

Buttercup Home Care Ltd

# Buttercup Home Care T/A Visiting Angels

## Inspection report

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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

### About the service

Buttercup Home Care T/A Visiting Angels is a domiciliary care agency providing personal care to people in their own homes. The service provides support to younger and older adults who may require support due to a physical or mental disability. At the time of our inspection there were 21 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service did not always identify, assess and mitigate risks to people. People's care records were not reviewed regularly and risk assessments were not updated where increased risk was indicated. We found that no harm had come to the people at this stage, but the risk of harm was increased.

The quality assurance and audit systems in the service were not effective. Shortfalls in quality and practice were not identified which meant that practice was not improved, and the risk to people was increased.

Accidents and incidents were not always identified and recorded. The service did not evaluate their practice so the opportunity for lessons learnt was missed.

People told us they got their medication as prescribed however systems were not robust enough to highlight issues in the management, administration and recording of medication.

Mental capacity assessments had been developed for the people using the service however the outcome or need of these was not always clear. We have made a recommendation in this area.

Some people may have benefitted from advice and guidance from other health care professionals, but this had not been requested. We made a recommendation in this area.

Feedback from people and relatives who used the service was positive. There was a system in place to promote communication between the staff and relatives, this helped develop positive relationships across the service.

Staff were reported to be respectful of people's dignity and provide people with flexible, attentive care. One family member told us: "I feel supported knowing [relative] is supported, we are like a team."

People and staff found the registered manager supportive and approachable. There was a positive and caring ethos promoted across the service with staff exhibiting this in their interactions with relatives and people in their care.

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.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 15 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

As a result of the inspection the provider is developing an improvement plan and reviews of their processes and practice is underway to help mitigate the risk to people.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety of the service and the governance and oversight of the service. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# Buttercup Home Care T/A Visiting Angels

## **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.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 April 2022 and ended on 29 April 2022. We visited the location's office on 14 April 2022.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed a range of records. This included five people's care records, medication records and maintenance and safety certificates. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures in place. We spoke to one family member and one staff member while on site. We also held interviews with the registered manager and the marketing and compliance officer.

### After the inspection

We continued to review records and policies after the inspection. We looked at training data and spoke to three members of staff to receive feedback on the management and systems in place. We reviewed meeting records, accident and incident reporting and processes to ensure quality in the service. We spoke to four relatives and two people who used the service to gain feedback about the care they received.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- The risks to people were not always identified, assessed and managed appropriately. Risk assessments were not in place for people at higher risk to falls and for people with medical conditions which increased their risk of harm. Choking risks had been identified but the management of these was not in place and additional support from other professionals had not been sought, as in line with the providers own policy.
- Fire safety of the office location had not been monitored. Fire evacuation drills were not taking place.
- Accidents and incidents had not been appropriately recorded and investigated. Incident forms were available but not in use at the time of the inspection. Lack of recording and analysis of these events meant lessons could not be learnt and improvements to practice had not been made.

We found no evidence that people had been harmed, however, the risk to the health, safety and welfare of the people using the service had not been identified and managed appropriately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The management of medicines was not always safe. The responsibilities of the care team and relatives when managing medicines had not been clearly defined and care records did not include all the details to provide clear guidance on ordering, administering, storing and disposing of medication.
- People told us they received their medication as prescribed however records were not always clear and in line with best practice guidance.
- Protocols for 'when required' (PRN) medicines, were not in place and body maps were not used to plot the location of patch medication. This is not in line with best practice or the providers own policy.
- Medication errors and incidents had not been appropriately reported and the safety systems in place to monitor this were not robust or effective enough to highlight the shortfalls seen on inspection.

The systems in place for the management of medication were either not in line with best practice or robust enough to demonstrate the proper and safe use of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help safeguard people from the risk of abuse. Policies outlined the responsibilities of the staff and they understood how to report a concern if needed.

- The registered manager knew their role in reporting any concerns and the staff team felt comfortable approaching them in the event of any concerns.
- Safeguarding training was provided to staff which included refresher training, when needed.

#### Staffing and recruitment

- There were enough staff to meet the needs of the people. Staffing levels were monitored by the registered manager who had systems in place to account for unexpected staff absences.
- Safe recruitment practices were followed, staff had the necessary safety checks in place.

#### Preventing and controlling infection

- The providers infection prevention and control policy needed review however we were assured that this did not affect their practice at this time.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Consent to care had been recorded but, in some cases, it was unclear if this was the appropriate person.
- Mental capacity assessments had been developed for all people receiving care however the outcome or need for these assessments was not always clear.

There had been no impact to the people of the service currently however we recommend the provider review their understanding of The Mental Capacity Act 2005 and update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always assessed. The care records were not always reflective of the current needs of the people and needed review. Some areas were not detailed enough to provide staff with clear guidance on how to provide effective care.

We recommend the provider review the care records considering people's needs, ensuring support is delivered in line with current legislation, standards and evidence-based guidance.

- People told us that they were involved in the creation of the care packages and had the opportunity to discuss their preferences and needs.
- A system of increased communication had been developed where families and people were contacted to review a new care package which helped highlight if people's needs were being met.

Supporting people to live healthier lives, access healthcare services and support, staff working with other agencies to provide consistent, effective, timely care

- A system was not in place to promote multiagency working. Some people may have benefitted from external input but this was not requested or recorded. For example, district nurse input in relation to diabetes management and information from Speech and Language Therapists would have provided greater knowledge of care needs.

We recommend the provider review their process for multiagency working and develop their communication pathways to help support effective and timely care.

- Staff were supportive of people's additional healthcare needs and assisted them to medical appointments when needed.

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

- People were supported to maintain a balanced diet. Although not all people required support with food and drink, they told us that staff would always ask and offer support in line with the persons preferences.
- All staff were trained on how to support people with food and nutrition.

Staff support: induction, training, skills and experience

- Staff were supported and appropriately trained to provide safe and effective care. A training matrix was in place which indicated when staff needed refresher training, this was monitored by the registered manager.
- Staff reported that they felt well trained and that the induction process was thorough and provided enough information for them to provide care.
- The registered manager was proactive in seeking additional training when needed and was supportive of people new to the team who needed supervision before providing care.
- Competency checks were in place and overseen by the registered manager and senior team. These are reviewed annually or when indicated by staff.
- People who used the service told us they felt that staff had the appropriate training to provide good care and raised no concerns.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported, care plans included details about people's likes, dislikes and social backgrounds. Staff provided care without discrimination and acted on people's preferences.
- People and their relatives felt staff treated them with kindness and respect. Feedback from relatives and people using the service was positive, good relationships had been built up between care givers and the people in their care.
- The care received was described as, "Excellent" by one family member, with another saying, "I would recommend them to anybody."

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

- Staff supported people to express their views and wishes. A pre-assessment was complete for any person wishing to have care provided by the service. This included discussions about the care needed, the preferences of the person receiving the care and the opportunity to meet the care giver who would be providing the support.
- People were given the opportunity to feedback on the care provided via periodic courtesy calls. These calls gave the opportunity to raise any concerns and for people and family to discuss the level of care provided.
- Family members told us that they could contact the registered manager at any time to discuss changes in care needs and that the service was flexible to meet the needs of the people using them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff had a positive and caring attitude to the people in their care.
- People told us that staff always maintained their dignity and privacy when providing care and could openly speak to staff about their care preferences.
- People were able to talk to their care team and work together to tailor the care required to meet each person's needs, promoting independence and dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Each person had a care plan about their needs and preferences. Care plans took the needs of the people into account, while giving them choice. People could choose their care giver and build a relationship with them, providing continuity of care.
- The service is flexible and works with people and their relatives to provide care that is responsive to the changing needs of the people.
- Systems had been developed to increased communication between the care team and relatives who also provided care. This had positive feedback and helped ensure people's needs were met.

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

- Relatives were supported to have an input into people's care with positive relationships built between care staff, relatives and people using the service.
- Care plans reflected a person's social and cultural preference allowing staff to have awareness of these events and offer support if needed.

Improving care quality in response to complaints or concerns

- There was a system in place to record and evaluate complaints however the effectiveness of this system had not yet been tested as no complaints had been received.
- A complaints procedure was in place which was accessible to people and staff if needed.
- People and relatives reported they knew how to raise a concern and they had confidence in the registered manager to deal with this appropriately and professionally.

End of life care and support

- There was no person using the service currently who needed support with end of life care however this level of support could be provided. Specific care plans could be developed considering people's preferences, spiritual and cultural beliefs.

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 were supported to understand the information given to them about their care and time was taken to develop care plans with involvement from family. The needs of the people currently using the service were met however this is an area which the service needs to develop further to be fully inclusive and if people's communication needs deteriorate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- Effective quality assurance processes were not in place and systems had not been developed for all relevant areas of the service. Audits that were in place were not sufficient or robust enough to highlight all shortfalls and failed to identify when best practice guidance was not met.
- Not all risks to people had been identified, managed and appropriately recorded, this included environmental risks to staff and health risks to people in their care.
- Staff indicated they were not always clear on the correct process to follow when reporting accidents and incidents which resulted in multiple incidents going unreported. There was no evidence that action had been taken to improve staff's understanding.
- Systems and process had not been developed to identify where quality and safety had been compromised, as a result, practice was not improved, and lessons learnt were not evidenced.

Failure to ensure systems and processes are established and operated effectively to monitor the quality and safety of the service provided is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was in post at the time of the inspection however the support they had received from the franchise was minimal. This support could have provided further oversight for the service and provided additional operational knowledge which we found to be lacking on the inspection.

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

- Systems had been developed to engage with people and staff. People told us that they knew how to contact management and they would not hesitate to raise concerns.
- Team meetings were held giving staff the opportunity to give feedback on any concerns and to have input on the developments of the service.
- Communication systems had been developed which promoted positive relationships and greater involvement of relatives in the care of their family members.
- There was an equality and diversity policy in place to promote equality and staff received training in this area.

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

outcomes for people

- There was a positive culture in the service. The registered manager promoted a strong caring ethos which staff understood.
- People and relatives reported they were happy with the care and that the care team knew them well. They would spend time with people and were not rushed. One person said, "They really are angels."

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 understood the regulatory requirements and their responsibilities to be open, honest and to apologise if things went wrong.

Working in partnership with others

- The registered manager was developing links with charities and businesses within the local community, looking to provide benefits for the care team and to also offer support to people in their care.
- Positive feedback was received from professionals who had worked with the service and they would not hesitate to contact the service for support in the future.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have effective systems in place to assess the risk to the health and safety of the service users.</p> <p>The provider did not ensure the proper and safe management of medicines.</p> <p>12(2)(a)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>17(1)(2)(a)(b)(f)</p>