

Butterflies Home Care Ltd

Butterflies In Hampshire

Inspection report

26 Fleece Close
Andover
Hampshire
SP11 6UP

Tel: 02380015109

Website: www.butterflieshomecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Butterflies in Hampshire is a domiciliary care service providing a range of services including personal care for people in their own homes. There were 17 people using the service and five employed care workers at the time of our inspection.

There was a registered manager in post. 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.

The provider did not follow safe recruitment procedures. Application forms and references were not always completed or requested.

The provider did not have effective arrangements in place to supervise care workers. Formal supervision for experienced and new staff did not always take place.

The provider did not have effective policies and procedures in place. Staff were not supplied with accurate safeguarding information.

The service did not always have effective systems in place to monitor and improve some aspects the quality of the service provided.

The service had sufficient numbers of suitably skilled and competent staff to keep people safe.

People told us they felt safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

People were supported by staff who received regular training and support to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

There was an effective complaints system in place. People told us they were confident to raise any issues

about their care and that they would be listened to and addressed.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of this report.

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 safe. The provider did not follow safe recruitment procedures.

The service had sufficient numbers of suitably skilled and competent staff to keep people safe.

Risk assessments were robust and contained helpful information for staff to follow when they provided care.

Is the service effective?

Requires Improvement ●

The service was not effective. The provider did not have effective arrangements in place to supervise care workers.

Staff had received training and on going development to support them in their role. They had received an effective induction and strong on going development that related to people's needs.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Feedback from relatives and people was positive and care plans were personalised and provided detail about people's hobbies and interests.

Is the service responsive?

Good ●

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issues raised were dealt with in good time.

Is the service well-led?

The service was not well led. The service did not have effective systems in place to monitor and improve some aspects of the service provided. The provider did not have effective policies and procedures in place.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Care workers felt supported by the registered manager and told us any issues raised were taken seriously.

Requires Improvement 

Butterflies In Hampshire

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 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.

This inspection took place on 2 March 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

One inspector conducted the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager. We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, three staff recruitment files, feedback questionnaires from relatives and healthcare professionals. We looked at the provider's policies and procedures, spoke with four people, three relatives, three care workers and received one questionnaire from a care worker.

Is the service safe?

Our findings

The provider did not follow safe recruitment procedures. A care worker who started work on 19 January 2014 had not completed or submitted an application form to work with Butterflies. The registered manager had not requested any references for this care worker and said: "She is my daughter so I didn't think I would need to do all that". Another care worker did not have satisfactory references in place.

This was a breach of Regulation 19 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding and whistleblowing procedures were not effective. They did not supply care workers with sufficient information should they need to raise concerns about possible abuse. A care worker said: "I would look at the whistleblowing policy if I needed to tell safeguarding or CQC". The whistleblowing policy and the safeguarding policy did not contain contact details for the local authority safeguarding team, the Care Quality Commission or the Health Service Ombudsman. The whistleblowing procedure had not been tailored to meet the specific service and stated, "In cases where staff do not feel that they can tell their manager, for whatever reason, they may raise the matter with a Director of (Insert Company name) in writing or verbally".

This was a breach of Regulation 13 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from familiar and consistent staff. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so that they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said "There is no chopping and changing of my carers, I have regular carers and they know me well. They take their time with me."

The provider had sufficient numbers of staff deployed to meet people's needs safely. People told us there were enough staff and felt they held suitable skills and qualifications. One person said: "I have never had any problems with Butterflies, the girls are lovely and they do everything I need them to do". Relatives told us they were confident staff were knowledgeable about people's care needs and were qualified to deliver care safely.

Risks had been assessed and actions had been taken to minimise any risks identified. Assessments were carried out based on people's individual needs. For example, a range of assessments were carried out, such as to determine the risk of people falling or developing pressure sores. A care worker said: "We have risk assessments in people's files so we know what they need help with, they are scored as high risk if it's something that could be dangerous for them". Discussions between care workers and the registered manager were held regularly to share information and to monitor risk. One care worker said: "All the staff speak to each other and share any concerns. We have double up's so we are always able to see if someone is getting worse or better". Records showed staff shared information about nutrition, mobility and visits from healthcare professionals.

People's medicines care plans explained who administered their own medicines independently and who needed prompting by care workers. When medicines were prompted staff completed MARs (medicines administration records) to show people had taken them. We also found that people who required support with medicines had a signed agreement on file giving consent to the level of support they needed. This helped to ensure people were involved in decisions about how their medicines were managed.

People told us they felt safe. One person said: "They come in every day and I have no problems with how they look after me. They help with my personal care and they are gentle with me when doing it". A relative said: "We have never had any concerns about the safety since coming to Butterflies"

Is the service effective?

Our findings

We identified shortfalls in respect of staff supervision and appraisals. Supervision and appraisals are important tools which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. The provider's supervision policy states, "All staff should have at least one formal supervision session every three months" and "Supervision time must be planned, protected and uninterrupted". The provider's appraisal policy states, "Appraisals will be undertaken annually" and "Identify training needs, review performance and determine mutually agreed performance targets for the year ahead". A care worker who started with Butterflies on 19 January 2014 had only received two formal supervisions, one on 27 May 2014 and another on 25 March 2015. Another care worker who commenced employment in May 2015 had not received any formal supervision or appraisal. The registered manager said: "We need to be putting in more supervision".

This was a breach Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff always sought their consent before they carried out any care or support. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. Relatives told us they had regular conversations with the registered manager and care workers in respect of supporting people to make decisions.

Staff received appropriate training to meet people's needs. Records showed each member of staff had completed an induction programme which consisted of shadowing a more experienced member of staff and completing training in first aid, moving and handling infection control and administering medicines. The registered manager had conducted competency checks to ensure care staff were appropriately skilled to meet people's needs. Staff also received training specific to people's needs such as Dementia and Parkinson's disease. One care worker said: "Our manager is always coming out to make sure we are working properly. She is really helpful and encourages us in our job" and "I have had all the training I need and because we are a small company we all talk regularly and share any good things we have done".

Care plans provided accurate information and reflected people's assessed needs. They described people's routines, times people required support and informed staff how people wished to be supported. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. One relative said: "This is a decent company and we have never had any problems, the paperwork is there and the girls (care workers) write in the notes what they

have done. The care they give is correct and they seem to know exactly what they are doing" and "Because it's a double up the staff can help each other so it works".

People were involved in making decisions about their nutrition and were encouraged to eat and drink sufficient amounts. Relatives told us they had been involved in reviewing their family members care. One relative told us they had been contacted on several occasions to discuss their family member's health needs including food and drink. They said: "We get the chance to speak with the staff and the manager. They take what we say seriously".

Relatives told us staff were aware of people's health care needs and knew when to consult with families and seek medical attention if there was a problem. One person said: "They will call the GP or the nurse if they think he is becoming unwell". Another relative said: "If Mum has any health problems the carers always ring me on my mobile to let me know".

Is the service caring?

Our findings

People spoke highly about the quality of the service they received and told us all staff were caring and understanding of their individual needs. One person said, "I love the care staff they are a great bunch". Another person said, "They are kind and they smile, laugh and have a joke with me".

People told us there was always sufficient time made available for the staff to be able to carry out care and support in an unrushed manner. They said they had regular staff and this ensured they received continuity of care. People told us they had been able to specify whether they preferred a male or female member of staff supporting them and we saw evidence of this in the care records.

People were supported by kind and respectful staff. One person described their experience as relaxed and comfortable when in the presence of care workers. They said: "I have a few agencies come in and by far these are the best ones. I have a good chat with them and they are kind". A relative told us they were pleased with the professional attitude of the staff and described the care as genuine and thoughtful. Staff were knowledgeable about people's hobbies and interests. Questionnaires showed people and relatives were happy with the communication and caring nature of staff.

People were listened to, valued and consulted. Staff involved people as much as possible in making choices and decisions about how they lived their life. One person told us they were always asked for their permission before personal care was provided. They said: "The staff know what they need to do for me but they still give me my place and ask me first".

Care plans contained guidance that maintained people's dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Staff were able to demonstrate an in depth knowledge of people they cared for. Records contained information about what was important to each person living at the home. People's preferences on how they wished to receive their daily care and support were written in their care plans and their likes, dislikes and preferences had also been recorded.

Is the service responsive?

Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "If anything changes or I need care at a different time then they sort it out pretty well". Another person told us if they had any concerns or complaints then staff would take it seriously. One relative said: "Anytime I have had a comment to make the staff seem to get it resolved. I have not needed to complain before but I have given some feedback and they have acted, such as times of care calls".

People's needs were reviewed regularly and information in their care plans was correct. A care review record dated 30 December 2015 showed one person had decided to change their care visit to a phone call. The registered manager said, "We moved from a care call to a phone call to remind her to take her medication. That allowed us to support her during other times to go shopping and visit different places". Care plans had been developed from people's initial assessments and provided a good picture of each person, their needs and how these were to be met. Plans included information about personal care, medicines, mobility, communication and nutritional needs. Regular reviews were carried out to ensure care plans remained relevant and provided staff with guidance and instructions about how people wanted to be supported. People consistently told us they were asked whether their support met their needs and whether any changes were required. One person told us they had been fully involved in the development of their care plans and risk assessments. Their relative said: "From the very start we have been able to give good information about the care needs and the risky stuff like skin damage and so on". Staff demonstrated good knowledge of people's needs and were able to tell us about the risks involved when they provided care. One care worker said: "We know some people get a little anxious about getting personal care so we try and make them as relaxed as possible by speaking to them about things they are interested in".

Records were personalised and documented people's interests, histories, wishes and personal preferences. For example, one person's care plan documented their musical interests and activities they enjoyed whilst another record for a different person documented their accommodation history and wishes for the future.

People and relatives told us they knew how to complain but felt happy with the care provided. People told us they felt comfortable to raise any concerns to a member of staff and said they had opportunities during meetings and phone conversations. One person said: "I have nothing to worry about so I have never had to complain". A relative said: "I have complained to CQC before about a different company so I know to contact you if I am not happy but I can honestly say there are no issues with Butterflies at the moment". A relative told us they had complained about an issue several months ago and found the staff member dealing with the complaint was understanding, open to learning from incidents and communicated with them regularly to ensure they were kept up to date. The registered manager told us care reviews provided opportunities for people to give feedback about what they were happy with and what could be improved. Records showed the registered manager had conducted an investigation into an allegation made by a person receiving care. The registered manager said: "This member of staff was subject to an investigation and was dismissed. They did not meet the standard".

Is the service well-led?

Our findings

The provider did not always have effective systems in place to monitor the service. For example, checks to ensure staff had received appropriate supervision were not in place. The providers recruitment processes were not robust and safeguarding procedures did not provide staff with sufficient detail should they need to raise concerns about the possibility of abuse. The provider's policies and procedures were often unclear, generic and incomplete. For example, we consistently found "(Insert Company name)" within many policies.

This is a breach of Regulation 17 (2)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014; Good Governance.

The culture within the service was open and transparent. Staff told us the service was well led and that the manager was professional and approachable. Staff had been consulted about improvements and said they felt valued. Care staff told us they felt "motivated" by the registered manager and said she was "very approachable" and "does listen to you". One care worker said: "I feel 100% supported" by the manager. All relatives we spoke with felt involved in their loved one's care. Feedback questionnaires completed by relatives and professionals told us they were satisfied with the care provided at the service.

Staff told us team meetings did not take place regularly but said they felt supported by their manager in other ways. One care worker told us the registered manager frequently provided care and conducted observational checks on care workers. They said: "You can't fault the manager really, she is always around and if we ever have any problems she is there to help" and "She watches how we work and she gives us feedback and good instructions". Relatives told us the service was well managed and said communication between them, the registered manager and the staff was good. One relative said: "I think the manager does a good job because she really cares about people and that has filtered down to her staff".

The registered manager actively encouraged feedback from people and relatives. Discussions about people's care were held regularly and included topics such as staffing, nutrition, weight loss, skin care and mobility. Questionnaires completed by relatives, people and healthcare professionals showed they were satisfied with the leadership and quality of the service provided. Each care worker was required to complete a record and detail the care they provided during each visit. The registered manager checked these records every two to four weeks to ensure the correct care was provided and at the times agreed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safeguarding procedures were not effective and did not supply staff with useful information.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems or policies in place to robustly monitor the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always follow safe recruitment procedures.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive regular supervision and appraisal.