

Chrysalis Dementia Care Ltd

Butterfly House

Inspection report

47 Bristol Road Lower
Weston-super-Mare
Somerset
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Butterfly House is a residential care home providing personal and nursing care up to a maximum of 36 people. The service provides support to people with dementia. At the time of our inspection there were 29 people using the service.

The service was located in a residential area of Weston-Super-Mare and was undergoing renovation to create an additional two rooms and an office for staff. Refurbishment of the home had been undertaken recently and provided a dementia friendly environment for people. The home had three floors with communal and dining areas on the ground and first floor.

People's experience of using this service and what we found

Risks to people were assessed and action taken to reduce or mitigate these. This included risks associated with COVID-19. People were protected from abuse. There were enough staff in number and experience to meet people's needs. People's medicines were managed safely. People's care was delivered in a personalised way, recognising and respecting people's individual choices, preferences and protected characteristics. Staff were trained and supported to deliver care in line with best practice guidance and the law.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

Robust quality assurance systems and a strong learning culture across the organisation contributed to continual development and improvement of the home.

There were arrangements in place to support people's end of life care and wishes. Staff were kind and patient towards the people they looked after. Staff understood how to support people with the challenges that living with dementia could bring. A relative said, "Butterfly House is more the small, family friendly and relaxed culture than big institutional care homes, and all the staff and the managers are very friendly and respectful to residents and visitors."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 May 2020) and there was a breach of Regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider referred to current guidance on 'as required' and topical medicines and updated their systems and practice accordingly. At this inspection we found that the provider had made this improvement.

Why we inspected

The inspection was prompted in part due to concerns received about the management and leadership within the home and concerns around providing 1:1 care. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service is safe.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

Butterfly House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Butterfly House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on both days of the inspection.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 the inspection

We spoke with seven people who used the service and 11 relatives about their experience of the care provided. We spoke with seven members of staff including the compliance officer, registered manager, senior care staff, care staff, the chef and the laundry assistant. We reviewed a range of records. This included four people's care records and a range of medication records. We looked at records in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

A recommendation was made at the last inspection regarding providing guidance for staff on applying topical medications. The provider had made improvements.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed appropriate training and had their competencies assessed routinely to make sure their practice was safe.
- Medicines were stored, administered and disposed of safely. We saw from records that stock checks were audited regularly to ensure safe medicine management.
- Staff completed medication administration records (MAR charts) electronically following the administration of medicines. The online system meant that management had real time oversight of medicines administration, and any discrepancies could be identified and rectified promptly.
- People received their medication safely, at the correct time and in line with the prescribed instruction. One person said, "They tell me what my medication is for before they give it to me. They give me my medication on time."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I do feel safe, here". Relatives told us they felt people were safe, "We think the staff at Butterfly House keep [my relative] safe, and there are always staff around."
- People were protected from the risk of abuse. Policies and guidance were available to staff and they had been provided with safeguarding training.
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC as needed.
- Staff understood whistleblowing and there was a policy in place to support them.

Assessing risk, safety monitoring and management

- The environment which people lived in and equipment used, was safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Risks to people's safety were assessed, recorded and updated when their needs changed.
- The staff we spoke with understood where people required support to reduce the risk of avoidable harm.
- Risk assessments and quality assurance audits were carried out regularly. There were sufficient systems in place to assess risk and monitor safety.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and staff told us there were enough staff on duty. People told us there were enough staff to support them with personal care and to take them out. One relative told us "I do think there are sufficient staff".
- The provider had ensured that where possible, people were supported by an established staff team who knew them well. They were actively recruiting and inducting new staff to meet people's specific needs and support requirements.
- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (checks) which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's policies around visiting ensured they supported visiting in line with the latest guidance. Relatives and people confirmed visiting was enabled and safe.

Learning lessons when things go wrong

- The provider had systems in place to monitor concerns and complaints so action could be taken to promote people's safety. There was a thorough recording of risk rated concerns based on their seriousness, the impact on people and the likelihood of reoccurrence. This meant that people's safety was prioritised and robustly managed in accordance with need.
- People, relatives, staff and professionals were aware of the incident reporting process, and the

management team were open to feedback. We saw evidence of a strong learning culture and could see that learning actions were implemented as a result of any concerns raised.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that care was personalised to them, and staff knew them well and understood their needs. One person said, "The staff know exactly what I like."
- Care plans we looked at were personalised and contained information about people's personal and family history, likes, dislikes, and aspirations. A staff member said, "Different people have different routines and care plans."
- Staff completed daily notes and communication logs about each person to share important information during shift handovers that required attention or following up. We observed staff doing this.
- Staff described how they supported people with a positive approach, focusing on things that were important to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered during their initial assessment so that information was provided in line with their individual needs.
- People's communication needs were assessed, recorded and reviewed in care plans. These referred to how people communicated their needs and any support required. One person said, "The staff are caring and always listen to you and your needs."
- Information was available for people in a range of formats they could understand, such as pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff and management made efforts to personalise care and recognise special events for people. We saw examples of how people's special events had been celebrated within the home. A staff member said, "It is perfect here. The care that people get is incomparable to other care homes I've worked. The care people get is wonderful."
- A programme of activities was in place to encourage people to join in and socialise if they wanted to. This included activities such as newspaper chat, word games, painting etc.
- Exercise and healthy eating were promoted by the staff at the home.

- People were supported to maintain contact with their families and develop new friendships and attend social activities and groups.

Improving care quality in response to complaints or concerns

- One relative told us that communication from the registered manager was very good and that they were always kept informed. One person said, "I can speak to anyone at this place; I have never had a reason not to be happy." Managers responded immediately to any feedback that required improvement or their actions.
- We reviewed the provider's complaints policy and log which demonstrated how the provider responded to concerns and complaints and the action they had taken to resolve any issues.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Where complaints had been made, they had been acknowledged, investigated and responded to appropriately and in line with the provider's procedures and policy.

End of life care and support

- People's care files documented their advanced wishes regarding their care and treatment, including whether they wished to attend hospital for active treatment. Details also included the people they wanted involved at the end of their life, and enabled staff to record people's religious and spiritual needs.
- The registered manager told us they would work cooperatively with other health and social care professionals if people required end of life support.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to operate systems to effectively monitor the quality of services provided and to ensure the service remained compliant with necessary regulations and legislation. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements to the quality monitoring processes now provided the registered manager and the provider with the tools they needed to effectively monitor the quality of care and services provided. The audits also provided managers with the information about where improvement was needed and if this had been effective.
- The provider's monthly audit had expanded since the last inspection and was now capturing the areas where shortfalls had been identified in the last inspection. The depth of auditing had also improved. For example, in relation to safeguarding and incidents between people and included a review of the action taken in relation to bruising found on people, altercations between people and falls.
- The registered manager and provider had clear oversight of the service, and governance was well embedded into the running of the home. There was a strong framework of accountability to monitor performance and risk, supported by an electronic system which captured the performance of the home in real time. This meant that the provider was able to demonstrate quality improvements to the service on an ongoing basis.
- Staff were committed to reviewing people's care and support on an ongoing basis. Support plans were comprehensive, and we saw they had been routinely reviewed to ensure they remained appropriate as people's needs and wishes changed over time.
- Robust systems to review, audit and analyse data and other records ensured quality standards were high. Processes were in place to ensure oversight and scrutiny of the care being delivered. For example, the provider used monthly data from key performance indicators (KPI's) and different types of weekly systems analysis to ensure effective governance of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was visible around the care home and people were clearly used to seeing them and talking with them. Recently, there had been concerns raised around the behaviour of the registered manager towards people. These concerns had been investigated by the provider and were unsubstantiated.
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "Everything we do here is all to enhance people's lives".
- People were supported to engage in their local community and take part in community activities. We were told that trips and outings were in the process of being arranged.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered manager was aware of and adhering to the duty of candour.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Annual surveys were sent out to people, enabling people to give feedback about the care and support they received. Action plans were in place to address any shortfalls within the home.
- Regular staff meetings were held. Staff told us they felt they were listened to. Copies of the meeting minutes were shared with staff.
- Regular resident meetings were held throughout the year. At the last meeting topics such as activities, meal menus, complaints, safeguarding were discussed.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to improve the services provided and subsequently outcomes for people who lived with dementia.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The service had worked in partnership with various outside agencies and health and social care professionals to achieve good outcomes for people.