

Harold Smith

Josephine Butler Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 January 2016 and was unannounced.

The home is in a large detached Victorian Building set out over three floors. It is in a residential road, close to local shops, amenities and a large popular park. There is a car park to the front and gardens to the rear.

The home has 21 bedrooms and a self-contained flat. Each of the bedrooms contained a wash basin. The home had three toilets, one with a shower and one with a bath at the end of each floor, there was an additional toilet at the other end of each floor. On the ground floor there was a kitchen, dining room, games and recreation room with a pool table and darts board, lounge, conservatory, smoking room, laundry and office facilities. There was a lift providing easy access for everybody to all three floors.

The Josephine Butler Care Home provides nursing care for people who need support with their mental health. At the time of our inspection 12 people were living at the home.

The building had previously been a Victorian residential college, it was spacious with high ceilings and some large grand rooms. In places the décor was tired and worn, in particular the upstairs bathrooms. Overall the home was clean.

There was a registered manager in place at the time of our inspection. 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.

We observed a warm, caring and friendly atmosphere at the home. People told us they felt well cared for. The manager, one of the owners and some of the people we spoke with living at the home described the home as having a family atmosphere. People were treated with respect and it was recognised that this was their home.

People living at the home got involved in the daily tasks of the home taking some responsibility for the environment. We witnessed people being offered reassurance in a skilful way when they became anxious or upset.

Many people had lived at the home for a long time. The people we spoke with told us they felt safe at the home. There were adequate numbers of staff at the home, who had received safeguarding training on how to keep people safe. The environment inside the home was safe.

The fire escapes at the home showed signs of corrosion and movement, we advised the manager of this.

Medication was administered safely. However there was no record of medication reviews or monitoring some of the potential side effects of people's medication.

The home provided people with consistency of staff. These staff had received appropriate training and attended staff team meetings. There was a supervision process for staff at the home.

People told us they liked the food at the home. There was a variety of food and people helped to decide the menu. Alternatives were available and special dietary requirements were catered for.

The management and staff understood the principles of and operated within the Mental Capacity Act 2005. There were no restrictions placed upon people at the home, people were free to come and go as they pleased. People living at the home were supported to make their own decisions.

People told us that staff supported them to do the things they wanted to do. People were treated as individuals and were encouraged to get involved in their care planning.

The manager encouraged feedback from people living at the home, by 'residents' meetings, questionnaires and responding to any complaints people made effectively.

People who lived at the home and staff told us they liked the manager. The manager was influential in the relaxed and friendly atmosphere of the home.

The home did not have an effective and up to date set of policies to outline their practice.

A key safety check on the electrical installations was overdue. The service schedule of the lift had not been maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The fire escapes at the home showed signs of corrosion and movement. The servicing schedule of the lift had not been maintained.

People told us they felt safe. The environment inside the home was safe.

There were adequate levels of trained and experienced staff on duty both during the day and overnight.

Staff understood the principles of safeguarding and received safeguarding training.

Is the service effective?

Good ●

The service was effective.

The home provided people with consistency of staff. The staff received appropriate training. Staff told us they were supported to develop their knowledge and skills.

Staff understood and operated within the principles of the Mental Capacity Act (2005).

People told us they liked the food.

Is the service caring?

Good ●

The service was caring.

People told us they were cared for.

We observed a caring and supportive approach in the interactions between people and staff.

It was recognised by the management and staff that this was people's home. People were treated with dignity and respect. There was a warm, relaxed and homely atmosphere at the care home.

Is the service responsive?

Good ●

The service was responsive.

People were listened to. They were encouraged to attend meetings, provided with questionnaires and complaints were listened to and acted upon.

People were treated as individuals.

People were encouraged to get involved in planning their care.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have effective policies in place.

Two key safety checks were overdue.

People living at the home and staff told us they liked the manager. He had an 'open door' policy and influenced the relaxed and friendly culture within the home.

Josephine Butler 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 6 January and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist professional advisor.

We spoke with six people who lived at the home. We also spoke with two care staff members, the cook, one domestic staff, a maintenance person, the manager of the home, deputy manager and one of the owners of the home.

We looked at and case tracked the care files for four people and the staff records for six members of staff. We looked at the medication administration records, stock control and medication audits. We looked at the administration records for the home including records of audits and those records relating to health and safety.

We looked at the records we held at the CQC in particular the information we acquired since our last inspection.

There were no visitors during the time of our inspection.

Is the service safe?

Our findings

We asked the people who lived in the home if they felt safe. Replies we received included "I suffer from [medical condition] so I feel safe here" and "I'm used to it here. I feel safe because I know it. It's my home." One person said "Knowing everyone is good. They know me and how to help me."

In the home corridors were clear of trip hazards and clutter free, people had space to move around the building freely and safely. The home was generally clean with no unpleasant smells. There were adequate hand washing and infection control facilities available. There was fire fighting equipment at regular intervals throughout the building, which had been serviced. The home employed a maintenance person who looked after general maintenance and the safety of the building.

The manager organised for checks with regard to the safety of the home be completed by qualified contractors. We observed that checks were up to date for gas safety, portable appliance testing' (PAT) & electrical sockets and Legionella. The home had not maintained regular servicing of the lift. The home had an 'electrics periodic inspection' dated 01.02.13, in the report it recommended that the installation at the home was checked within two years, this had not been done. The manager told us this would be completed in the next month. There was up to date employee liability insurance in place.

The kitchen was inspected in 2013 and was given a rating of 4 out of 5. The cook kept food safe at recommended temperatures, checked the temperature of cooked food and made records of this. We observed a rota of weekly and monthly cleaning tasks. However there were areas on the fridges and cupboards particularly around the handles and rims that looked unclean. We spoke with the cook and the manager about this.

There was a metal fire escape the full height of the building on the south side that fire escape doors led onto, and a smaller one to the first floor on the north side. We were told that the fire escape was checked by the maintenance person. We looked over the fire escapes and found evidence of corrosion and that some of the steps and one of the landings had significant movement when stepped upon. We asked the home to have the fire escapes assessed by a qualified engineer as soon as possible.

There were adequate numbers of staff present at the home. We saw the rota system showing either two or three care staff present at all times during the day. Overnight there were two staff members, one being a nurse. There was a registered nurse present at all times.

The home did not have an effective system for checking and recording that nurses working at the home had their professional registrations up to date and valid. The ones we checked were valid and up to date but there were gaps in the records of the manager checking them.

Staff were recruited safely at the home. People applied by application form or CV outlining their qualifications, skills and previous employment history. The manager sought references including those from

previous employers and if necessary verified these by phone. Criminal records checks (DBS) were undertaken for new employees. We observed that some DBS certificates were only available shortly after the person's start date, to cover this time the manager completed a risk assessment. People's identification and right to work in the UK was checked. People had a job description and a contract outlining their role.

New employees had an induction programme covering their first month as an employee preparing them for their role. People's physical fitness for the role was assessed and the manager checked if any reasonable adjustments were necessary in a 'fit to work' questionnaire for new starters.

Staff received safeguarding training and periodic refreshers. One staff member told us they had a safeguarding information booklet. Staff we spoke with were aware of different types of abuse. One staff member told us abuse can take subtle forms, "Like making people feel guilty". Staff knew and could describe to us the signs they look out for that could indicate abuse was taking place. One staff member gave an example of a person who budgets their money well, coming to them and telling them, "I've got no money". The said "alarm bells" would go off and they would talk with the person to make sure they were safe. They also described an occasion when they had reason to alert the manager of a different concern; they told us the "manager dealt with things".

Staff knew what to do if they suspected any abuse taking place at the home. They told us they would speak to the manager straight away, staff also knew they could contact organisations outside of the home and when this would be necessary. The number for the local authority's 'careline' was placed on notice boards at convenient locations in the building for people living at the home and staff.

We observed the administration of medication and checked the storage and recording of medication. One of the nurses also showed us how the medication was ordered and stock controlled. This was all done safely. Documentation relating to medication was clear and concise with no gaps in recording. The right medication was administered at the right time to the right person. People used medication pots to take medication and a jug of fresh water was available for people. Medication was stored in a locked cabinet in the manager's office. There was also a fridge to store medications that need to be kept at a lower temperature, the temperature was monitored and recorded.

A separate medication care plan was kept for each person, all medications for a person were listed along with any possible side effects or conflicts. There was no information regarding when people's medication was last reviewed, this could be a concern with some of the medications people were using. We spoke with the manager about this and the document was amended during our visit.

One person took a medication that is known to have serious side effects which requires close monitoring. Whilst some checks on the person's health were being done this was not outlined in the person's health care plan, and without adequate details in his medication care plan.

Is the service effective?

Our findings

We asked the people who lived in the home about the staff. They told us "I'm happy here and settled. The staff are good and they do their best for everyone" and "The staff are kind and helpful and know what I need."

Two people showed us their bedrooms and we saw that they had personal belongings scattered around and the environment was homely. One person told us "I love my room. It's my space."

The building had previously been a Victorian residential college, it was spacious with high ceilings and some large grand rooms. We observed that in places the décor was tired and worn, in particular the upstairs bathrooms. Overall the home was clean.

We asked people about the food and all responded positively and said that the food was good and they liked it. One person said "Sometimes I don't feel like it so I have sandwiches but that's ok because it's my choice." Another person said "I've no complaints about the food at all. I'm well fed!"

There was a four weekly meal planner and people had a choice of meals each day. When we spoke with the cook she had documented who had special dietary requirements and was able to explain to us how she catered for them.

One of the owners told us that they thought consistency of staff and relationships with staff are very important. They told us "Staff stay here". We found this to be the case most of the people we spoke with had worked at the home for many years. We spoke with one staff member who had worked at the home for 18 months, with no previous experience of social care. They were currently working towards a related qualification in a local college. They told us of having one to one training sessions with the manager during their initial training, they also spent time shadowing an experienced support worker. They told us the organisation had, "Helped me to develop".

We saw evidence in staff files of training completed. People received training relevant to their roles. All staff we observed had safeguarding training, health and safety and fire safety. Care staff received additional training in mental capacity act, food hygiene, managing aggression and mental health. Nurses received additional training in medication, diabetes and infection control.

Staff told us that team meetings happened monthly. One staff member told us they were helpful because they are about making the place better".

Staff told us they had regular supervisions with the manager. One staff member told us they "Always come away with goals".

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at the home had a DoLS in place.

The manager and staff understood the principles of the Mental Capacity Act (2005). The manager told us, "It helps shape how we look at a person's ability to make decisions". Everybody at the home is free to come and go as they please. He added they would only deprive somebody of their liberty if he felt they were at immediate risk and then it would be the least restrictive way.

One staff member told us that people, "Make their own decisions" and they were aware that people would need a capacity assessment if the staff were to intervene in this.

We were told that there was no use of restraint at the home. The manager told us that to his knowledge there had never been the need to physically restrain a person. They also told us that staff were trained in recognised safe methods of the appropriate use of restraint if this ever became necessary in an emergency.

People were reminded of health appointments and if they wanted to be, people were accompanied to appointments. People visited their GP when required.

Is the service caring?

Our findings

We asked the people living in the home if the staff were caring. All responded positively and said that the staff worked hard to help them. One person said "I care about everyone here. They look after me. I get upset sometimes and the staff help me a lot." Another person told us "I've lived here for so long that the residents and staff are my family. We're a good bunch and we get on well together."

We observed a warm and friendly atmosphere in the home. We saw all staff, including domestic, kitchen and maintenance staff interacting in a positive way with the people who lived in the home. All of the staff clearly knew the people well and had positive relationships with them. We saw people working alongside domestic and maintenance staff to carry out tasks in the home and take some responsibility for the environment.

We observed one person in the home begin to get upset and was talking about some concerns they had. We saw a staff member gently intervene and support them by chatting to them about their worries. The staff member skilfully deescalated the situation by offering reassurance in a calm and caring way.

We saw people treated with respect and it was acknowledged and recognised that it was their home. We asked about privacy. One person told us that staff had to stay in the bathroom whilst they were having a bath because of a medical condition and a potential risk to their health. They told us that staff did this to help them and always kept their back turned which they appreciated. This demonstrated that staff were responsive to people's needs.

In our initial conversation with the manager he told us "Most people have been here a long time, it's their home". He spoke with feeling with regard to the warm atmosphere at the home. One staff member when telling us about the home's caring atmosphere said "I like it here, I left and I decided to come back". They also told us they would be happy for one of their loved ones to live at the home. Another member of staff told us they thought people were well cared for.

One of the owners we spoke with told us they felt proud when people told him they liked living here and that they felt safe living here. They also said that "Some people don't have any local relatives" and explained how they had recently had a Christmas party with all the people living at Josephine Butler.

The manager told us of a time when they had to communicate a difficult situation with a person, how they did this in a caring manner and in a way that the person was able to understand, so they remained informed.

Is the service responsive?

Our findings

We asked if people were involved in their care plans. Most people we spoke with had chosen not to be very involved. One person said to us "I know there is a care plan but I'm not interested, it's not my thing. I listen to the radio and enjoy my smokes."

People told us that they enjoyed various activities and that the staff supported them to do the things they wanted to do. One person told us about their shopping trips to buy their own food. Two people told us about holidays they had been on supported by staff from the home.

One person explained to us that because of their medical condition they required support to leave the home. They said that whilst they were happy with their support they would "Like to get out a bit more". They felt they usually only got out to go to attend appointments.

The complaints procedure was displayed in the hall areas in the home. When we asked about complaints two people who lived in the home directed us to the poster and showed us and explained the process. All of the people we spoke with told us that they had not made a complaint during their time at the home. Comments we received included "I've never complained but I know how to if I needed to." Another person said "I had an issue once but the manager sorted it out so I didn't need to complain."

We spoke with the manager and they confirmed that no complaints had been made. They told us that their door was always open and they made themselves available to speak to people. The people in the home told us that the manager and the other staff were always available to help them if they needed it.

Staff told us that people were encouraged to attend a monthly meeting for people living at the home. During these meetings information was given out, matters were discussed and decisions made about the home, with people involved in any decisions.

The manager was clear about the type of support they were able to offer support to at the home and had decided not to support people were they felt they didn't have the expertise. We spoke with the owner who said the home "Only accept people who we know and believe this is the right place for them".

The care planning for people was separated into three plans, each covering a different aspect of a person's care. There was a care plan for mental and physical health support needs, support needs arising from environmental risk and a medication care plan. Each of these care plans had an accompanying risk assessment to identify potential risks. We observed that people had signed their care plans and they were updated with people yearly.

The plans were adequate for the areas outlined. However there was little evidence that the person's psychological, emotional and social needs were being assessed or planned for. The care plans we looked at

didn't explore what people wished to do with their time and what was important to them in their lives.

The home was spacious and had facilities such as a games and recreation room. There was little evidence these were used by the people living in the home. The manager told us it hadn't been used for some time. We observed and people told us they spent a lot of time watching TV as they chose to do this.

One staff member told us that people were included in planning. They told us, "Assessments are done with people and we ask them if they agree with it". They added "People are listened to". They gave an example of a person who wanted to buy an expensive laptop, which was clearly their choice. However the staff member first showed them how to use a laptop, from switching it on and then encouraged them to get involved in a computer course. The staff member said it was about, "Helping people to understand".

There was no set times for things to happen in the home, people were treated as individuals. People chose their own routine and came and left as they pleased. The manager told us that they encouraged people to do as much as they could. Some people went to day centres during the week and some people had accessed courses such as IT. Others preferred a quieter life.

Is the service well-led?

Our findings

We asked the people in the home if they thought the home was well managed. They told us "the manager and staff are great. They do their absolute best for us." Another person said "The management team do a good job and work hard. We are very lucky."

The policy folder was in disorder and it was difficult to find a particular policy. There was an index of policies at the front of the folder that showed that all the policies had all been reviewed between July and September 2015. Some of the policies listed in the index were missing, such as the recruitment policy.

When we looked at the contents of the folder we found some policies were in place for the home, such as those covering 'protection of vulnerable adults', 'confidentiality', 'manual handling', 'fire safety' and 'evacuation policy'. Some of these were not dated, it was not possible to know if they were current.

A lot of the policies we looked at were 'sample' policies, such as the 'missing person's policy and the 'mental capacity act' policy. The policies had not been adapted for the organisation. They did not have the organisations name on them; either containing gaps where the name should be or the organisation was listed as 'Anonymous Care Ltd'.

Because of this, some of the policies did not reflect the current practice at the home. For example the manager told us in our initial conversation that, because of people's independence, they would not be reported missing to the police unless they did not return to the home for 24 hours. The missing person's policy indicated the police would be informed immediately. We were unable to check their current recruitment practice against the home's policy because the policy was missing.

We observed that some checks and audits of the home had been completed; these were not very organised or clear. Two key safety checks relating to the building environment were overdue.

We saw that questionnaires were given to people who lived in the home on a regular basis (every three months) to enable them to formally comment on the service they received. We saw that when any issues had been raised, the manager had spoken with the person and recorded the outcome of the conversation. These were mainly small things that were important to the person, but their care was improved upon from the feedback. We looked at these records over the previous year and saw that action had been taken in response to all issues raised.

One of the owners we spoke with told us they visited the home every morning. They said "I love the people, they are like family to me". They went on to tell us how they helped out supporting people with any appointments they had. It was clear from our conversation that the owner was very knowledgeable about the people living at the home.

The manager had worked at the home for fourteen years. He told us the culture they promoted was a relaxed and homely one, like a family home. Some of the goals he had outlined for his team was to focus on "communication and continuity". He was aware there were areas for improvement and the physical environment needed some attention in areas.

The manager told us that unless something private was happening, the office door was open all the time, people felt free to come and go. Staff told us that matters brought to the manager's attention were dealt with.

One staff member described the manager as a teacher. They described how the manager had shown them risk assessments and taught the staff member how to do them. We were told of staff members who had left the home to go to university and still kept in touch with the people living at the home and staff. The staff member said "I've learnt a lot from the manager", adding, "He is keen on staff development".