

Butterfly's Care Homes Ltd

# Butterfly's Care Home

## Inspection report

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Essex  
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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's is a care home providing personal care and support for up to nine adults with a learning disability. On the day of our inspection there was eight people living at the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' CQC policy.

People's experience of using this service:

- People and their relatives made positive comments about the care provided at Butterfly's Care home.
- Most environmental risks in the service had been identified and mitigated. One issue highlighted during the inspection was dealt with immediately by the service.
- Staff were recruited safely, were visible in the service and responded to people quickly.
- People were given choice and supported to be independent. They were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them.
- People could take part in a range of activities which promoted their wellbeing.
- People's health was well managed and there were positive links with other services to ensure that individual health and nutritional needs were met.
- People received their medicines when they needed them.
- End of life planning required further development. We have recommended that the service consults a reputable source to further develop end of life planning.
- People, their relatives and professionals made positive comments about the management team at Butterfly's care home.

Rating at last inspection Rating at last inspection: Good (report published 26 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

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

Details are in our Well-Led findings below.

Good ●

# Butterfly's Care Home

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

Two inspectors conducted the inspection.

#### Service and service type

Butterfly's is a care home which is registered to provide accommodation and personal care for up to nine people who have a learning disability. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the registered manager was not available. The inspection was carried out with the managing director present.

#### Notice of inspection

This inspection was undertaken on 6 and 9 March 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with four people using the service, two relatives and four staff including the managing director, support manager and support staff. We observed the support provided throughout the service. We looked at records in relation to people who used the service including three care plans and six medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

After the inspection, the service provided us with further evidence of good practice.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. The provider had reported abuse to the local authority and Care Quality Commission when it was identified.
- People were supported to keep safe and to raise concerns when abuse occurred. People had access to safeguarding information in an easy read format.
- Staff told us they had not raised a safeguard but felt confident they could and would be given support by management to do this. One staff member told us, "If I wasn't sure how to raise a safeguard, I would read the policy on it but I know we have information of who to go to in the service as well as the local authority and CQC."
- Staff had received training in safeguarding and had a good understanding of what to do to make sure people were safe. One staff member said, "If I saw something I would report it to the manager or one of the other managers."

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel safe living here because I doesn't have to worry about anything and staff look after me." Another person said, "I feel safe because the staff don't let strangers who can hurt us into the home." A relative told us, "I definitely feel my relative is safe. For me, its first-class care."
- Risk assessments covered all areas of identified and known risk. Staff understood people's risks and we observed staff minimising these. One person had swallowing problems so staff remained with the person during meal times to reduce the risk of choking.
- Risk assessments relating to the environment were in place including personal evacuation plans for use in case of an emergency. However, we identified wardrobes in people's rooms needed to be attached to walls securely to prevent the risk of falling and injuring people. We raised this with the managing director who took immediate action to rectify this.
- Maintenance checks were completed and equipment was maintained. These checks included gas safety and electrical testing of appliances.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed. The managing director told us, "The service is quite picky over who we employ. We can have the best care plans and procedures, but if you don't have the right staff, you will struggle."
- Relatives and staff told us there continued to be enough staff to meet people's needs. Staff had time to spend with people to ensure their safety, wellbeing, and enable them to participate in activities that they enjoyed.

- Where people needed support from an allocated member of staff, to ensure their safety, one to one staffing, this was provided. One person used British Sign Language to communicate. The service had recruited suitable staff to specifically support this person who worked alternate shifts. The relative of this person told us, "When (person) moved there, they were the only deaf person in the service so the manager bought in staff specifically to support them as carers as they wouldn't be able to communicate."

#### Using medicines safely

- Medicines continued to be managed safely. Systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- A stock check of medicines was carried out and stock levels held were correct and matched people's Medication Administration Records.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- People received support to manage their 'as required' medicines. Where people exhibited behaviours that may challenge others and put people at risk of harm 'as required' medication was in place. Protocols and procedures were in place for staff so they knew how to respond to people and administer their medicines appropriately. Staff told us, "If someone was showing behaviours, I wouldn't give them their medicine straight away. I would use other strategies first but if this isn't working, then I would follow give the medicine."

#### Preventing and controlling infection

- Staff understood and continued to follow infection control procedures.
- Staff received appropriate training in infection control and knew how to prevent the spread of healthcare related infections. One staff member told us, "We have access to gloves and aprons. We can wear masks if we want if we have a cold so we don't share with people living here"

#### Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. An incident had occurred where a person had not received timely medical attention following an incident. Following this, the service met with the registered manager and staff to discuss their role and responsibilities. This was followed up in a staff meeting to reaffirm to staff what should be done.
- Where there had been errors made with medicines, measures been put in place to reduce any re-occurrence. The service had introduced checks so staff checked all medication counts after each medication round. This was to ensure that medicines had been given appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Relatives told us staff were trained and knew what they were doing. One relative told us, "Staff are more than competent at what they do."
- Staff told us they had the right training to support people. One member of staff told us, "The provider really does try to give us lots of training. I have asked for specific training before such as dementia and this was sorted out straight away"
- Detailed competency assessments took place for staff. These covered areas including feminine hygiene, medication and personal care. A staff member told us, "We have competency assessments done with us about every six months."
- Staff received a robust induction and this included the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. One staff member told us, "Before working here, I had never worked in care before. When I joined, I completed this straight away."
- A comprehensive induction was completed by staff. This included shadowing shifts and an overview of health and safety and policies and procedures. One staff member told us, "I had an induction. I came in for my interview and was introduced to people. The first 3 weeks I did shadowing as I had never done care before. I learnt about personal care, and completed basic online and medication training."

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate. Staff understood the importance of giving people healthy choices of food and we observed fresh fruit and low sugar based drinks being offered during the inspection.
- Staff understood people's food and drink needs. One staff member told us, "I will look in their care plan as they have information about their likes and dislikes around food. We support them to have a choice and eat healthy. If someone wanted something unhealthy, staff would explain to them did they know what was in it and give other options but if they still wanted it, we would give it to them."

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

- Staff communicated effectively with each other. One staff member told us one of the methods they used

to communicate was a daily handover between staff. They told us, "Staff will sit down together and take out the communication book and daily reports and talk to each other about changes to people. I will support the sensory impaired members of staff either during or after the meeting to ensure they understand. We have our own diaries so when we go through each person, I will write key pieces into my diary."

- A key worker system was in place for people. This role has set responsibilities including supporting people with, education, leisure and healthcare.

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

- People's rooms were personalised, accessible, comfortable and decorated with personal items. The managing director told us people had been involved in choosing the decorations and personal items in their rooms. They stated, "We told people they could paint their bedroom walls in the pastel colours of their choice and they all did." A person told us, "I chose the colour of the walls in my bedroom." The managing director told us how one person's bedroom had been adapted due to their needs. They told us, "(Person) is unable to hear if someone is at his bedroom door, so we installed a door bell which flashes so they know when someone is there."

- The environment was well maintained. A separate team undertook maintenance in the service. Since the last inspection, improvements had been made including the laying of new flooring. Staff told us the plan was to complete this throughout the service.

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

- Relatives told us people were supported with their healthcare and saw professionals regularly. One relative told us, "Staff always support them to see someone they need to. They tell me when they have the appointment and appropriate staff will always go to the appointments so support them."

- Staff understood when to request healthcare professional support for someone.

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.

- 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.

- Related capacity assessments and decisions had been properly taken in line with MCA guidance.

- Appropriate arrangements were in place where a deprivation of liberty was found for these to be authorised by the local authority.

- Staff told us they had been properly trained in understanding the requirements of the Mental Capacity Act and (where relevant) the specific requirements of the DoLS. One staff member told us, "Mental capacity is whether people have the capacity to understand decision and consequences or whether they need help doing this. We did the training a little while ago and I learnt so much. You don't say no to someone, you assess their capacity. If someone had capacity, I would support them to make a decision even if it wasn't the best decision

- Staff understood the importance of gaining consent before providing support. There was a strong

emphasis on involving people and enabling them to make choices wherever possible.

# 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; equality and diversity

- Relatives told us staff knew people's preferences and used this knowledge to care for them in the way they liked. One relative told us, "Yes, staff know (person) well. When I ask staff how (person) is doing, staff always tell me what they are doing well in and enjoying." We observed staff speaking respectfully to people and showed a good awareness of people's individual needs and preferences. For example, a staff member spent most of the day engaged in completing a jigsaw with one person. From the person's body language, we could see they were enjoying the activity. A staff member told us how they got to know the person they were a key worker for. They said, "I spent time watching (person) around the home and interacting with other people. I could see what (person) likes and dislikes I took a step back to see how they reacted with me and built on this with them."
- People had detailed personal profiles recorded giving a life history. A relative told us how the service asked for information before the placement started. They told us, "The home asked us for background information when we first went there. I had a long chat with the manager on the phone and I was asked specific information about what (person) likes and doesn't like." Records gave information and guidance on historic health or social issues that staff needed to be aware of.

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

- Staff told us people were involved in their care. Records showed monthly key worker meetings took place with people. The support manager told us, "People have key workers and they do monthly meeting with people and discuss any changes that need to be implemented. Notes are taken and these are fed back into care plans for any changes to be made."
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what activities they wanted as well as any other issues.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff told us staff promoted people's dignity and independence. One relative told us, "Since (person) has been at the home, they have changed for the better and become more independent. (Person) is now able to talk, while before they would just sit and not talk to anyone. (Person) has improved 100% and can do more themselves." Another relative told us, "The staff and home have helped (person) with their independence."
- Staff understood how to promote people's dignity and independence. We observed one person undertaking a task in the kitchen and being encouraged by a staff member to do so. Staff told us how they promoted dignity and independence. One member of staff told us, "One person is able to do a lot for themselves but staff were doing it for them. Since there has been a change in staff, I have encouraged (persons) independence and gone through with them about what independence is, using a video to talk

about it. (Person) has asked for a chart for it to be logged which we had done. Over the last couple of weeks, (person) has been completely independent and there has been a reduction in behaviours."

- People were supported to maintain relationships with those important to them. Some people went back to relatives for weekends which was supported by the service. One relative told us, "I always have (person) at home at the weekends and the medication and everything is always well arranged."

# 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

- People's needs had been assessed before they moved into the service and a detailed care plan had been developed to ensure these needs were met. This included clear information about specific needs, personal preferences, routines and how staff should best support them. People and where appropriate, their representatives, were involved in the planning and review of their care. One staff member told us, "When we write care plans, we do it for who we are key worker for and do it with the person. We talk about positive things about their care."

- People were able to follow a variety of interests and activities both internally and externally to the service. At the time of inspection, people were accessing the community with staff as per their wishes. One person's records stated that staff should enable them to undertake long distance trips but were able to access local shops independently. A weekly activities sheet showed varied activities taking place within the service. During the inspection, a keep fit session was taking place. People were actively involved in developing this session and told us, "I really like dancing, it's so much fun."

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and had the skills and resources to support people.

- Information was available in easy read format to aid people's understanding and included safeguarding information, basic sign language and complaints procedures.

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been received by the service. However, a complaints process was in place and displayed in the service including in easy read format.

- People and relatives told us they could raise complaints or concerns but had no reason to complain.

- Relatives said they felt able to speak to the registered manager at any time. One relative told us, "The manager is on top of everything and does a great job."

End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be required.

- Staff had not received end of life training and highlighted it as an area they wanted developed. One staff member told us, "This is the one area of care I am dreading dealing with. I requested training in my last supervision and the manager said she would be sorting this out." We spoke to the managing director who confirmed that the service does provide training in end of life care. Following the inspection, they told us training would be arranged for staff to complete.

- Documents to record the arrangements, choice and wishes people may have for the end of their life were not in place to ensure people's final wishes were met. We spoke to the managing director who told us that following the inspection, this would be implemented into care plans

We recommend the registered manager develops and implements end of life care plans for people in line with national good practice recommendations.

# 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.

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

- People and their relatives were positive about the service. Comments included, "I am happy living here."
- The culture of the service was caring and staff were passionate and motivated about supporting people. The support manager told us, "The best thing here is how we care for people, how I would like to be cared for. It's very 'home from home' and very welcoming. We have a good staff team and communicate well." Another staff member told us, "100% I would put a relative in the home because the quality of care here is amazing. We go above and beyond of what is expected. Everyone has it in their heart and care. I like the way its run here and there is a nice homely feeling."
- Regular quality audits of the service took place to check practices and records were maintained to a good standard and were effective. The managing director told us that the service was looking to improve audits in the service to support the manager.

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

- The service was well led. The registered manager put measures in place to ensure that the areas of risk identified during inspection were checked often.
- Senior managers and directors visited the service regularly and completed audits and provider visits. These included inspections of records, complaints and premises. Records showed any actions that were needed had been completed.

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- People and staff had completed a survey of their views. The managing director told us how this information is used. They said, "When surveys are returned, we will look at themes, we see this as a positive to see what we can do better. From a previous one, we had an issue with the phone not being answered quickly so we installed a new one for families to call."
- Staff received supervision of their performance and regular team meetings. Staff told us they were provided an opportunity to feedback their views and suggestions for improvement which were considered. One staff member told us, "We mentioned that activities were boring 'in House' and people wanted to get out to do more, so we put in place an activities rota and it helps the residents to get out more."

#### Continuous learning and improving care

- There was a focus on continuous improvement. Lessons were learnt and issues were discussed in meetings to see if anything could be done differently.

#### Working in partnership with others

- The service worked in partnership with others. For example, the service used the local authority's training for staff. Staff had taken part in the Virtual Dementia Tour through this. They said they were also due to undertake other specialist training as well. The managing director told us the registered manager was supported to engage in such activities.