

# Chrysalis Dementia Care Ltd

## Butterfly House

### Inspection report

47 Bristol Road Lower  
Weston-super-Mare  
Somerset  
BS23 2PX

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Butterfly House provides accommodation and personal care to adults whom are living with dementia. The service can support up to 36 people. At the time of the inspection 16 people were living at the service.

The service was located in a residential area of Weston-Super-Mare and was undergoing renovation and refurbishment to all rooms, communal areas and gardens.

People's experience of using this service:

The service was in a transition period. Changes were being made to systems and processes, including the way people's care and support was delivered. Staff were supported through induction, supervision and training. The provider was engaged in further development of the staff culture to support these changes.

Systems in place to monitor the and review the quality of the service were not fully effective. Further provider oversight was needed to ensure all areas were monitored and actions taken where required.

Care plans were being moved to a new system. Additional details were needed to ensure they were fully person centred and up to date. People received their medicines which were stored safely. We identified improvements needed in protocols for as required medicines and topical creams.

The service was clean and tidy. Extensive refurbishment work was in progress, which upgraded all facilities and improved accessibility. The environment and outdoor areas had been designed to support people's needs who were living with dementia and promote people's independence.

People spoke positively about the food provided. Feedback received demonstrated the service was proactive in regards to people's health and social needs.

People received care and support from staff who were caring. People and relatives said there was enough staff to support them safely. Visitors were welcomed at the service. People said they enjoyed the activities facilitated.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

This service was registered with us on 28 February 2019 and this is the first inspection.

The last rating for this service was Good (published 21 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning process.

Why we inspected:

This was a planned inspection based on the date of registration.

Enforcement:

We have identified a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. Please see the action we have told the provider to take at the end of this report. We made two recommendations in relation to person centred care and current guidance in relation to as required and topical medicines.

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?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one inspector.

#### Service and service type:

Butterfly House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 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:

The inspection was unannounced on the first day and announced on the second day.

#### What we did before inspection

We reviewed information we had received about the service. 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

During the inspection we spoke with ten people using the service and three relatives and friends. We spoke

with six staff members which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to two health and social care professionals.

Some people we met were not able to fully tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We reviewed training and staffing data. We received feedback from three health and social care professionals.

# 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 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.

### Using medicines safely

- People who had 'as required' medicines prescribed, which included topical creams did not always have a protocol in place to direct staff as to when these may be needed. For example, one person had a protocol for two as required medicines but not for one other.
- Visual guidance was in place to direct staff where to apply topical medicines. However, written guidance was not always specific and did not always clarify application for the individual. A senior staff member said clarification on this would be sought. We did not find any adverse impact to people due to the type of topical creams reviewed.
- Audits did not review as required or topical medicines.

We recommend the provider refers to current guidance on as required and topical medicines and updates their systems and practice accordingly.

- Medicines were stored safely. Temperatures of storage areas were monitored.
- Profiles gave information of any allergies and how people preferred to take their medicines. For example, "To take one at a time from my hand with a drink of my choice."
- Medicines that required additional storage in line with legislation were stored and checked appropriately.
- Staff responsible for medicines management knew people's needs and were developing their skills and knowledge in medicine administration recording. A health professional said, "[Name of staff] is organised and knows everything about people's medicines."
- The service had sought engagement from an external agency who were scheduled to provide support and guidance in medicines administration.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to report any concerns. One staff member said, "Raise with the [registered] manager, who has an open-door policy. They [the service] act quickly and take actions."
- Safeguarding concerns were reported to the local authority and Care Quality Commission as required.
- We found one safeguarding concern where the actions taken to protect the person following an investigation had not been communicated effectively to staff members or recorded in the persons care plan. The registered manager immediately updated the persons care plan.
- People said they felt safe. One person said, "I feel very safe here, there isn't anything to worry about." Another person said, "I feel looked after here and I feel safe."

### Assessing risk, safety monitoring and management

- Risks to people were identified in areas such as mobility, health conditions and nutrition and hydration and guidance was in place to direct staff.
- Risk assessments were being transitioned onto a new system. This meant further updates and improvements were ongoing.
- Regular checks on the environment and equipment were conducted to ensure they were safe for the intended purpose. This included electrical, gas and water safety.
- Fire risk assessments were conducted. Regular testing of fire safety systems and equipment were conducted. During the renovation work at the service, significant upgrades to the fire system had been installed. Staff had been informed of interim policies in place during the refurbishment.
- We highlighted where fire drills were not clear they had been conducted or the effectiveness of the evacuation. The registered manager said this would be addressed going forward.

### Staffing and recruitment

- People and relatives told us there were enough staff to support people. A person said, "I feel safe living here and I feel there are enough staff to help me when I need it." Another person said, "I think there are enough staff, I can go out when I am here." A family member said, "I think there are enough staff on duty."
- Rotas reviewed showed staffing numbers were kept at a level deemed safe by the provider.
- Agency staff were not used to ensure people were supported by familiar and consistent staff members.
- The provider followed safe recruitment processes before staff were employed to ensure staff were suitable for the role. This included verification with previous employers and Disclosure and Barring Service (DBS) checks, which confirms if staff have any criminal convictions.

### Preventing and controlling infection

- The service was clean and tidy. A visiting professional said, "The home is always clean and tidy when I visit."
- Significant improvements being made to the environment ensured infection control risks were reduced. The materials and designs chosen enabled effective cleaning.
- Staff were observed to adhere to infection control procedures. For example, wearing aprons and gloves when appropriate. Systems were in place for managing laundry safely.

### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions to reduce reoccurrence were documented. For example, what was done at the time a person had a fall and how their well-being was monitored afterwards.



# 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 currently being extensively redesigned and refurbished. This included all rooms, communal areas and outdoor spaces. A relative said, 'Her room is beautiful, it is lovely and her room is clean.'
- The provider had thoughtfully considered people's needs in the design. For example, by widening corridors, providing en suite facilities that were accessible and making the service bright and stimulating. A health and social care professional said, "The new owners have put a great deal of time, thought and funding into creating a dementia friendly environment."
- People's rooms were personalised with furniture, photographs and objects. One person said, "I have a nice room, it is easy to find and I have all of my belongings I would want in there." Another person said, "I do like my room. It is very good, neat and comfortable."

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

- People spoke positively about the food provided. One person said, "I like the food, the food is always very good and I get a choice." Another person said, "I feel I get enough to drink. I like coffee, which the staff get for me."
- We observed people's mealtime experience varied. Some people were fully engaged with by staff. However, for other people the atmosphere was diminished and led by a task focused approach. For example, meals were given without always an explanation or choice. This was discussed with the registered manager who said steps would be taken ensure all people had a positive meal experience.

Staff support: induction, training, skills and experience

- New staff completed an induction before commencing work. This included mandatory training and orientation to the service.
- Staff received regular supervision with their line manager. Supervision reviewed staff's performance and development. One staff member described supervision as, "Very helpful."
- Staff completed regular training in different areas of their roles. One staff member said, "I've had dementia training, epilepsy, autism, challenging behaviour. Focusing on person centred approach." One person said, "I think staff are generally well trained." A health and social care professional said, "[Staff] are often able to apply the information being delivered [in training] to individual residents where their feel wellbeing could be improved."

Supporting people to live healthier lives, access healthcare services and support

- Records of appointment with health professionals were documented. For example, the GP, optician and

chiropracist.

- People told us additional health care was sought if required. One person said, "If I was not very well someone would take me to see the GP." A health and social care professional said, "They [the service] don't tend to wait to contact me and referrals are prompt, I find them [staff] very caring and professional."

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured they liaised and communicated with other agencies effectively. A health and social care professional said, "Communication is brilliant, they [managers] are ahead of the game. For example, today [Name of staff member] has asked the mental health team to get someone reviewed. They ask for our support, but they have already taken the steps to get this done. They use their initiative and are proactive."
- Changes to people's support needs were recognised and actioned. A health professional said, "When needs change we are often asked to review the resident in order to ensure they are receiving appropriate care. They [the service] respond well to any advice given and try to implement any changes advised."

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had made DoLS applications as appropriate. An overview was in place to monitor the status and progress of people's DoLS authorisations.
- However, it had not been identified that one person's DoLS had expired in December 2019 and a re-application had not been considered or made. The registered manager said DoLS would be added to the services' audits to ensure this area was reviewed regularly going forward.
- People's capacity in different areas of their care had been considered. However, due to the transitioning of care plans this information was not always readily available.

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

- A pre assessment was conducted before people arrived to ensure the service could meet people's needs. A relative said, "We met with [name of staff member] to find out about the service and to talk about [name of person's] needs."
- Staff understood the principles of the Mental Capacity Act (MCA) 2005. One staff member said, "We always assume capacity and support [people's] decisions."

# 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; equality and diversity

- People were supported by staff who were caring. One person said, "I like being here, everyone is nice here." Another person said, "The staff are friendly." A health and social care professional said, "The staff are always very kind and patient with the residents."
- People told us they enjoyed spending time with staff. One person said, "Staff do have a chat with you, when they can and they are all very good here. They are nice people and I feel listened to." Another person said, "Staff will chat to me if I want to." A relative said "I have been quite impressed with the service, I am impressed with the care."
- The service had received several compliments. One compliment read, "I am very satisfied with the care and treatment my [relative] is receiving." Another compliant said, "Good to see all the investment and changes underway, impressive."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted by staff. We observed people moving around the service independently.
- A health and social care professional said, "All the staff are good. Attentive, encouraging people to do things for themselves." However, care plans did not yet give full guidance on how to encourage people's independence individually.
- Refurbishments occurring within the service had been designed to support people's independence. For example, access to the garden had been redesigned to be fully manageable for people.
- People's privacy was respected. One person said, "I like my room and I get privacy when I want it, staff are respectful, yes."
- Staff demonstrated they knew how to maintain people's dignity. For example, when supporting with personal care. Staff told us the new en suite facilities aided people's privacy and dignity.
- People could receive visitors when they wished. A relative said, "My wife and I are able to visit [name of person] whenever we want, it is reassuring, and we know he is safe here." One person said, "My relative comes in to see me on a regular basis, they come whenever they want to and are made to feel welcome."

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

- People were involved in making decisions about their day to day care. One person demonstrated how they informed staff about what they chose what to wear each day.
- Regular meetings were held with people. People had given feedback around meals, activities, and the environment. Actions were taken from the meeting. For example, more vegetarian meals were offered. One person said, "I feel listened to yes."

# 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 requires improvement. This meant people's needs were not always met in a fully person-centred way.

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

- Care plans were being transitioned and updated onto a new system. This meant not all areas of care planning had yet been fully completed on the new system or required updating in the transition process. For example, in relation to end of life care, person specific details and information received from previous placements. The registered manager was in the process of completing care plans.
- Care plans were being transitioned because information was currently held in three different places. Therefore, staff may not be able to easily locate or access information required.
- Information about people's beliefs and cultures was not consistently detailed in care plans or explored further.
- We observed interactions with people where more consistent positive communications would have enhanced people's experiences.
- Relatives had not always seen people's care plans due to the transitions occurring. A relative said, "We haven't seen the [care] plan."
- Whilst care plans were not fully completed a relative said, "The Manager asked about [name of person's] preferences and background, so they know her."

End of life care and support

- Some staff had received training in end of life care. At the time of the inspection no one at the service was receiving end of life care.
- End of life care plans had not yet been completed for people. The registered manager was aware this was outstanding. End of life wishes had been raised at a relatives meeting in November 2019 so family members could contribute.

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 service recognised this was an area for development. Picture cards were available at meal times to show meal options. However, these were not observed being used. Visual prompts enabled feedback from people. For example, in meetings.

We recommend the service ensures care plans reflects peoples personal preferences in all areas of their care and support.

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 said they enjoyed the activities provided. One person said, "There is plenty to do here, we have gardening club and planted some seeds a few weeks ago. We also do arts and crafts." Another person said, "I've been out in Weston." A relative said, "When I have visited staff have been sat with [name of person] playing games."

- Planned events and activities were not seen displayed at the time of the inspection to inform people of what was available. Previously, the registered manager had written to people's families to inform them of forthcoming activities. For example, seasonal celebrations and an intergenerational rock painting session. A relative said, "We went to stone painting with [relative name], which was lovely to be involved with." A social care professional said, "They [people] are often occupied in organised meaningful activities."

- People were supported to maintain friendships and relationships important to them. One person was going out with their friend. Their friend said, "I think it is brilliant here. My friend is very happy."

Improving care quality in response to complaints or concerns

- The service had systems in place to respond to any complaints or concerns. Complaints received had been investigated and action taken to resolve. One person said, "I know how to make a complaint and I know who the manager is."

- People and relatives said they felt comfortable in raising any complaints or concerns. One person said, "If I wanted to make a complaint, I would go one of the girls', though I am satisfied with everything here really." A relative said, "If I was unhappy, I would feel able to make a complaint by speaking to anyone [staff]. I haven't needed to make a complaint."

# 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 requires improvement. This meant provider oversight was not consistent. The culture impacted on the delivery of person-centred care.

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

- The registered manager had systems to monitor and review the quality of the service. These included audits around health and safety, infection control and accident and incidents. However, these were not fully effective as audits did not identify when a person DoLS had expired, the further work in care plans, people's dining experience and the improvements in medicine administration required.
- A plan detailed the current transitions in systems and associated actions. However, this did not identify all areas found at this inspection.
- Provider audits had not been regularly completed. This was important to ensure all areas were fully monitored, shortfalls identified and progress made regularly reviewed. For example, in medicines management and care plans.

We found no evidence that people had been harmed however, governance systems were not fully effective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware the roles and responsibilities of senior staff and managers needed review and adjustment as the service expanded to ensure effective accountability. This was to be addressed in a forthcoming senior meeting.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.
- The registered manager engaged in local provider groups and learning events to keep their knowledge and skills updated. The service has sought external support in regards to medicines administration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had changed provider since the last inspection. Extensive renovation and refurbishment was being undertaken to upgrade the environment and support the change in service provision, as the service now provided residential care. Changes in systems and records were also occurring.
- The service was in a transition phase. The provider acknowledged developing the staff culture and the delivery of care to people living with dementia to support the changes in provision were fundamental.
- Relatives and staff spoke positively about how the service was managed. A relative said, "The service seems to be well managed, we hope it keeps that way as the care is good." A staff member said, "[The registered manager] is very approachable. A health and social care professional said, "The management

team are proactive."

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

- Surveys had been conducted in October 2019 with professionals, relatives, people and staff. Positive feedback had been received, this included changes in the environment. Comments included, "Much improvement since new manager has taken over," and "Vast Improvement."
- The service engaged with local organisations and centres. For example, groups that offered activities, social networks and local religious establishments.

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 provider understood their responsibilities of the duty of candour. A relative said, "We feel confident the service would let us know if there were any concerns." Records demonstrated when relevant people had been informed for example, after an accident or when a safeguarding concern was raised.

Continuous learning and improving care

- Systems were in place to share information amongst staff. For example, through handovers and communication books. Review of these systems was occurring due to transitioning to new systems to ensure information staff required was clear and visible.
- Regular staff meetings occurred which were well structured and informative. Clear information was given around the changes in the service and engaging staff in this process.

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 will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems to assess, monitor and improve the quality and safety of the service were fully effective.</p> <p>Regulation 17 (1) (2) (a)</p> |