

Butterflies Care & Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5 October 2015 and was announced. Butterflies Care and Support Lincoln provides personal care in people's homes to adults of all ages with a range of health care needs. There were 6 people using the service at the time of the inspection

At the time of our inspection 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.

People said they felt safe with the care they received. Arrangements were in place to ensure that people were protected.

People had risk assessments. Where risks had been identified there were plans to manage them effectively. Staff understood risks to people and followed guidance.

Summary of findings

There was usually sufficient staff to provide people's care. At the time of inspection the provider had two registered managers in post and two care staff. Recruitment checks ensured that people were protected from the risk of being cared for by unsuitable staff.

People's care was provided by staff who were sufficiently trained and supported. Staff had received an induction when they started employment with the provider. Systems were in place to support staff and monitor their work.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), where people lacked the capacity to consent to their care relevant guidance had

been followed. People told us staff treated them with dignity and respect. People's needs in relation to nutrition and hydration were documented. Care plans were personalised and people were supported to maintain their choices. Care plans were updated.

A system was in place to manage complaints however the provider had not received any complaints.

The majority of people told us there were good communications from the service office and they knew who to speak with. People's feedback on the service was sought. Staff were encouraged to speak with the registered managers about any concerns they had about people's care.

Summary of findings

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 safe.

Safeguarding procedures were in place.

Risks had been assessed and plans put in place to manage risks.

There were sufficient staff to meet people's needs.

Good



Is the service effective?

The service was not consistently effective.

People were cared for by staff who received an appropriate induction to their role however a plan for on-going training was not in place.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA).

People had their nutritional needs met.

Requires improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff were aware of people's choices and care needs.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care.

A complaints process was in place.

Good



Is the service well-led?

The service was well led.

The service had a registered manager.

Systems were in place to monitor the service quality and encourage staff and people who used the service to express their views.

Good



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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 5 October 2015 and was announced. More than forty eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available as the service was a small service.

The inspection team comprised of one inspector.

During the inspection we spoke with the registered managers and provider (one of the registered managers was also the provider). We reviewed records which included four people's care plans and two staff recruitment files and records relating to the management of the service. Before the inspection we spoke with two people who used the service and a relative of a person who used the service by telephone.

Is the service safe?

Our findings

All the people we spoke to told us that they felt safe with the care they received. One person said,

“I get the same carer so they know how to care for me.”

Safeguarding policies were in place to ensure that staff knew how to report any safeguarding concerns. The registered managers were able to demonstrate an understanding of their safeguarding responsibilities. People were kept safe as arrangements were in place in relation to safeguarding procedures.

People told us that staff usually had enough time to provide care appropriately. One person said, “All my calls are 25 minutes, and they stay the time for me.” The registered managers coordinated the rotas and knew the people who required care and were able to ensure that staff were allocated appropriately. The provider had recently employed two additional care staff to ensure that there was sufficient staff to meet people’s needs.

Records demonstrated that the provider had a robust staff recruitment process. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Risks to people had been identified in relation to areas such as mobility and falls. Where risks were noted there were plans in place to manage them and maintain people’s safety. However risk assessments had not been completed about people’s environment and the risks to staff. Staff were at risk of providing care in unsuitable environments.

At the time of our inspection the service was not administering medicines to anyone. All the people receiving personal care were able to administer medicines themselves. A medicine policy was available and care records documented that people managed their own medicines.

Is the service effective?

Our findings

People told us that they thought staff were well trained. When we asked people if they thought staff were trained to meet their needs two people said, “Very good.”

People were cared for by staff who received an appropriate induction to their role. The induction included training on areas such as health and safety and policies and shadow shifts. The registered managers told us that people shadowed until they felt confident to provide care and the people they were caring for were also happy with their care.

Records were maintained about the training staff had completed. However at the time of our inspection the provider did not have a plan of training in place which meant staff did not have access to on-going training to ensure that their skills were updated. The registered managers told us they provided regular support to staff and met them on a regular basis however there was not a system in place for supervision or appraisal. Supervision and appraisal is important to measure staff’s performance and identify their training needs.

Documentation included written consent for staff to provide care to people. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests. At the time of our inspection best interest assessments were not required because the people receiving care had capacity to consent.

Care records detailed what, if any support people required with their meals for example, one record said, “Will need you to cut up larger food items.” They also detailed what people preferred to eat. Where people required specific support such as supplements or thickened fluids this was recorded in the care record.

Staff liaised with other professionals regarding people’s health needs, for example, the GP and district nurse. Care records included contact details of other professionals who were important to people. The registered managers told us that they would contact relevant professional if they needed to or if people asked for their support to do this.

Is the service caring?

Our findings

People told us that staff were caring. One person said, “They [care staff] are very good to me,” and “Been treated very kindly.” Another person said, “She [care staff] has a chat with me and a cup of tea.” A relative told us, “It’s nice to get someone who proper cares.”

People said that care staff respected people’s choices and how they preferred their care to be provided. One person said, “It was my choice to have my shower in the morning.” Most people said that the care staff listened to them and responded positively to requests and their care needs.

People said that care staff treated them (or their relatives) with dignity and respect and were friendly towards them. They told us that staff respected their privacy when providing care and treated people as individuals. For example closing curtains when delivering care and allowing people to participate in their care as much as

possible. The registered managers told us that they saw people as individuals requiring different levels of support and care to maintain their independence. They said they tried to treat people as they would a family member and ensured that their choices were respected. For example, they bought people a small gift and a card on their birthday and at Christmas. They told us that they were aware of the need for confidentiality and staff were asked to sign confidentiality statements when they commenced their role to ensure that they understood the importance of this.

The registered managers told us that they planned care with people and focussed on the person’s description of how they wanted their care provided. Care records explained how to provide support to people, for example, one record said, “Ensure that the room is ready and warm.” Another record said, “Please do not rush me.” Care records explained clearly what support people required for example, how to support people when they were bathing. One record said, “Requires a lot of reassurance.”

Is the service responsive?

Our findings

One person told us that the service met their needs and said, “They never let you down.” Another person told us, “I would be lost without it.”

People told us that care staff were always on time and stayed the amount of time that their care plan specified. They also said that if they needed extra support occasionally they would provide this, for example one person told us that they sometimes helped them to finish making their bed. People were informed about who would be providing their care on a weekly basis and people told us that they got the same carer on a regular basis. This meant that the carers knew the person's needs and were familiar with the care that they required to support them.

People's care records demonstrated their needs had been assessed prior to them being offered a service. Care plans were detailed to support the person's care and treatment. For example, a front sheet included the key elements

required to provide care to people. One record said, “Ensure kettle is half full as [the person] may struggle with it full.” People we spoke with told us that they had been involved in planning their care and felt it met their needs. One person told us, “They came to discuss the care I wanted.” Records detailed what care people had agreed to and what time people had requested their calls for.

People's care had been regularly reviewed and changes made when necessary, for example, one person requested additional care due to an increase in their needs and this was clearly documented.

The statement of purpose included information about how to complain and this was given to people when they started to receive care. However one person told us that they were not quite sure how to make a complaint if they needed to but would contact either the registered manager or their social worker for advice. The registered managers told us that they would include details about making a complaint in their information leaflet and as part of people's reviews.

Is the service well-led?

Our findings

Systems and processes were in place to ensure that a quality service was provided. We saw that audits had been carried out on care records. A survey had been carried out with people in 2014 and the registered managers told us that they were due to send out a further survey. The survey in 2014 had not identified any issues and people were happy with the service.

Staff were provided with a handbook which covered the principles and values of the service. The staff that we spoke with reflected the values about supporting people to maintain their independence and remain in their own homes. Where staff worked alone they were provided with equipment and support mechanisms to keep them safe.

People were supported by staff who were encouraged to raise issues. Details of the whistleblowing policy were available to staff. The registered managers told us that they were contactable at any time and encouraged staff to raise queries with them to ensure that people received the correct care.

People had been asked about their views of the service on a regular basis as part of their care reviews, they told us that they knew how to raise a concern or make a complaint. People said they would contact the registered managers if they had concerns. People told us that they

would know how to contact the office and speak to the appropriate person. They told us that they also had mobile numbers if they needed to contact a member of staff but that they had never needed to do so. A person who had experience of other providers told us, "One of the best I've had."

We looked at the provider's statement of purpose. This is a document which the provider is required to have which tells people about the service. The document was written in words and pictures so that it was accessible to a wide range of people. It included information about the provider's philosophy of care, for example it said, 'Support you to keep safe' and 'enable and support people to reach their full potential.' We saw that this philosophy was reflected in what people told us. The registered managers told us that they encouraged people to speak up about their care and visited people on a weekly basis to ensure that they were happy with their care.

The service currently only employed two staff plus the registered managers and they were in the process of recruiting for a further member of staff. The registered managers told us that in order to ensure that they could meet people's needs and provide flexibility the current staff were not full time. This meant that they had the ability to provide additional hours to cover annual leave and sickness if required. They said that the requirement to work flexibly was also included in the contract of employment.