

Butterflys Care Homes Ltd

# Butterfly's Care Home

## 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

This inspection took place on the 22 April 2016 and was unannounced.

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

There was 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 well cared for, relaxed and comfortable with staff. People and their relatives were complimentary about the staff team and the quality of care people received. Everyone we spoke with including relatives told us that all the staff and the registered manager showed them exceptional compassion and empathy and that staff gave them time and listened to them. People were cared for by a motivated, caring and well trained staff team. Staff understood how to identify people at risk of abuse and aware of protocols for reporting any concerns they might have.

Staff had been provided with sufficient guidance and information within care records. Care and support plans were personalised regularly reviewed and accurately reflected people's care and support needs. This included an assessment of their health care needs and the planning of personalised activities which reflected people's autonomy and choice about how they lived their daily lives.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced which guided staff in how to mitigate these risks and keep people safe from harm. Medicines were managed safely and the provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

Staffing ratios were sufficient to enable staff to be responsive to people's changing needs and preferences. This allowed for people go out on trips, both as a group and individually, and to experience well-paced and attentive care.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective leadership to the service and enabled people to air their views through regular review of their care, meetings and their involvement in the planning of their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider had safe systems in place to ensure the safe management of people's medicines.

The provider's recruitment procedures demonstrated that they operated safe and effective systems.

### Is the service effective?

Good ●

The service was effective. Staff were highly motivated, well trained and effectively supported with supervision and access to supportive management.

Staff and the manager understood their roles and responsibilities with regards to the Mental Capacity Act 2005. People's capacity to consent to care had been assessed and their best interest upheld.

People's dietary needs were met and they were supported to access the healthcare support and services they required according to their changing needs.

### Is the service caring?

Good ●

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on with all aspects of their care and welfare. People's opinions were listened to and acted upon.

### Is the service responsive?

Good ●

The service was responsive because people were involved in the planning and review of care and support needs.

People were supported to live life to the full and to follow their interest and hobbies.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

### Is the service well-led?

Good ●

The service was well led. The culture of the service was open, inclusive and centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and were supported well by the management team.

The manager and provider carried out regular quality and safety monitoring checks of the service.

# Butterfly's Care Home

## **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 the 22 April 2016 and was unannounced.

This inspection was carried out by one inspector.

We spoke with six people who used the service. Some people living at the service had limited ability to verbally communicate with us. We observed interactions between staff and people who used the service. We also spoke with one relative during our visit and following our visit spoke with two further relatives by telephone.

During our visit we spoke with three staff and the registered manager. We reviewed three care and support plans, medication administration records, three staff recruitment files, staff training records and other records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe with all the staff who supported them. One person said, "It is safe here and I like it. They [staff] are all my friends. We sit down and discuss things like what I would like to do and how I am doing." Another told us, "All the staff are good and yes they are kind." All relatives we spoke with were complimentary about the quality and safety of the care service provided. One relative told us, "We are very pleased with the care. [Our relative] is so settled, they have done wonders with [relative]. We did not think they would be able to cope but they are safe and well cared for." Another told us, "They have some lovely staff and when [our relative] comes home to stay they cannot wait to get back there. We can see they are safe and happy there."

We saw from a review of records and discussions with staff that they had been trained and in our discussions were able to demonstrate their understanding of what steps they should take to safeguard people from the risk of harm. Training provided staff with the required knowledge they needed to recognise the signs of abuse and what action they should take in response to any concerns they might have. Staff were aware of the provider's whistleblowing policy which they had signed to say that they understood the procedures to follow if they had concerns about people's safety and wellbeing.

Risks to people's safety and welfare had been assessed and actions taken to reduce these risks whilst supporting people's choice to take informed risks. Staff understood what measures were in place to mitigate any risks to people's health, welfare and safety. Risk assessments had been produced for a range of situations. For example, accessing the community, the management of people's medicines and guidance for staff in responding to distressed reactions to situations or others.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access management support and advice when required.

Staffing levels were sufficient and responsive to people's changing needs and preferences. This allowed for people to access to the community and to be supported with one to one activities. Staff told us that they worked well as a staff team to fill vacant shifts. This enabled people to be which supported with staff familiar to them, ensuring continuity of care and avoiding the use of agency staff.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form which identified any gaps in employment history. The process also involved a formal interview, previous employer references obtained, identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support.

People's medicines were managed safely. The service had a senior member of staff who carried out weekly audits of medicines to check that staff had signed for medicines administered and a check of stock to ensure

that people had received their medicines as prescribed. Staff who handled medicines had been provided with training. People were satisfied with staff handling their medicines. Staff maintained appropriate records of administration. This assured us that systems were in place and steps had been taken to identify and respond to medicines administration errors. However, not all medicines had been stored within the lockable medicines cabinet secured to the wall. Some as and when required medicines had been stored within a metal filing cabinet which was not secured to the wall and did not comply with national guidance regarding the storage of medicines in care homes. In response to our concerns the manager took immediate action to move these medicines into the appropriate lockable, medicines cabinet.

# Is the service effective?

## Our findings

People who were able to speak with us told us staff talked to them about how they preferred to be cared for and agreed this with them, providing personalised care. One person said, "The staff discuss things with me. They help me do the things I want to do." All of the relative's we spoke with told us they were confident in the skills and abilities of staff to meet the needs of their relative's. One relative told us, "They definitely put [our relative] first. The care and support they receive is wonderful. The staff know what they are doing and understand the needs of [our relative] completely."

People received their care from staff who had been appropriately trained and supported. Staff had the relevant skills and knowledge needed to perform the role for which they were employed and meet people's needs. Newly appointed staff told us they had been provided with induction training and opportunities to shadow other staff. We saw from a review of newly appointed staff records they had been supported to work towards obtaining the 'Care Certificate'. This is a nationally recognised scheme to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Staff were provided with training appropriate for the roles for which they performed. This included annual refresher training as part of the provider's ongoing development of staff programme. Where people had a specific support needs and specific healthcare conditions, further training support was obtained from sources offering specialist training and advice. For example, training from learning disability nurses and accredited British Sign Language training to enable staff to support people with a hearing impairment.

Staff and relatives told us that each person had assigned a keyworker. These were members of staff assigned to each person, who coordinated their care, liaised with family members and alongside management updated care and support plans to ensure they reflected the current care needs of people.

Staff received support through one to one supervision support meetings and regular staff meetings. These provided opportunities to monitor staff performance, identify training needs and support planning for staff development.

We checked the manager and staff understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what action providers must take to protect people's human rights where they may lack capacity to make decision about their everyday lives. Staff understood their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed us that people's capacity to make decisions regarding their health, welfare and finances had been assessed. Where one person with changing care needs requiring planned hospital treatment. Appropriate support have been obtained from those qualified to assess the best interests of the person and ensure treatment was planned according to the person's best interests as is required by law.

People had regular health checks and staff quickly acted on any health issue and monitored these. There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included staff supervisions, daily handover and regular staff meetings. Discussions with staff and the deputy manager demonstrated that staff had been supported with guidance



to enable them to meet people's needs. These records provided evidence when tasks had been completed, which also provided an audit trail for management reference.

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. One relative told us, "If it was not for the staff here [my relative] would not have had access to the specialist support they needed. We would not have picked up on their diagnoses, who knows what would have happened? They have been brilliant at helping and supporting [our relative] to understand as best they can the treatment planned for their hospital admission and have kept us involved along the way. We are so grateful."

Where psychiatric support was required or where individuals were diagnosed with epilepsy, people had clear support plans to guide staff in how to respond and monitor people to keep them safe. There was evidence of when people had been supported to access advice and support from health care and mental health professionals with evidence of regular reviews and support from staff to attend health care appointments. Daily notes recorded the outcome of any recommended treatment or when follow up was required.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. One person told us, "We sit and plan our meals together with the staff. If you don't like something they find you something else." Another told us, "We enjoy going out for meals when we can." Daily records recorded people's choice and food consumed. People were supported to maintain as much independence as possible and told us they were encouraged to be involved in food preparation and cooking. Where people had limited ability to communicate verbally their choices, visual aids were being developed to support people in expressing their wishes and preferences. Where people required specialist support staff supported people to access appropriate support for example, referrals to dietician's and speech and language therapists

## Is the service caring?

### Our findings

Everyone we spoke with including relatives told us that all the staff and the registered manager showed them exceptional compassion and empathy and that staff gave them time and listened to them. For example, one person told us, "I love it here they are [staff] wonderful. They are just everything to me. They are all kind and help me." Another person told us, "They are very kind. I love them all." Relatives told us that they had observed people to be always treated with dignity and respect. One relative told us, "They are just marvellous. They show a great deal of respect and patience. They encourage [our relative] to be independent, offer them plenty of choice around their daily living and support them to enjoy life to the full."

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention.

We spent time with people in the communal areas and observed there to be a relaxed and caring atmosphere. People were comfortable and happy around staff and there was laughter between them as they chatted. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. People who expressed any form of anxiety were attended to with patience, lots of reassurance and kindness.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People had been involved in planning their own care where they had the capacity to do so. This included what activities they chose to be involved in, the planning of their personalised holidays. Care plans described how people chose to spend their day. They also included information to guide staff in, 'Those people who are special to me' and 'How you would know if I was happy or when I am sad.' One person with impaired sight their care plan stated, 'Be considerate of my need to know where I am, who and where you are and encourage others to introduce themselves to me.' Staff had been provided with guidance in recognising triggers and pro-active strategies including distraction techniques to ease a person's agitation and distress.

People told us they were supported, where necessary with daily living tasks and were encouraged to do as much as possible for themselves in supporting them to become more independent, skilled and confident in their abilities.

People's personal histories and life stories were documented within their care and support plans. People and their relatives told us they were supported and encouraged by staff to maintain links with their family, friends and the local community. One relative told us, "There are no restrictions. We visit whenever we want and they always make you so welcome." Another told us, "Our life as a family is respected and supported by the manager and all the staff."

## Is the service responsive?

### Our findings

All of the relatives we spoke with told us the service supported their relative to lead meaningful, fulfilled and interesting lives. They told us people were supported and enabled to take part in activities appropriate for their individual needs, wishes and preferences. People appeared happy, contented.

People who used the service and, where appropriate, their relatives had been involved in the development and review of their care plans. Care plans were detailed, informative and regularly reviewed and updated to reflect people's changing needs. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support.

Care and support plans documented the support people required and how they wished it to be provided, including how they wished to be supported with their personal care and how people liked to take their medicines. Care plans included information to enable staff to provide care effectively and encourage people to be as independent as possible. This provided staff with the guidance they needed to support people in accordance with their wishes, autonomy and choice. We observed where people had limited capacity to communicate staff supported people to express their wishes in line with what had been recorded within their plan of care.

People attended if they wished to do so, a day service run by the provider from within the grounds of another of the provider's locations. People told us how much they enjoyed the planned activities provided there. They also told us they enjoyed taking part in the planned craft activities, group visits to the seaside and other community activities as well as the opportunity to socialise with friends living in other care services.

People and their relatives told us that people were supported to follow their own hobbies, interests and support with opportunities to access further education at college and local support groups. Staff supported people to go on holiday to a place of their choosing and with activities which enabled them to develop their independent living skills. For example, with food preparation, planning the weekly menus, shopping and accessing voluntary work. People told us staff supported them to access and be involved in the local community. People told us and records evidenced that people enjoyed regular trips out into the community. For example, people told us they went to the pub, attended social clubs, enjoyed meals out and on the day of our visit a group enjoyed a trip out bowling which they told us they did on a regular basis.

None of the people we spoke with had any complaints about the service and the care they were provided with. Information was available on notice boards to inform people of how to make complaints should they wish to do so in a pictorial format. People and their relatives told us they would not hesitate to speak with any of the staff and the management of the service should they have any concerns or complaints. We saw the provider had a complaints policy and process in place for managing complaints. One relative told us, "This truly is a wonderful place. We don't need to write formal letters we just talk to the staff and the manager and the owner's they are all just lovely and approachable." Another told us, "We are so lucky, it is a

great place. There is open communication and we feel comfortable and confident to discuss anything at all."

The provider carried out annual surveys which provided opportunities for people who used the service, relatives and staff to express their views about the quality of the care provided. Feedback from these surveys was positive and complimentary about the management of the service.

Group meetings took place regularly for people living at the service. People told us they also had regular opportunities to have one to one 'chats' with their keyworkers where they could plan activities and talk about anything that worried them. People also told us that there was a, "Family atmosphere" when they gathered around the kitchen table during the day and chatted with staff. One person said, "It feels just like a family, just like home, we all get along like friends."

## Is the service well-led?

### Our findings

People, their relative's and staff were all positive about the management of the service. People and their relatives told us they were happy with the care provided and confident in the leadership of the service. One relative said, "The home is very well managed. They are all approachable and supportive. It is a good place. We are very happy with the management and they always keep us informed of anything we need to know." Another told us, "They are all very friendly. There is always a happy atmosphere when you visit. I would not hesitate to talk with the manager if I had anything I was not happy with or needed them to deal with. We could not be more satisfied than we are."

It was apparent from our observation of interactions between the management and people who used the service that there was a homely atmosphere, genuine warmth expressed, lots of laughter and openness to people's request for support. People were supported to express their needs, wishes and preferences in how they lived their daily lives. The manager and staff worked well as a team in promoting the rights and wellbeing of people who used the service.

Staff morale was high and the atmosphere was positive, warm and supportive of people and of each other as a team. The culture of the service was centred on the needs of people who used the service and care was planned and reviewed in personalised way. Staff told us issues were openly discussed and the focus was always on meeting the needs of people. One staff member told us, "We are very well supported. I enjoy coming to work, it is a good place. The manager supports us and is hands on working alongside us"

The provider had taken the responsibility for safeguarding people's finances for everyday expenses. We saw that processes were in place to safeguard people from the risk of financial abuse. For example, financial transactions were recorded and receipts maintained. Essex guardianship had been appointed for the majority of people to safeguard their personal interests and security. However, further work was needed to ensure that up to date records of personal inventories were maintained. For example, where people had purchased electrical and equipment such as TV's and paid out of their own money for mobility equipment, furniture and furnishings. In response the manager told us they would take immediate action to update care records to reflect the need to provide a clear audit of items purchased and ensure openness and transparency.

Observations of how staff interacted with each other and the management of the service showed us that there was a culture of positive team working. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The management of the service was described by staff and relatives as, "Hands on", "Supportive" and "Always approachable". Staff were complimentary of the manager's leadership style and the open door

policy which enabled staff easy access to the manager should they have any concerns or require support in their personal development.

There were clear communication systems in place such as one to one supervision meetings, staff meetings, shift handover meetings, communication record books, diaries with health appointments and planned events. Staff told us that these systems supported good communication amongst the team to improve outcomes for people's health and wellbeing.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. People told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards. There was a strong emphasis on striving towards continuous improvement of the service.

We saw that there were quality and safety monitoring audits in place which included a focus on outcomes for people. People's comments were recorded around a range of quality checks. Monitoring was carried out by the registered manager and other designated senior staff, and also by the provider. The registered manager told us that the provider had identified areas to improve how they evidenced actions taken as a result of their monitoring and this was in progress.

The views of people, their relative's and staff were surveyed through annual satisfaction surveys. The response from these helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.