staff we spoke with knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to the registered manager. In a previous care place, I reported to safeguarding when I was not happy how an issue had been dealt with. So, I know what to do."

Assessing risk, safety monitoring and management

- Care plans and risk assessment processes had determined the person's individual support needs. Staff had a good understanding of the person's needs and risks.
- Staff and the registered manager were very proactive. When the person's well-being caused concern health professionals were always contacted in a timely way. Behaviour risk assessments, behaviour monitoring records and care plans were detailed and contained up to date information. These were reviewed and updated frequently. Where possible the person and their relative were involved in this process.
- The registered manager had undertaken detailed support planning including environmental hazards and concerns. As a result of the outcomes of this, multiple changes including building work and refurbishment had been carried out. This ensured the premises were appropriate and safe for the person. A healthcare professional said, "The provider understood what changes to the premises were required to meet the person's needs and these were addressed".
- Risk assessments were in place relating to current building works. This helped keep the person and the staff safe.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager monitored any incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references.

Using medicines safely

- Records showed medicines were managed safely.
- The registered manager confirmed they continued to ensure protocols were in place for all medicines prescribed on an 'As when required' basis. Care plans were produced for short life medicines prescribed for

example, antibiotics to maintain medicine safety.

- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training, and this was on-going. Staff had their competency assessed to ensure they followed safe medicine practice.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed.
- Staff told us personal protective equipment was available to them and we saw it was.
- The registered manager had risk assessments in place relating to the non-wearing of face coverings by staff. The non-wearing of face coverings was due to this having a severe detrimental effect on the person.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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 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.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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 the person's outcomes were consistently good, and relative and staff 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 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 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.

- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA.
- Staff understood they needed to ensure any decisions taken were risk assessed and were in line with the person's best interests.
- The registered manager told us, and records confirmed a DoLS referral had been made to the local authority for assessment in line with MCA.

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

- The person's physical, mental and social needs were assessed and documented in their care plans and risk assessments.
- The person's needs were assessed prior to commencing care. This involved staff supporting the person in their previous care environment so they could get to know the person before they moved in.
- The person's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the person's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- The person's needs and preferences were met by staff who knew them well. A relative told us, "The staff are excellent."
- Staff understood their responsibilities and what was expected of them. Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they

supported. For example, staff had received in-depth training from a psychologist who knew the person's needs well. We saw staff interacted with the person in a calm way to minimise any challenging situations. The person was relaxed and happy.

- Staff had completed an induction process and the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Staff supported the person to maintain a healthy balanced diet where required and to have choice in what they ate. A staff member told us, "They [person] have been experimenting more with different food. They are eating more fruit and vegetables and that is good".
- The registered manager maintained a system that allowed them to monitor the person's food and fluid intake where needed. Daily records about the person included food and fluid intake and any concerns.

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

- Where needed, staff supported the person to access community healthcare professionals such as the GP and psychology. This enabled the person to have their health needs met by external professionals. Initially support had been secured from a local authority Intensive Support Team. The registered manager and staff all confirmed this support had been invaluable.
- Staff and records confirmed that the person had routine appointments such as an annual health check.
- A Health Action Plan [HAP] was on file. The HAP highlighted what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored the person's oral care to ensure their teeth and mouth were kept as healthy as possible. A dentist appointment was in the process of being made.

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 the person was 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

- We observed staff sitting with the person and speaking with them in a friendly and kind manner. The person looked calm and smiled.
- A relative told us staff treated them [person] with kindness and compassion. Staff told us all their colleagues were kind and very considerate to the person.
- A relative and external health care professionals all felt staff listened to the person and gave them their full attention.
- The person's records included details of life histories, wishes and preferences. This enabled staff to use this information to provide personalised care.
- Staff had the time they needed to provide compassionate support, and this was helped by good rota planning.

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

- The person and their relatives were encouraged to express their views and make decisions about their care. A relative said, "They [staff] always encourage them [person] to make choices about their daily routines and lifestyle."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the person's dignity. The person was encouraged to wash and dress as independently as possible to maintain their dignity.
- The person's independence was promoted. Staff told us, "We encourage them [person] to be as independent as possible. Recently they [person] is doing a lot more." This was confirmed by a relative we spoke with.
- Staff spoke passionately about their roles and were committed to providing the best quality care possible. They were proud of the milestones the person had reached. A relative and external healthcare providers were complimentary about the way staff supported the person. A relative told us, "The support provided to date is wonderful. I am so grateful".
- Staff received equality and diversity training and knew the person's needs well.
- The person's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

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 the person'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

- Staff told us the person and their relative were involved in review processes where possible. A relative confirmed they were involved in the planning processes and making decisions about their family member's care.
- The person's care plans held information regarding their personal preferences, their life history, and people [and family pets] who were important to them. This enabled staff to have up to date information about the person's individual preferences.
- The person where possible was involved in all aspects of the home including menu planning, excursions and activities.

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.

- The Registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.
- There was evidence that staff adapted their communication techniques to achieve best results with the person. This included sitting facing the person and speaking with them in a calm way and the use of easy read and pictorial documentation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and the person's relative told us they had been given a copy. There had been no formal complaints since the service had been registered.
- A relative we spoke with knew how to complain but confirmed they had not had the need to use the complaints process.

End of life care and support

No one was receiving end of life care at the time of the inspection.

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 as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff and registered manager demonstrated a person-centred approach for the person they supported. Staff told us the person had choice and control and were involved in day to day decisions. This was confirmed by the registered manager, a relative and records we reviewed.
- All staff confirmed they were well supported. Staff, a relative and external care professionals we spoke with all expressed confidence in the management team. A staff member said, "The registered manager and team are approachable, supportive and are fully involved in the on-going care and support". We saw from audit documentation that the registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

- The registered manager told us, and records confirmed, audits had taken place and where needed action plans had been created that identified areas of improvement.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. Written schedules for these events reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

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

- The person, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. This feedback showed positive comments.
- External healthcare professionals had also fed back positive comments about the service provided. "You [registered manager and staff] have a positive attitude to supporting them [person] and this has led to improvements". A family member told us, "HAP [provider and staff] have done an amazing job. I can't sing their praises enough".

- Where requested, the staff would communicate with external professionals on the person's behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered provider and team all told us it had been a sharp learning curve to date to accommodate and meet the needs of the person. They had secured input from a range of external health care professionals for advice and support along the way. This included specialised training provided by psychology.
- The registered manager told us that the organisation had invested in the service to provide an appropriate safe environment for the person. This included providing a new bathroom. There was a plan in place to ensure the person and staff were safe during current extension building works.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- External health professionals all told us the registered manager was extremely open and honest. They added, if the registered manager was unsure about anything, they would be open about this and request guidance to the benefit of the person who lived at the home.