

Butterflys Care Homes Ltd

Meadows

Inspection report

Fairy Hall Lane
Rayne
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Essex
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Tel: 01376340714

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Meadows is a care home for seven people with learning, physical and sensory disabilities. Some of the people at the service were deaf or hearing impaired and used British Sign Language (BSL) to communicate. There is also a supported living flat for one person adjacent to the service. At the time of the inspection there were seven people living in the care home and one person in the flat.

People's experience of using this service:

People at the service achieved good outcomes and had good relationships with the staff who supported them.

The registered manager had left in 2018 and the service was being run by two directors. Shortly after our inspection one of the directors applied to become registered manager. This had been an unsettled period at the service, however we found the provider was focused on making things better for people by improving communication and the management culture. A committed and settled staff team had helped to ensure impact on people from the changes at the service was minimised.

Since our last inspection, concerns had been raised that people living at the service were at risk of financial abuse. The provider had acted swiftly and effectively in response; however, we were concerned measures had not been in place to pick up the risk to people in a timely manner. Audits and checks had now improved and the provider had better oversight of what was going on at the service.

Staff were committed and diligent about supporting people safely and knew what to do if they were concerned a person was at risk. The recent changes at the service, such as the new audits, were helping to improve systems which kept people safe. There were effective systems in place to ensure people received their medicines as prescribed.

The property was well maintained with systems in place to reduce the risk of infection. Specialist adaptations and equipment supported people who were deaf or hearing impaired.

There were enough safely recruited staff at the service. Staff were well supported and trained. The provider promoted an inclusive staffing team where individual staff members diverse needs were respected.

Staff worked well with external professionals to promote peoples' health and wellbeing. People made choices about what they ate and drank and received the necessary support to manage any specialist nutritional needs.

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

Staff communicated effectively with people, using a variety of communication methods, including BSL. They

knew people well and provided care in a person-centred, flexible manner. Staff had sensitively considered people's needs should they require end of life care.

There were systems in place to support people to complain. The provider had increased their visibility to give people, families and staff more opportunities to raise concerns.

Rating at last inspection:

Good. The last report was published on 26 October 2015.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor this service to ensure people receive care which meets their needs.

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

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Good findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service dropped to requires improvement.

Details are in our Well-Led findings below.

Requires Improvement ●

Meadows

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:

This unannounced inspection took place on 26 March 2019. The inspection team consisted of one inspector.

Registered manager:

It is a condition of the provider's registration that they have a manager registered with CQC. There was no registered manager at the time of our inspection. One of the providers who was also a director of the organisation was managing the service at the time of our inspection and applied to become registered manager shortly after our inspection. Within this report they will be referred to as the provider. They were assisted in the management of the company by other representatives from the wider organisation.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we receive when there are concerns about a person's safety.

The previous registered manager had submitted a Provider Information Return (PIR). This return provides information about a service, what is going well, and planned improvements. This information helps support our inspections. After the inspection the provider sent a revised PIR with updated information.

We focused on speaking with people who lived at the service. Where people were not able to speak with us or chose not to we used observation to understand the care people were receiving. We also spoke with two family members.

We spoke with the provider, another director and four care staff. We reviewed three care records. We also

looked at a range of documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Concerns with the management and auditing of people's finance had resulted in a safeguarding investigation by the local authority and police in 2018. This investigation found that at the time of the concerns there were not adequate systems to safeguard people from financial abuse.
- The provider had used lessons from the investigation to tighten up gaps in the process. The provider had taken the necessary action and the systems were now safer.
- In addition to improving systems, the provider recognised the importance of promoting a more open culture with opportunities for people and staff to speak out. They had done this by increasing their communication and informal contact at the service plus setting up a timetable of more formal meetings.
- Awareness around what senior staff and care staff should do if they were concerned about people's safety had been improved through ongoing training, guidance and discussion at team meetings.

Assessing risk, safety monitoring and management

- Practical and personalised risk assessments were completed by staff who knew people well. For instance, a care plan stated staff should offer a peeler rather than a knife to a person when they were helping prepare potatoes.
- Some of the information in the risk assessment was out-of-date. We found this risk was mitigated by how well staff knew people, however the assessments were slowly being revised as part of the overall improvements at the service.
- There were safe systems in place to monitor the health and safety of the property, such as fire checks and ongoing maintenance.

Staffing and recruitment

- At our last inspection we found the recruitment of staff was safe and we found staff continued to be safely recruited.
- There were enough staff to meet people's needs. The provider was committed to ensuring they recruited and deployed staff who had the skills to communicate with people, for instance, who knew British Sign Language.
- The provider and staff told us they did not use agency staff, so that people would be cared for by staff who knew them and the organisations processes. Gaps in staffing were filled by the wider staff team.

Using medicines safely

- Staff supported people to take their medicines safely, while promoting their independence. For instance, a person had decided to start taking cod-liver oil tablets and staff had helped them contact their GP to ensure this was safe.
- There were new arrangements in place for medicines, due to changes in the pharmacy system. We found the provider had taken the necessary action to ensure staff were skilled and prepared for the changes.
- Senior staff carried out checks to ensure people took their medicines as prescribed. In line with the

improvements in auditing across the service we found these checks were also being revised.

Preventing and controlling infection

- There were effective measures to minimise the risk of infection. Provider audits included checks of the premises and equipment.
- We noted the property was clean, while remaining homely and non-institutional.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior care staff carried out detail assessments of people's needs, and our discussions with staff confirmed they knew how to deliver care in line with the assessed needs.
- Assessments and advice to staff around people's sensory needs was of an excellent standard and based on best practice guidance.

Staff support: induction, training, skills and experience

- New staff received a detailed induction and training, including British Sign Language courses for all staff, where required.
- Existing staff told us they received the necessary training and guidance to meet people's needs. A member of staff told us, "I was shown how to use the hoist before I could support [person] with it and I went to Broomfield Hospital to learn how to support a person with a stoma."
- Staff said they were well supported. As part of the overall improvements, there were now more effective systems to track individual and team staff meetings. These meetings were used to promote best practice and to support staff.
- Following staff feedback the provider had made changes to ensure deaf staff had interpreters at meetings, if required.

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

- Staff had consulted with specialists to ensure they knew how to support people who needed their food and drink prepared in a specific way.
- Staff discussed with people when setting the menu each week, though people could adapt the set menu if they changed their mind and fancied something different. Not everyone could communicate their preferences, however staff knew what people liked. For example, on our inspection they told us a person did not like cheese in their sandwiches.

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

- Staff had ensured people had been assessed by external professionals for equipment to support their wellbeing and promote their independence. One person had a specialist mattress, and another had a stool as they were unsteady in the shower.
- People had access to regular healthcare services. Staff recorded this contact well which helped them monitor ongoing contact and ensure required checks such as dentists took place.

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

- People with hearing loss benefitted from best practice in the design of the property. For example, there were flashing lights to alert people in the event of a fire.
- Since our last visit the provider had invested in improvements at the property, such as adding ensuite bathrooms. They communicated well with people about any refurbishment and updates.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider told us the majority of people at the service had the capacity to make decisions about their daily lives. Staff understood the importance of communication to ensure people were enabled to make informed choices.
- Where staff made decisions or restricted people's freedom, the provider had met the requirements of the MCA and sought the necessary authorisations. For example, staff had carried out capacity assessments where a person was not able to make decisions about taking their medicines to ensure any decisions were made in their best interests.

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

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

- We observed people were relaxed with the staff who supported them. People sat companionably and played games or chatted with staff.
- A relative told us, "Staff always make us feel welcome. They are kind and caring."
- We found the management of the service to be caring and respectful in how they spoke about people and considered their wellbeing when they were making decisions about the service.

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

- Staff were given advice on how to best communicate with the deaf people they supported, such as tapping a person on their shoulder as a way of getting their attention or facing them to make lip reading easier
- We observed people communicating with staff about what they wanted to do each day. The provider arranged meetings with people where they were encouraged to be involved in making decisions, such as about the food or about activities.

Respecting and promoting people's privacy, dignity and independence

- Some staff were skilled at supporting people's independence. We saw a person helping staff with the laundry. We also observed a member of staff preparing lunch while people sat in the dining room. We asked whether people helped in the kitchen and a member of staff told us two people sometimes baked cakes. We asked the directors why people had not been more involved in helping make their lunch. The directors told us they were working with staff to encourage them to promote independent living skills, though this was an ongoing process.
- Care records outlined examples where staff supported people to achieve greater independence through developing their skills in gradual stages. A person had the overall aim of becoming independent with their personal care, with the initial stage of learning how to shave independently.
- We observed staff treated people with respect. Care plans gave advice to staff about how to support people with dignity, for instance when they were providing personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff enabled people to celebrate their faith, for instance one person chose to attend a Catholic church.
- The provider ensured information was presented in an accessible format, in line with people's needs, such as pictures on notice boards showing which staff were on duty each day.
- People were free to engage in varied timetables which staff recorded in daily notes. These notes were used to communicate how people were feeling and helped staff provide consistent support which adapted flexibly as their needs changed.
- Although people's care was flexible around their needs, some of the processes for reviewing care were not very structured. The provider advised us they were making the necessary improvements in this area.
- During our inspection we visited a flat in the grounds of the care home, reached from the road by a separate entrance. One person lived in this flat and staff provided person centred support, which met their specific needs. Staff were supported from the main service, which helped reduce their isolation and meant they could call for assistance if required. This was a highly responsive service.

Improving care quality in response to complaints or concerns

- Despite the number of changes in the last year, the provider had received very few formal complaints from people who used the service.
- The complaints procedure was displayed in easy read format on the notice board.
- The provider told us they were ensuring people, families and staff had improved informal access to the management to offer greater opportunities to speak up about any concerns.

End of life care and support

- While there was no one at the service requiring end of life care, staff had taken time to understand people's needs when completing "When I die" booklets.
- A person had said they wanted to be cared for at home and their favourite flowers were roses and chrysanthemums. Another person was not able to communicate, however staff had recorded the music they listened to and had written "Though I am deaf I love music as I feel the beat."
- Staff had also recorded discussions with their relatives to gain their views about their family members end of life care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection there was no registered manager, as the previous manager had left in 2018. The director told us they had decided to apply to be the registered manager to provide stability to the service and ensure all the improvements at the service were put in place.
- An incident had occurred in 2018 which demonstrated the provider had not put in place adequate systems to protect people at the service from the threat of financial abuse. The provider was now addressing the concerns and made the necessary changes to ensure people were better protected.
- One of the directors described the impact of the incident and said, "This incident hurt us all." The provider had used this negative experience to learn from what had happened and make the service safer and better.
- There had been an improvement in the auditing of the service. There was a more structured timetable of audits and a representative from the wider organisation was now responsible for regular quality checks of the service.
- Whilst we were assured by the actions taken by the provider, we were concerned that they had not been aware of the risks prior to concerns being raised. Further time was needed to ensure the improvements were sustained and for management arrangements to be confirmed.
- Staff were positive about the recent changes and told us the culture at the service had improved. Whilst families told us they were satisfied with the service there was some uncertainty over the management changes.
- In other areas of the organisation the provider had developed effective, inclusive management structures. There were two team leaders, one who had been appointed to use their skills and experience to develop the service for deaf and hearing-impaired people and staff.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider described how they had been open with people and families, as appropriate, following the serious incident which occurred in 2018.
- Staff told us they had spoken in team meetings about how to move forward positively as a company.
- The provider had a commitment to excellence and to making the service an example of best practice.

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

- A member of staff told us in the past they had not felt able to speak up when there had been problems. They said thing had now improved. "I feel much happier and safer at work. I have learnt my lesson and next

time I would speak up."

- In the information the provider submitted to us they stated, "The home fully embraces a total inclusive communication environment." We found there was a practical and holistic focus on the needs of people who were deaf and who had other communication needs. The provider recruited staff who had knowledge and links with the deaf community, to ensure they were up to date with best practice. Systems such as recruitment and training, took into account the sensory needs of the people at the service.
- The service benefitted from being part of the wider provider organisation. Managers from across the services met to share best practice and support each other.