

Butterflys Care Homes Ltd

Meadows

Inspection report

Fairy Hall Lane, Rayne, Braintree, Essex CM77 6SZ
Tel: 01376340714
Website: n/a

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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 

Overall summary

This inspection took place on the 8 September 2015. The service received 24 hours' notice of the inspection.

The service provides care and support for up to seven people who have a learning disability and may have a hearing impairment. At the time of our inspection there were seven people using the service.

The service had 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 safe because staff understood their roles and responsibility in managing risk, identifying and reporting abuse appropriately. People's care and support needs were identified and they received safe care that met their needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Staff received training to ensure they could meet people's needs, this included training relevant to the needs of people living in the service such as British Sign Language. The service employed staff with specific insight into the needs of people living in the service.

Summary of findings

The provider understood their responsibilities to provide a safe environment that met people's individual needs. Improvements were being made to the building to provide people with an environment which was up to date and met their needs.

People were treated with kindness and respect by staff who knew them well. They were supported to take part in activities both inside and outside the service. Where people were unable to communicate verbally recognised methods of communication were used. Staff had also developed ways of communicating with individuals who were unable to use these techniques.

There was an open culture and the management team demonstrated good leadership skills. Staff morale was high; they were enthusiastic about their roles and felt supported and valued by the management team.

There were systems in place to check and audit the quality of the service. These processes were used to make improvements and develop the service.

Summary of findings

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 safe.

Risks to people were assessed and reviewed regularly. Actions were put in place to minimise risk to people as they lived their life as they chose.

Sufficient staff with appropriate skills were available to meet people's needs.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's capacity to make decisions was assessed. Where a person may lack capacity to make some decisions there were procedures in place so that they could be involved as much as possible in decisions about their care.

People were supported to maintain a healthy diet.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided care and support.

People were treated with respect and their privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in activities that interested them.

People were encouraged to maintain relationships with family.

There were processes in place to deal with any concerns and complaints.

Good



Is the service well-led?

The service was well-led.

The service was run by a capable management team that promoted an open culture and demonstrated a commitment to driving improvement in the service.

Staff were provided with the support and guidance they required to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their feedback was used to make improvements.

Good



Meadows

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 8 September 2015. The provider was given 24 hours' notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who used the service with the support of a member of staff who interpreted using British Sign Language (BSL). Other people were unable to speak with us directly because they had limited verbal communication. We used informal observations to evaluate people's experiences and help us assess how their needs were being met. We spoke with three relatives of people living in the service and an independent advocate. We spoke with two care staff, the registered manager and a director of the provider.

As part of the inspection we looked at three care plans, three staff files. We also looked at information relating to the management of the service such as health and safety records, staff training records and quality monitoring reports.

Is the service safe?

Our findings

People told us they felt safe living in the service. Relative's told us that they felt their relative was safe living at the service and that the service protected them, as far as possible from risk, whilst supporting them to maintain a full and active lifestyle.

The provider's safeguarding adults policy contained information about what constituted abuse and was displayed on a notice board in the service. Information had been made accessible to people and was in an easy read format. Care plans recorded that people's key worker had discussed safeguarding policy with the person and that the person had understood, as far as they were able, what constituted abuse. This supported people to understand what abuse was and how any allegations would be dealt with.

Staff had received safeguarding adults training and knew how to recognise abuse and how to keep people safe. They knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice. Staff said they had every confidence that any issues they raised would be taken seriously by the management team and acted upon.

Staff we spoke with were familiar with the providers safeguarding and whistleblowing policies. They told us they knew how to report abuse and felt confident to take the appropriate action. The registered manager was aware of their responsibilities to report abuse to the local authority. Records we saw demonstrated that appropriate referrals had been made when needed and appropriate follow up actions taken if necessary to ensure people were protected.

There were systems in place for assessing and managing risk relating to people's care. Where risks were identified these were assessed and action taken to minimise them. Risk assessments covered areas such as communication, financial management and medication. Each risk assessment was detailed, clearly identifying, who was at risk, the degree of risk, measures in place to minimise the risk and the degree of risk when the required actions were followed. This risk management procedure identified and reduced risk as far as practicable whilst minimising restrictions on people's freedom. For example where a person

The service was undergoing building works on the day of our inspection. The provider had completed a risk assessment and put measures in place to reduce the risk to people and staff and to cause minimum disruption whilst the work was carried out. In order to ensure that there was more oversight to ensure safety the provider employed an external health and safety organisation to carry out an annual health and safety inspection of the service.

The registered manager was able to demonstrate how they assessed staffing levels so that there were sufficient members of staff to provide good care at all times. Where people needed support to attend an appointment or access the community, staffing levels were adjusted to take account of this. People confirmed and we saw that staffing levels were flexible to meet their changing needs. To meet the needs of people living in the service staff fluent in British Sign Language (BSL) were on duty day and night.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included taking up references and checking the applicant was not prohibited from working with people who required care and support.

The provider had suitable arrangements in place for supporting people with their prescribed medicines. One person told us that they received their medicines when they should and as they wished. Care plans contained detailed information for staff on how a person liked to take their medicine, why a medicine was being taken and any side effects. Information about the medicines people were taking was available in easy read format to enable people to be better informed about the medicines they were taking.

The registered manager told us that, by using pro-active behaviour management strategies, the use of anti-psychotic medication, which had been prescribed to be used when necessary, had been reduced in the service. Documentation we saw confirmed this.

The service maintained a master care plan and a corresponding care plan in easy read format to reflect people's needs. We noted a discrepancy between the two care plans concerning a person's allergy to a particular medicine that had not been picked up. We brought this to the attention of the registered manager who immediately rectified the error.

Is the service effective?

Our findings

Staff had the skills, training and support to care for people effectively. Some of the people living in the service were hearing impaired, along with other mental or physical disabilities. The service employed hearing impaired care staff BSL, all other staff were undertaking training in BSL. The registered manager told us that this benefited people as not only did the hearing impaired staff have an understanding of the challenges facing people but their experiences enabled them to have a greater understanding of the needs and behaviours of people who used the service. They gave us examples of where there was potential to have misunderstandings about a person's mood and they had been able to explain to all staff that the person was happy and engaged in something they wanted to do.

On the day of our inspection staff were receiving BSL training. We saw that staff came out of the training enthusiastic to develop their new skill. Staff communicated with people using a variety of methods, such as BSL and Makaton. People living in the service and staff moved comfortably between the different types of communication with 'conversation' flowing easily. The service had also developed person specific methods of communication with people who could not use these recognised communication methods.

When they began working in the service staff received a 12 week induction. They completed work books covering relevant subjects such as equality and diversity, medication and safeguarding. They also completed five shadow shifts. Staff received regular supervision sessions where their performance and development needs were discussed. The manager told us that the provider encouraged staff to develop their skills and that a requirement to obtain a relevant professional qualification was included in their contract of employment.

We spoke with staff and saw from the training records that staff had received training and were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to make

decisions about their day to day care and support had been assessed and recorded. Care plans contained guidance for staff on people's ability to make decisions. Where appropriate, such as where a restrictive practice had been adopted to ensure a person was safe, applications had been made to the local authority as required by law. The service had invited appropriate people, for example social workers and advocates to be involved with best interest meetings which had been documented. We observed members of staff asked for people's consent before providing support to them.

People were involved in planning how to meet their nutritional needs. A menu for the week was displayed in the kitchen. The registered manager told us that the weekly menu was planned by people living in the service on a Sunday. This way of planning meals had been suggested at a meeting of people living in the service who had expressed dissatisfaction at the previous four week rolling menu. This showed that people's feedback was valued and acted upon.

People were supported to have the food and drink of their choice. People went shopping for food

and discussed with staff the ingredients and meals they would like to purchase. People were encouraged to choose nutritious food and to maintain a healthy weight. Where one person was overweight we saw that they were trying to lose weight supported by staff. They had successfully reduced their weight and achieved their goal.

People were supported to maintain their well-being and good health. We saw from records that people regularly accessed health care services such as their GP, dentist and optician. Daily records were maintained so that the staff could monitor changes in people's health conditions. We

saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments, for example assisting a person with their oral hygiene. This meant that the person received consistent care from health and social care professionals.

Is the service caring?

Our findings

An advocate told us that they were really pleased with the care the person they supported was receiving at the service. They described care staff as caring and a supportive and a gentle atmosphere in the house which meant the person felt safe. However, they also told us that they had concerns about how changes in the person's support had been communicated to them. A relative of this person had told us that they had experienced a, "communication breakdown" in the service but felt that this had now been improved. The registered manager explained to us how communication between the staff and relatives had recently been improved to avoid any reoccurrence. Care plans in easy read format were available to people living in the service and staff used these to provide information and explanations to people when providing care.

Relatives we spoke with told us that they felt involved and listened to by the staff and management team when planning their relatives care. Care plans we looked at did not always demonstrate this involvement.

During our inspection we saw many instances of staff listening to people, reassuring them, laughing with them and sitting carrying out various activities such as jigsaws and drawing. Where people required support staff were quick to provide this. We observed one person putting on their coat and getting their arm caught in the sleeve. A member of staff quickly and unobtrusively helped them into their coat.

The registered manager told us that the well-being of people living in the service was their top priority. The management team and members of staff spoke with enthusiasm about the service they provided. We observed that people smiled and laughed with staff and there was a lot of good natured communication.

Staff we spoke with displayed a good knowledge of the people they supported. Each person who lived in the service had an allocated key worker who supported them with the purchase of personal items such as toiletries and clothing. This encouraged the development of positive relationships between people and staff.

People were involved in making decisions about their environment. Some people's rooms had recently been refurbished. A relative told us how their relative had been involved in choosing new furniture and soft furnishings. The registered manager told us that all the rooms were being refurbished and people would be involved as much as possible in choosing how their room was decorated.

There were regular formal meetings for people where they could put forward suggestions for how the service was run and outings and holidays could be discussed. This meeting had also been used to discuss the building works taking place to the service and to keep people up to date with the progress.

We saw that people's privacy and dignity were respected. Staff respected people's right to have their own space and have time on their own if they wanted. The service had installed a visual alarm in people's rooms which staff could activate when they wished to enter a person's room and the person had a hearing impairment.

Is the service responsive?

Our findings

Care was individualised and centred on the needs of the person. One relative we spoke with told us they were involved and consulted about the care provided to their relative.

The registered manager was in the process of updating the care plans. They explained they would be more in-depth and person centered, containing more easy read information to enable people to better understand and be involved with the care and support they were receiving..

The registered manager told us they would have completed the process of updating the care plans by December 2015. All care plans were regularly reviewed to ensure they continued to reflect the needs of people.

Staff maintained two versions of each person's care plan. The first was kept in the office and contained detailed risk assessments and care plans. The second was a duplicate of the first but in easy read format. This was kept by the person in a place of their choice, for example in their bedroom. The registered manager told us that these readily available, easy read care plans meant that they could be used as a working document by staff when providing care and could easily be used by people if they wanted an aspect of their care changed.

People were supported to follow their interests and hobbies. People participated in variety of activities both in the service and outside. These included horse riding, shoppingjig-saws and barbeques. One person had shown a particular interest in and an ability to draw. This had been supported by the staff and the person's drawings were kept as part of their daily record and shared with their family.

Staff had also worked with the person to harness their ability to use as a communication aid. This had benefitted the person in their daily life as they were now able to communicate more effectively.

People's hobbies and interests were used to develop their care and support. For example one person with an interest in horse riding was supported to lose weight with this as a motivating factor. A picture of a horse had also been used in their easy read care plan to prompt their interests.

Care plans contained behaviour support plans which identified possible triggers and information for staff on what to do if a person became frustrated, angry or their behaviour became a risk to themselves or others. Records were kept of these occurrences and the registered manager showed us how they analysed them to address possible causes. This had resulted in a reduction of the amount of anti-psychotic medication, prescribed as required, used by some people living in the service.

People were encouraged to maintain contact with friends and relatives. Each person had a key-worker who supported them in different ways. For example remind them and provide support to send cards or presents to relatives as appropriate. Relatives told us they felt welcome when visiting the service. People were supported to use technology such as laptops and tablets to maintain contact with friends and family. A director of the provider told us they had plans to extend the availability of wi-fi in the service.

The provider had a process in place to deal with concerns and complaints. Easy read versions of the complaints procedure were available in the service should people wish to complain. Family members we spoke with told us they did not have any concerns or complaints.

Is the service well-led?

Our findings

Relatives and staff told us, and we saw that there was a positive and homely atmosphere at the service.

Staff told us they felt able to bring any areas of concern to the regular staff meetings and that these would be addressed by the management. For example at a recent staff meeting the purchase of a 'minicom' for use with the telephone had been discussed. This would enable hearing impaired staff to telephone the service. The provider had explored this and the service was now using an 'application' for smart phones to make communication for hearing impaired staff easier.

The registered manager was visible in the service and displayed a good knowledge of people's care and support needs. Interaction we observed between them and people living in the service demonstrated this. They told us that they regularly worked in the service providing care. This enabled them to keep under review the day-to-day culture in the service including the attitudes, values and behaviour of staff.

Staff told us that they were provided with feedback at supervisions in a meaningful manner. Records of supervisions were structured showing what the person had achieved and where development was needed.

The provider supported staff to undertake professional qualifications and keep their knowledge up-to-date. The manager told us, "I am supported and encouraged in the field that I specialise in and the directors are always open to my ideas and encourage me to achieve my own working goals." The registered manager also told us that they attend monthly managers meetings attended by managers from the providers other services. This enabled them to exchange good practice and discuss any ideas for improvement.

Through ongoing monitoring of the quality of the service the provider identified areas for development. Monthly audits were carried out which checked areas such as the environment, medication and care plans. Where areas for improvement were identified these were addressed. For example the purchase of a new microwave and iron.

Yearly surveys were sent to families of people using the service to gain their views of the quality of the service being provided. We saw that the manager looked at each one of the replies and where necessary improvements were made.

The provider was putting resources into the service to support improvement. This was demonstrated by the building works being undertaken on the day of our inspection. These building works were providing each person with an en-suite bathroom facility and improved communal areas.