

The Freshfields Management Company Limited

Butterfly Lodge

Inspection report

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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 Lodge provides care and support to older people who have a diagnosis of dementia and/or mental health. The service is registered for 38 people.

People's experience of using this service:

Since our last inspection the service had a new manager in post. People, relatives and staff were complimentary of them and of the changes that had occurred since her appointment, including the culture. A new operations manager had been employed to ensure effective ongoing assessment and quality of the service. A 'global' audit was being used by the operations manager to keep on top of regulatory compliance within the service.

There was a new compliment of experienced nursing staff due to commence employment.

People told us they felt safe and received kind and respectful care. Staff were recruited safely and improved understanding of safeguarding procedures following the previous inspection.

People lived in an environment which had been assessed for its safety. People lived in a clean and odour free environment.

People now received their medicines safely and the management of risks associated with people's care had improved. The accuracy of people's documentation had improved, but the manager recognised their own limitations in completing this task and spoke of the positive impact that additional nursing staff would have.

People were supported by staff who had received training to meet their needs, and had their human rights respected. The provider was considering how to apply the Accessible Information Standard (AIS) design and delivery in the service.

People felt confident to complain, and complaints were seen positively and used to improve the service.

We recommend dignity and respect training considers the care of those who choose to spend time in their own rooms and about people's personal care. In addition we recommend the provider considers the Accessible Information Standard (AIS) in respect of the production of policies and procedures and that the provider continues to strengthen their governance framework.

More information is in Detailed Findings below.

Rating at last inspection: Requires improvement (Report published 24 November 2018).

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Requires improvement.

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 was now safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was now effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was now caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was now responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was now well-led.

Details are in our Well-Led findings below.

Good ●

Butterfly Lodge

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 team consisted of one inspector, a specialist advisor (SPA) in older people's nursing care, and an expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

Service and service type: Butterfly Lodge 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 is registered to provide support to 38 people. At the time of the inspection there were 32 people living at the service.

The service had a new manager who was in the process of registering 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.

Notice of inspection: This inspection was unannounced.

What we did: We looked at notifications they had made to us about important events. In addition, we reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we contacted and spoke with:

- 11 people and/or their relatives
- 11 members of staff
- The manager
- 1 of the directors for the service

- The operations manager
- 1 advocate for people using the service
- Plymouth City Council's commissioning team
- Healthwatch Plymouth

We used our Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the view of people who are not able to talk to us.

We looked at:

- Policy and procedures
- Four people's care records
- Records of complaints
- Training records for all staff
- Three personnel records
- Equipment and building servicing records
- Fire records
- Medicine administration records (MARs)
- Auditing and monitoring checks

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

At our last inspection in 2018 we asked the provider to ensure risks associated with people's care were managed safely, and that people received their medicines as prescribed. We also asked that action was taken regarding staffing levels, environmental risks relating to fire and that staffs understanding about safeguarding procedures was strengthened. In addition, we made two recommendations about infection control and the suitable use of closed-circuit television (CCTV). At this inspection we checked to see if improvements had been made and found action had been taken. The rating had improved from Requires improvement to Good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service, telling us "I feel safe living here and the care is wonderful", and "I like living here, I feel safe and the staff are very reliable". A relative told us, "My wife is safe here, the staff look after her well and ring me if there are any problems".
- People approached staff with ease and looked comfortable in their presence. Some people showed affection by giving staff a cuddle and kiss on their cheek.
- Staff were now confident about safeguarding procedures and knew what action to take if they suspected someone was being abused mistreated or neglected.
- Disciplinary procedures and staff improvement plans were in place and used when needed, to safeguard and protect people from poor practice.

Assessing risk, safety monitoring and management

- Overall, risks associated with people's health and social care were detailed in risk assessments to help staff know how to support people consistently and safely. Details about people's nutritional and diabetic needs had improved to enable staff how to support them safely.
- We found people were receiving good skin care when a risk was known. However, not all associated risk assessments had been frequently reviewed, and sometimes information was missing. For example, people's skin care was not always detailed accurately within their care plans and risk assessments and, information about the management of people's skin could not always be found. This meant people may not receive consistent care and support. The manager told us, because of a lack of nursing staff they were responsible for updating all of the care plans, which at times meant there were gaps because of their inability to keep on top of things. But with the imminent introduction of additional nursing staff, the manager told us the accuracy of documentation would improve. At the time of our inspection the manager changed the procedure for recording skin care within the service, to help mitigate current and any ongoing risks at this time. Despite documentation not being in place, we found people were receiving the correct care.
- People lived in an environment which was assessed for its safety. However, there was one fire exit that had furniture stored unsafely, but this was removed at the time of our inspection was completed. The manager told us she would be more vigilant in checking these areas when they did a daily walk around the service

and that they would add it to the daily handover process as an additional check.

- Equipment in the service, including the fire system was regularly serviced in line with manufactures guidelines. People had personal emergency evacuation plans (PEEPs) in place, which helped advice emergency services what support people needed in an event, such as a fire.
- The provider had considered the Commissions 'Using surveillance: information for service providers' guidance in respect of their closed-circuit television (CCTV), meaning that people's privacy and dignity was considered in line with its ongoing usage.

Staffing and recruitment

- Staff were recruited safely.
- A staffing dependency tool was used to assess staffing numbers.
- There were significant nursing vacancies at the service, however a new experienced nursing team had been recruited consisting of registered mental health (RMN) and registered general nurses (RGN's). But a delay to Disclosure and Barring Service checks (DBS) outside the managers control was having an impact on start dates. However, vacancies were being filled by the use of consistent agency staff, to help ensure people's needs were being met safely.
- Overall, people, relatives and staff told us there were enough staff to provide care and support. However, they expressed that weekend staffing was sometimes not as good as during the week, because of staff frequent absence. The manager told us she was taking a stronger approach to staff sickness and that a new system had been introduced to discourage staff from taking non-genuine days off.
- People were observed to not wait too long for assistance. However, one person's call bell rang for over 10 minutes without staff noticing.

Using medicines safely

- People's medicines were now being managed safely. Medicine administration records (MARs) were now being completed accurately.
- People's topical medicines (creams and lotions) were now being monitored and applied as needed.
- People who had been prescribed nutritional supplements to increase their weight were now getting these as prescribed, and there was effective monitoring in place should a person decide to refuse them.
- People prescribed as required medicines at times of behaviour that may challenge had these monitored safely. Detailed records were in place as to say when they should be given and monitor their use. The manager worked closely with the mental health team and GPs to reduce the use of such medicines, to ensure people were not overly sedated or medicated. The manager told us she was passionate about finding holistic ways to help support people to reduce anxiety or behaviour that may challenge.

Preventing and controlling infection

- People lived in a clean and odour free environment.
- There was liquid soap, paper towels and peddle operated bins available in bathrooms.
- An infection control audit helped to highlight when improvements were needed.
- Action had been taken to improve the washing frequency of moving and handling slings to protect people against the risk of the spread of infection.

Learning lessons when things go wrong

- An indication of the findings of this inspection and of this key question demonstrated the provider and manager learnt when things had gone wrong.
- There was monitoring system in place to learn from accidents and incidents.

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

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

At our last inspection in 2018 we asked the provider to ensure people's human rights were protected by ensuring their consent was obtained in respect of their care and treatment, and that people's dining experience and the design of the environment was considered in line with the principles of dementia care. In addition, we found staff did not always put their training into practice. At this inspection we checked to see if improvements had been made and found action had been taken. The rating had improved from Requires improvement to Good.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The 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).
- People were asked for their consent before being supported and their consent to care and treatment was recorded in their care plans.
- Staff had an understanding of the MCA. However, were not aware of who had approved DoLS applications in place, which meant their human rights may not be fully protected. The manager told us they would act to help improve staffs understanding of this, by adding it to the daily handover process.
- People's care plans detailed their mental capacity and when required, best interests meetings had been held and documented.
- People had access to advocacy services when required to ensure their view was heard.

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

- A pre-assessment of people's needs was carried out prior to them moving into the service, to help ensure their needs could be met.
- The manager told she was working hard to develop the staffing culture so people living with dementia and mental health received effective support in line with best practice.
- People's care plans were designed to reflect best practice principles in the delivery of their care.

Staff support: induction, training, skills and experience

- People received care and support from staff who had received training to meet their needs.

- Staff told us, "Since [...] (the new manager) has been here we've had lots of training including training in anxiety and diabetes awareness", and "I've received lots of training since being here, I've done a level three National Vocational Qualification (NVQ) diploma in health and social care". Staff were complimentary of the types of training offered, which also took account of their own learning styles.
- Staff were seen to put their training into practice, for example by supporting people safely with their meals, and by sensitively offering emotional support.
- The care certificate (a national health and social care induction) was used for new members of staff who had not undertaken a National Vocational Qualification (NVQ) in health and social care.
- Staff told us they felt well supported and received one to one supervision of their practice.

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

- People and relatives told us the meals were of a good quality. Comments included, "The food is well cooked", "The food is ok, we choose what we want in the mornings and can have something different from what is on the menu"; and "The food is good here. My Dad loves it. Especially the roast dinners and the pasties, and I can join him for a meal here too".
- People now received an improved dining experience with kind and effective support being offered.
- People were supported with their hydration and nutrition as needed and support was recorded to ensure it was monitored. However, it was a very hot day on the second day of our inspection, but the frequency in offering people drinks had not increased, and people did not always have free access to a drink. We asked the manager to act at the time of our inspection to ensure people were offered additional drinks. The manager told us they would review the hydration support processes within the service.
- The chefs told us they were informed of people's changing nutritional needs, so they could provide meals accordingly.
- The menu was being designed in line with people's likes and dislikes. People were shown a pictorial menu to help them make their meal choice. However, the displayed menu in the dining room was in the written word, which meant not everyone maybe able to understand it. The manager told us they continued to act to improve the dining experience for people and that action would be taken.

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

- People's records detailed they had access to external health and social care professionals, such as GPs, the mental health team, opticians and chiropodists as needed.
- The manager was passionate about working with other professionals, to ensure people's needs were effectively supported.

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

- The provider had improved signage around the building to help ensure the design and decoration met with the principles of dementia care and the Accessible Information Standard (AIS).
- The manager had commissioned a care home designer to look at the environment in further detail to help promote and facilitate people's independence and ongoing comfort.

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

- People were encouraged to take in fresh air and access the local community.
- People's wellbeing was being improved with the opportunity of daily excursions.

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

Good: People were supported and treated with dignity and respected; and involved as partners in their care.

At our last inspection in 2018 we asked the provider to ensure people's dignity and privacy was respected and people's independence was promoted. At this inspection we checked to see if improvements had been made and found action had been taken. The rating had improved from Requires improvement to Good.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness. Comments included, "The staff here are very caring", and "The staff are nice here, they are gentle, kind and I feel well cared for". A relative told us, "My Dad loves it here, he gets the care and time he needs. The staff give him time, they have a laugh with him and a cuddle."
- People approached staff without hesitation and staff spoke respectfully with people and showed a fondness of them through their actions.
- Staff told us people were treated as individuals regardless of their age, race, sexuality or religious or spiritual needs.

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

- Staff told us they tried to involve people as much as possible in their care. For example, by encouraging them to choose their clothes.
- People's personal histories were in the process of being collated to support meaningful conversations with people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were discreetly supported to go to the toilet, people's support needs were discussed in private.
- People who spent time in their own rooms, and not in shared areas, were checked to ensure their safety and comfort every hour. However, staff were not always vigilant in ensuring people had a drink in their reach or whether they had stimulation, such as the radio or television on. One person was found to be in a hot bedroom with no window open. People's bedrooms were not always tidy with packets of continence aids and topical medicines in sight. The manager told us she would speak with staff about this practice.
- Some people looked well dressed, whilst others did not. For example, some people's hair did not look washed and some ladies had facial hair. The manager told us of the difficulties they faced with supporting some people, and whilst they continued to try to encourage them with their personal care, they told us they would reflect this support in more detail in people's care plans. One relative told us, "He has a shower or a wash daily and he loves Sundays as he has a bubble bath and stays in it for about 45 minutes".

We recommend dignity and respect training considers the care of those who choose to spend time in their own rooms and about people's personal care.

- People's care plans detailed how their independence should be promoted. Staff told us they felt they had more time to encourage people to be as independent as they could. For example, a member of staff encouraged a person to eat their own meal, rather than being assisted. They did this by ensuring the person had a spoon instead of a fork, as they found this easier to manage.

Is the service responsive?

Our findings

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

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

At our last inspection in 2018 we asked the provider to ensure people's care plans were an accurate account of their care and support, that the opportunities for social stimulation were improved, and the provider considered the Accessible Information Standard (AIS) in respect of documentation, such as care planning and the complaints policy. At this inspection we checked to see if improvements had been made and found action had been taken, and that action continued to be ongoing. The rating had improved from Requires improvement to Good.

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

- People had care plans in place and staff told us they found them to be informative.
- Since our last inspection care plans had become computerised; with staff being able to update records in 'real time'. Staff explained how this has helped to ensure records were more accurate. However, some care plans had not been reviewed. The manager told us this was because of a lack of nursing staff to undertake this task but that this would improve in the coming weeks and months as new nursing staff commenced employment at the service. Despite care plans not always being reviewed, people were receiving the care they needed.
- A visiting professional also told us they did not feel records were always up to date.
- People who had specific communication needs had these documented to enable their support to be delivered consistently. People's care plans were currently only available in the written word, but could be provided in large print, as required. The manager told us consideration would be given to the Accessible Information Standard (AIS) in the design of people's care planning documentation in the future.
- Since our last inspection, opportunities for social engagement had improved with daily trips out. The manager told us, further improvements were still required at weekends, and action was being taken to employ a weekend activity co-coordinator. One person told us, "I like the music here and I love the trips out to the zoo, the Hoe and other places".
- The care home was part of a local school project which meant people attended the school to spend time with the children to undertake crafts and to encourage intergenerational relationships.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise a concern or complaint with staff or to the manager and told us action would be taken. Comments included, "I've not had any complaints since my Dad has been here, but if I needed to complain I would; the manager is very approachable"; and "I am not afraid to say if I am not happy with the care; the manager is very friendly".
- The provider had a complaints policy which was followed in the event of a complaint being made. Complaints were investigated robustly, with a sincere apology always made to the complainant.
- The manager told us complaints were seen positively and used to help improve the service.
- The complaints policy displayed within the service was still only in the written word. The manager told us

action was planned to amend the policy to ensure it was in line with principles of the Accessible Information Standard (AIS).

we recommend the provider considers the Accessible Information Standard (AIS) in respect of the production of policies and procedures.

End of life care and support

- People at the end of their life had care plans in place to ensure staff would know how they wanted to be cared for in the last weeks and days of their life.
- People's resuscitation wishes were known and documented, and treatment escalation plans (TEPs) were in place as required.
- There was an end of life champion who helped to disseminate best practice information amongst the staff team.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in 2018 we asked the provider to improve their governance framework to ensure the safety and quality of the service was being effectively monitored. At this inspection we checked to see if improvements had been made and found action had been taken. The rating had improved from requires improvement to good.

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

- Since our last inspection the provider had recruited an operations manager to ensure effective ongoing assessment and quality of the service. A 'global' audit was used by the operations manager to keep on top of regulatory compliance within the service.
- A new manager had been appointed and was in the process of applying to be registered with the Commission. They told us since their appointment they had been very well supported.
- The new manager had brought a change of culture and leadership to the service to ensure people's care was delivered in line with the principles of dementia care. They explained there was a lot of work still to be done but felt that there was positive progress being made.
- There were a variety of audits in place to monitor different aspects of the service such as the environment, however there was no care plan audit currently being used. The manager and operations manager told us they recognised audits needed strengthening to promptly identify where improvements were required.

We recommend the provider continues to strengthen their governance framework.

- People, staff and relatives told us the service was well managed.
- Staff were complimentary about the new manager and of their supportive management style. Comments included, "Since [new manager] been here, the residents and staff are happier, there are plenty of staff on duty day and night, and she is approachable" and, "Since [new manager] has been here, staff morale is better; it is more homely and we are rarely short staffed".
- The provider and manager were open and transparent throughout the inspection, demonstrating the principles of the duty of candour.

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

- The provider was implementing a new management structure at the service, which in addition would include a deputy manager and clinical lead to develop effective management of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their feedback about the service by a survey. One relative told us, "There are meetings for residents and families, but I've not been to one yet".
- People's care plans did not always reflect the involvement of people and or their families. The manager told us people are involved, but the new management structure and an introduction of key staff, would improve recording in the future.
- The manager acted on professional feedback to improve the service.

Continuous learning and improving care

- The manager told us they would be attending learning and support workshops with the local authority and the skills for care outstanding managers network (a national health and social care forum). This would support their ongoing learning and development and improve the service further.

Working in partnership with others

- The manager told us they embraced working with external professionals, such as the local authority quality improvement team (QAIT) and the clinical commission group (CCG) pharmacist to improve the service for people.