

Butterflies Home Care Ltd

Butterflies In Hampshire

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 the 16 and 18 May 2017 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Butterflies in Hampshire provides personal care and support to people in their own homes. At the time of this inspection Butterflies was providing a service to 35 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

At our last inspection on 2 March 2016, we found four breaches of regulations. The service was non-compliant with safe recruitment procedures, safeguarding procedures were not effective, staff did not receive regular supervision and the provider did not have effective systems in place to monitor the service. The provider sent us an action plan detailing the steps they would take to become compliant with the regulations. During this inspection we found action had been taken but further improvement was required.

Relevant recruitment checks were conducted before staff started working at Butterflies in Hampshire to make sure staff were of good character and had the necessary skills. However, there were unexplained gaps in staff employment histories. Improvements were needed to ensure that all of the required checks were made before new staff started working at the service.

Quality assurance processes had been developed. However, further improvements were needed to be fully effective.

There were appropriate arrangements in place for managing medicines. Staff were trained in the handling of medicines. However, the registered manager had not assessed that staff were competent to support people with medicines to people in a safe way.

Providers are required to conspicuously display their CQC performance ratings on their website. At the time of our inspection the previous CQC inspection was not displayed on their website. However during our inspection it had been uploaded to their website.

People and their families told us they felt safe and secure when receiving care. However, we found that information about the safe use of bed rails was not included in the risk assessment relating to people's health and well being.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

Staff knew what was important to people and encouraged them to be as independent as possible. People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns.

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.

Recruiting practices were not always safe; there were gaps on staff's employment history.

Medicines were not always managed safely. Staff were trained to support people with medicines. However, the registered manager had not assessed that staff were competent to support people with medicines to people in a safe way.

Risks to people's welfare were not always identified and plans were not in place to minimise those risks.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received support with meals and drinks and could choose what they wanted to eat.

Is the service caring?

Good 

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible.

They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. □

The provider's previous CQC rating was not displayed on their website. However, it had been uploaded during our inspection

People and staff spoke highly of the registered manager, who was approachable and supportive.

The service had appropriate policies in place.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 and 18 May 2017. 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.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people receiving care and support from the provider and one family member by telephone. We spoke with a further two people and one family member when we visited their homes. We spoke with the registered manager who is also the owner, and three staff members. We looked at care records for five people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

Is the service safe?

Our findings

At our previous inspection in March 2016, we identified that the provider did not follow safe recruitment procedures, application forms and references were not requested for all staff. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by April 2016. At this inspection we found action had been taken but some further improvement was needed.

Recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, there were a couple of unexplained gaps in staff employment histories. We spoke to the registered manager who informed us they would take action immediately to address our concerns.

At our previous inspection of the agency in March 2016, we identified that safeguarding and whistleblowing procedures were not effective. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by April 2016. At this inspection we found improvements had been made.

Staff understood their responsibility to keep people safe from harm. Since our last inspection extra training had been provided for all staff on safeguarding on line as well as class room based. Staff were issued with a safeguarding flow chart with clear guidelines of action to take which included telephone numbers and contact details if they suspected people were at risk. Records showed this was also discussed in a team meeting shortly after our last inspection with staff. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I have had safeguarding training. If I had any issues at all I would raise them with [manager's name]." Another staff member said, "If I had concerns I would let [managers name] know straight away. If no action was taken I would take it to a care manager and up to the next level."

People and their family members told us they felt safe with staff and the service provided safe care. One person told us, "I feel very safe in their care, all very good." Another person said, "Oh yes very safe. They make sure all the doors are locked before they go." A third person told us, "Yes very. Staff use a hoist and I feel very safe." A family member told us, "Yes I feel he is safe." Another family member said, "Feel they are safe, always two staff."

People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible. There were medicines administration systems in place and people received their medicines when required. Staff were issued with

a mobile phone and used this to access the care plans and MAR charts electronically on a computerised system which meant any changes to medicines were updated immediately and staff had all the latest information. This meant that the risk of errors were reduced. If a staff member had not administered a person's medicines as scheduled at their visit the registered manager was immediately alerted to this on their smart phone and computer. This had resulted in no gaps in medicine administration records to ensure risks to people's medicines were managed safely.

For people who required creams to be applied these were also managed electronically with an on line body map which clearly showed where cream was to be applied as well as clear directions for staff. Staff had received training in safe administration of medicines, however the registered manager had not assessed that staff were competent to give the medicines support being asked of them including assessment through direct observation. We spoke to the registered manager about our concerns who agreed to address our concerns immediately.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, medicines, falls and equipment. For example a risk assessment for the environment, provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies.

There were also clear risk assessments in place for the risk of infection which informed staff to wear gloves and aprons and to complete infection control training. Wash hands before and after the task and to be bare from the elbow down. However we found one person who had bed rails in place at their home but no risk assessment was in place to ensure they were safe to use. The registered manager told us the person had capacity to consent to the use of bed rails and they had been provided by the occupational therapist before the agency started care. They were aware they should complete a risk assessment for staff to follow to ensure the safe use of bed rails and were going to update records as soon as possible.

There were sufficient numbers of care workers deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone and were able to provide additional support if someone needed it; for example, if the person was unwell. The registered manager told us, "I only take on a care package when I have space and staff to cover calls. I am in the process of taking on more staff to give existing staff more flexibly with annual leave requirements."

The provider used an electronic call monitoring system which enabled the registered manager to monitor that all care calls are taking place and at the correct times. Staff use their mobile phones to log in at the person's home, which allows the registered manager to see instantly if a staff member is running late so appropriate action can be followed up.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness.

Is the service effective?

Our findings

At our previous inspection of the agency in March 2016, we identified shortfalls in respect of staff supervisions and appraisals. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by April 2016. At this inspection we found improvements had been made.

People were supported by staff who had supervisions (one to one meetings) and yearly appraisals with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Records of supervisions were kept by the service. This showed the process used was formalised and covered all relevant areas. Where necessary, actions for improvement were identified and followed up. One staff member told us, "I had three supervisions so far since I started in September which have been fine." Another staff member said, "Supervisions are fine, no concerns at all."

People and their families told us staff were well trained and supported them in a way they liked. One person told us, "Staff know what they are doing definitely." Another person said, "Oh yes there's nothing that isn't right with any of them." A family member told us, "All the staff seem to know what they are doing." Another family member said, "All the girls are very good."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Most training was provided online and included fire safety, health and safety, first aid, infection control, medicines, moving and handling and safeguarding. After training staff had to complete a knowledge quiz and achieve over 80 % to pass. The registered manager informed us they had just introduced further class room training for safeguarding and medicines and were in the process of booking some specialised training for Parkinson's and dementia.

People told us, if a new staff member started; they were accompanied by a regular carer and shown how they liked things done. The service had appropriate procedures in place for the induction of newly recruited members of staff. New staff were supported to complete an induction programme before working on their own. This included on line training where staff were supported to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "I had three weeks of shadowing before I started. It was meant to be two but I didn't feel confident to go out on my own, so I was able to complete an extra week of shadowing so I felt confident." Another staff member said, "Induction fine for me, just right and very informative."

Staff had received training in the Mental Capacity Act, 2005 (MCA). 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 Staff showed an understanding of the legislation with regards to mental capacity. Before providing care, they sought verbal

consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People told us that staff sought their consent before providing care. One person said, "Staff ask if I am ready before they start." A staff member told us, "I always ask for consent. I tell them what I am going to do then check that they are happy for me to do that."

People were supported at mealtimes to access food and drink of their choice. One person told us, "They [staff] get my breakfast, assist with a wash and tidy up. Give me choice, know what I like and what I want." A staff member said, "I assist a gentleman with breakfast. I always give as much choice as possible. I see what is available in his fridge and offer choices, sometimes he likes mushrooms or eggs on toast and sometimes cereal and toast." Another staff member said, "I support one lady with her meals and she will tell me what she would like and I will prepare it for her." The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated ready prepared meals. Care plans contained information about any special diets people required and about some specific food preferences.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed.

Is the service caring?

Our findings

People and their families felt staff treated them with kindness and compassion in their day-to-day care. One person told us, "lovely very caring, very nice lot of girls. Everyone is nice not met one who is unpleasant." Another person said, "Very caring always make sure before they go if I need anything else." Other comments included, "Very nice crowd of girls." As well as, "Very well looked after. We have a lot of banter." A family member told us, "Staff are absolute lovely. They treat him very well. Which is what you want, all very helpful." Another family member said, "Nothing too much trouble and always a smile on their face." As well as, "[Person's name] thinks the staff are lovely too, they all chat away to him."

People experienced care from staff who understood the importance of respecting people's privacy, respect and dignity when supporting them with personal care. One person told us, "They treat me with dignity, I'm very pleased with them they do the job well." Staff ensured doors were closed and people were covered when they were delivering personal care. A staff member told us, "I offer privacy and dignity every time I wash someone. I always cover them up with a towel and leave their clothes on till the last minute."

People told us they were involved in planning their care and care records showed evidence of this, as people had signed to confirm they had agreed with the amount and type of support they were provided with. Care plans provided information about how people wished to receive care and support. One person told us, "I find they listen to what I want." One family member said, "These young ladies have helped me and given me extra time."

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One person told us, staff were always promoting their independence and said, "Staff encourage me to go out and get the bus into Romsey."

The importance of protecting people's information formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer and smart phones was also secure and password protected.

Is the service responsive?

Our findings

People received individualised care which met their needs. People and their families told us staff knew them well and understood their care needs. One person said, "They [staff] do everything I want to them to do, they know what I like." A family member told us, "I said I wanted my time after 19.30 in the evening and they changed that for us."

People received care that was personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping, dressing and attending appointments. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan.

Staff told us they could access the electronic care records system via the smart phones they were provided with by the provider. This meant staff could read people's care plans on-line and check the care records from the last call before they visited the person. This was accessed through an application on the smart phone and was password protected. One staff member told us, "I think the care plans are great I really do. I love them as they are on line and always updated. Before I go into visit someone I read it all before I go in so I have the latest information and I know what I am doing." Another staff member said, "The care plans is on paper in their home in a folder as well as on our phones. They are really easy to follow and gives enough information."

The care plans were updated regularly to ensure a true reflection of the person's current needs. One person told us, "I was involved in my care plan. [Managers name] came out and discussed and assessed what I would like in my care plan." They provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received. Comments included, 'I am very happy. Over the moon they are good girls.' As well as, 'care package fine, meeting all mums needs. Good communication.' Also, 'care package is going absolutely brilliant.'

The provider sought feedback from people and or their families through the use of a quality assurance survey. This was sent out twice a year seeking their views. We saw the results from the latest questionnaire, which had been completed in April 2017 the results were mostly positive. Concerns were raised about rotas not being sent out as people would like to know who is coming to see them. The registered manager said, "I use to send out rotas but not everyone wanted them." They told us as a result of the survey they are going to find out if people want them to be sent out to them and take action if required. Comments included, 'they provide excellent care and support.' As well as, 'no problem with the service what so ever. Excellent staff.'

People told us they knew how to make a complaint. One person told us, "If I needed to complain I would ring up [manager's name]." A family member said, "I had problems with a couple of members of staff I told them and they don't come anymore." Staff knew how to deal with any complaints or concerns according to

the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

Is the service well-led?

Our findings

At our previous inspection in March 2016, we identified shortfalls in effective systems in place to monitor the service and policies and procedures were often unclear and generic. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by April 2016. At this inspection we found policies and procedures had been improved and quality assurance improvements had been improved, but needed further time to become effective.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included auditing care plans, staff files and training. The registered manager told us they were always accessing the on line portal so could see what care was being provided at all times and would check staff had provided the correct care and recorded appropriately. However we found recruitment processes were not robust enough to identify the gaps in staff employment history.

Following our last inspection, we issued an overall rating of 'Requires improvement' to the service. Providers are required to display their ratings conspicuously on the premises and on their website. A check on the provider's website showed the rating was not displayed there. We spoke to the registered manager who told us they thought the rating was on their website and would take immediate action. On our second day of the inspection the rating had been placed on the website.

People and their families felt this was a well led service. One person told us, "[managers name] is very good when I need to speak to her, very good at sorting things out." Another person said, "Definitely recommended the service. Very happy with them." A third person told us, "Been well looked after ever since butterflies took over. All very caring really do care." A family member told us, "I would recommend the service." Another family member said, "Certainty would recommend them. If anyone goes with them they will be very happy."

Staff spoke highly of the service and were pleased to work there and felt supported by the registered manager. One staff member told us, "I've never had a problem with the manager, been approachable and been flexible with me." They also told us, "I like my job and I think it shows in my work. I like to think we have a good team of staff." Another staff member said, "First class service very lucky to have found them."

Staff meetings did not take place regularly but staff felt supported by the registered manager. The registered manager told us they listened to staff and as a result had agreed for staff to wear a polo top in the summer months due to the heat as the uniform of a tunic was too hot for staff in the summer months. They also informed us a staff meeting was booked this week to discuss availability for staff taking annual leave. More meetings would be planed throughout the year.

The registered manager informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. The registered manager was aware of the need to notify the care quality commission (CQC) of significant events regarding people using the service, in line with the requirements of the registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.