

Butterflies Care & Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of the service on 13 November 2018. Butterflies Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There were two registered managers in post who shared the role. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

This was the second comprehensive inspection for this location. The service was previously rated overall 'Good'. At this inspection the service was rated as overall 'Requires Improvement'.

A process for checking the quality of care people received was in place. However these checks were not consistently documented.

There were enough staff on duty. People told us that they received person-centred care according to their wishes. Staff had received training and a plan was in place, however a system for providing core training and updates was not in place. Staff had received regular support but had not received supervision and appraisal.

There were processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their independence was respected. Medicines were managed safely. There were sufficient staff to safely meet people's needs. Support was provided at the times people expected. Background checks had not been consistently completed before all new staff had been appointed.

Arrangements to prevent and control infection were in place.

Staff had not been supported to deliver care in line with current best practice guidance. Records were not consistently clear about people's ability to consent to care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. People were helped to eat and drink enough to maintain a balanced diet. People were supported to access healthcare services so that they received on-going healthcare support.

People were treated with kindness, respect and compassion. They had also been supported to express their

views and be actively involved in making decisions about their care. In addition, confidential information was kept private.

Information was provided to people in an accessible manner. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities and to speak out if they had any concerns. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient skilled staff to provide safe care to people.

Arrangements were in place to keep people safe.

Medicines were administered and managed safely.

Arrangements were in place to safeguard people against the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Records did not consistently record people's consent.

Staff received training and support however systems were not in place to ensure this was refreshed. Formal arrangements were not in place to provide regular supervision for staff.

Peoples nutritional needs were met. People were supported to access a range of healthcare services.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and respect.

People received care according to their choices and preferences.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

Care was personalised and people were involved in developing their care plans.

A complaints policy was in place and people told us they knew how to complain. Where issues had been raised they had been resolved.

Arrangements were in place to support people at the end of life.

Is the service well-led?

The service was not consistently well led

Systems and process were not in place to ensure good quality care and care was provided according to best practice.

Arrangements were not in place to ensure the service was aware of best practice guidance and was followed.

Regular checks were carried out on the quality of the service provided to people. These checks were not always documented.

Staff were supported in their roles and felt able to raise issues and concerns.

Two registered managers were in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people.

The provider had notified us of accidents and incidents.

Requires Improvement 

Butterflies Care & Support Ltd

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 was a comprehensive inspection.

This was the second comprehensive inspection of this location. At our previous inspection the service was rated as 'good'. At this inspection we found the domain was rated as 'requires improvement'.

This inspection took place on 13 November 2018 and was announced. We gave the service one week's notice of the inspection visit because the location provides a small domiciliary care service and we needed to be sure the relevant people would be available.

The inspection was carried out by an inspector.

Before the inspection we looked at information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We did not receive a Provider Information Return as this had not been requested. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the provider, the registered manager and two staff members. We spoke with three people who used the service and one relative by telephone. We looked at the care records for five people who used the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People told us that they felt safe. A person said, "Yes, feel safe." 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. We found that the provider knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had not undertaken the necessary checks. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. However, references for one person had not been obtained from people who knew the applicants. This meant the service did not have information about the previous good conduct of the applicant and to ensure that they were suitable people to be employed in the service. The registered managers told us this was because the person had not previously worked. However good practice recommends that character references are taken as an alternative. We asked to see the provider's recruitment policy so that we could check if they were following their policy however, this was unavailable at the time of our inspection. We have since received this information. The policy refers to obtaining character references at the time of our inspection the provider had not followed their policy.

Arrangements for staffing ensured that people received care at the right time. One person said, "I have never known them to be late." The registered manager told us that they had put in place arrangements to ensure there were sufficient staff to support people. The service currently only employed three care staff plus the registered managers. The registered managers told us that 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 availability to provide additional hours to cover annual leave and sickness if required. Staff told us they would always ensure people's needs were met before leaving a call and there was sufficient time to do this.

We found that some risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. For example, risk assessments were in place to support people when being supported to move. However, more specialist risk assessments for example, a risk assessment for people who required support with nutrition and environmental risks assessments were not in place. Following our inspection, the provider confirmed this had been put in place.

At the time of the inspection the service was not administering any medicines. All the people receiving personal care could administer medicines themselves. A medicine policy was available. We saw staff received training to ensure they were competent to administer medicines if required.

Suitable measures were in place to prevent and control infection. Staff we spoke with understood how to prevent cross infection and had received training about how to prevent the spread of infection. They told us

they had access to protective clothing and knew when to use it.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred.

Is the service effective?

Our findings

At our previous inspection in October 2015 this domain was rated as 'Requires Improvement'. We raised concerns about the training arrangements for staff. At this inspection the rating remained 'Requires Improvement'. Although some improvement had been made to training arrangements there remained issues about refresher training. We also found issues relating to the Mental Capacity Act 2005 (MCA).

The 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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We found that arrangements to obtain consent to care and treatment in line with legislation and guidance had been applied. However, this was not recorded in care records. We spoke with the registered managers who told us they would put this in place. We received information confirming this after the inspection.

It was not consistently clear if people had capacity to make decisions. For example, in three care records we found consent to treatment had been signed by a relative. It was not clear from the records if people had capacity to consent to their care. Records showed that when people lacked mental capacity the registered manager had not put in place decisions in people's best interests. This meant there was a risk staff were providing care which was not in people's best interests.

Most people we spoke with told us they thought that the staff knew what they were doing and had their best interests at heart. A relative told us, "They know what they are doing, I have every confidence." We checked with the provider and found that training was provided according to the identified needs of staff. However, the provider did not have arrangements in place to provide ongoing refresher training to ensure staff's core skills were up to date in areas such as fire safety, safeguarding and moving and handling. No staff had received any fire safety training and one staff told us they had not had an update about moving and handling. This meant that there was a risk staff's skills were not updated and in line with best practice.

Introductory training had been carried out with new staff however this was not in line with the National Care Certificate which sets out common induction standards for social care staff. 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. A member of staff said, "I had three weeks shadowing so I could meet each person and get to know their needs."

The registered managers told us they provided regular support to staff and met them on a regular basis however this was not recorded. Arrangements were not in place for staff to receive both formal supervision and appraisals. These are important to ensure staff have the appropriate skills and support to provide safe care to people. Staff told us they could speak with the registered manager at any time if they needed to. Observations of care were also carried out by managers to ensure staff were competent in providing care however there was no record of these available at the time of our inspection.

When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs, arrangements were in place to provide relevant training to staff. For example, care of people living with dementia.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance people required and support was provided accordingly. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to eat and drink enough to maintain a balanced diet. Records detailed people's personal preferences at meal times. One person had initially eaten a very limited diet which presented health issues. Staff identified the person had previously had regular packed lunches due to their job and started to introduce this as an alternative at lunchtime. As a consequence, the person's diet improved and their health.

People were supported to live healthier lives by receiving on-going healthcare support. Staff we spoke with could tell us how they linked with other health services to ensure people had access to health checks, for example GPs.

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person said, "It's all gone smooth from the beginning." Another person told us, "Very happy and really pleased. A relative said, "I know if I rang now and said I needed help someone would come." They told us how staff had supported them to visit a care home with their relative when they needed respite and picked up medicines for them.

People were treated with kindness and were given emotional support when needed. One person told us, "Have a chat and a laugh" and "I look forward to them coming." People told us staff were considerate. They said they always asked if there was anything else they could do before leaving. One person said, "If I've not washed up when they come they will do it for me." A staff member said, "You have time to talk to people as well as do the care."

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. A person said, "They make me feel better."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a person's care record stated, "I am able to put my arms in clothes if you hold them out for me." Memory boards had been provided to support people to be involved in their care. Staff used the boards to put the date on and detail who was coming to provide care plus any additional information such as reminders to have a drink or when visitors were due.

We saw where possible staff carried out additional tasks if people requested. For example, a record stated, "Asked if would clean windows as their cleaner could not come." We saw the member of staff had carried out this task for the person.

Care records explained how to communicate with people. For example, a record explained how staff needed to speak slowly and wait for a person to respond to ensure they understood. Where people were unable to communicate verbally arrangements were available for staff to use signs and symbols and pictures. We saw the provider's statement of purpose was written in words and pictures to assist people to understand the content.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis.

A person told us, "They are kind and respectful." People's privacy, dignity and independence were respected and promoted. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. The registered managers told us they were keen to promote and maintain people's independence.

We found that suitable arrangements had been made to ensure that private information was kept

confidential. For example, written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs. People were provided with individualised packages of care where support hours were provided according to the person's needs. For example, one person required additional support for a short period following an injury and the service had provided this, even though it was outside their usual support hours. This meant the person could remain at home.

Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. An initial care plan was developed and this was reviewed and finalised after four weeks to ensure people received the care they wanted. People told us they had been involved in developing their care plan. A person told us, they had their care plan in the house and were involved in putting it together at the start. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care records did not include information about people's past life and what was important to them. However, when we spoke with staff and the registered manager they could tell us about people's life experiences. This information is important for staff to assist them to understand the experiences of people living with dementia and ensure care was appropriate.

People were aware of who was going to provide their care and told us that they had consistent carers coming to them. One person said, "Staff are always communicating with each other to ensure there is continuity of care."

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Care records included guidelines on how people liked to be communicated with in line with the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual or transgender. Currently the service was not able to respond where people preferred a specific gender of staff to support them. We spoke with the registered managers and provider who told us if this was an issue for a person they would try to recruit specifically for them.

There were arrangements to ensure that people's concerns and complaints were listened and responded to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. One person told us if they needed anything changing they would ring the office and speak to the 'managers'. Another person said, "Not had to complain but would know who to get in touch with."

The provider did not provide care to people who were end of life.

Is the service well-led?

Our findings

At our previous inspection in October 2015 this domain was rated as 'Good'. At this inspection the rating had deteriorated to 'Requires Improvement'. The provider had not ensured that policies and procedures had been kept up to date and in line with best practice. For example, the MCA and complaints policy required up date to include current best practice. In addition, the provider had failed to ensure there were effective systems in place to ensure good quality care for example a system of training and development and comprehensive assessments of risk. There was a risk that staff would not work to current legislation and best practice guidelines. People would be at risk of receiving inappropriate care. Following our inspection, the provider sent revised copies of policies and procedures to ensure they were updated. These will be taken into account at the next inspection.

There were arrangements in place to monitor the quality of care people received. Records showed that the registered managers had regularly checked to make sure that people benefited from having all the care and facilities they needed. For example, weekly checks were carried out on log sheets to check whether people had received the care time they should. A survey had been carried out with people in 2014 but this had not been repeated to ensure people's views were considered. The registered managers told us that they regularly saw people because they both provided care to people. This meant that if people had any issues they could raise them in person and they would be quickly addressed. People we spoke with confirmed this.

Both the registered managers provided care and support to people. This meant they were able to speak with people on a regular basis about their care. The registered managers told us observational checks were carried out however these were not recorded.

People and their relatives told us that they considered the service to be well run. There was two registered managers in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that they had taken steps to ensure that members of staff were clear about their responsibilities.

Regular meetings were held with staff to ensure they were kept up to date with changes to the service. However, because there were only a small number of staff the registered managers had put in place additional arrangements to ensure staff were kept informed. For example, staff used a closed group on their mobile phones to communicate with each other.

Staff and people who used the service told us they thought the people in the office were approachable and listened to them. For example, one member of staff had suggested the use of memory boards for people which had been implemented. A member of staff said, "They (managers) are always at the end of a phone. They will always try and sort things out."

Staff received support from the registered managers when this was appropriate. For example, arrangements were in place to ensure staff could contact a senior member of staff. This was particularly important for staff who were lone working. Staff were confident that they could speak to the registered managers if they had

any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The registered managers told us they wanted to provide quality care treating people as individuals. A person told us about their care, "It's all gone smooth from the beginning."

We found that the service worked in partnership with other agencies. For example, the provider had worked with GPs and district nurses to ensure people had access to healthcare.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.