

Erian Limited

# Butterfly Home Help

## Inspection report

37 Upper Bloomfield Road,  
Odd Down,  
Bath  
BA2 2RY  
Tel: 01225 835888  
Website: [www.butterflyhomehelp.com](http://www.butterflyhomehelp.com)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 8 December 2015 when we visited the office of the provider. We spoke with people who used the service, their relatives and external health professionals on 9 and 10 December 2015.

This was an announced inspection. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service. We wanted to make sure a registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

There was a registered manager in post at the time of our inspection. This 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 were kept safe and staff were knowledgeable about reporting any incident of harm. People were

# Summary of findings

looked after by enough staff to support them with their individual needs. Some people's care needs meant that two staff were required to provide personal care, and this was provided as needed.

People were supported to take their medicines if needed, and staff had received training to support people safely. Where there had been errors or incidents, these were reported and acted upon, and appropriate action was taken.

Staff received an induction when they started in their roles. They were supervised on a regular basis, with planned supervision sessions and 'spot' checks by senior staff that were unannounced.

People were asked for consent before care was provided and this was documented. Staff told us they always assumed people were able to make decisions and choices about their care.

The service was responsive to people's individual needs and wishes. People were cared for by kind, respectful and attentive staff. They and their relatives were given opportunities to be involved in the development of individual care plans.

The registered manager and the management team assessed and monitored the quality of care. They encouraged feedback from people, which was used to make improvements.

People told us the service was well managed and they felt they could approach the management team if they had any concerns or complaints. There was a process in place so that people's concerns and complaints were listened to and acted upon.

# 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.

People told us they felt safe with the staff who provided their personal care.

People were protected against the risks of potential abuse. Staff had received training and understood their responsibilities in keeping people safe from harm.

Recruitment procedures ensured that relevant checks were completed so that staff were suitable to work for Butterfly Home Help.

Good



### Is the service effective?

The service was effective.

People were supported by staff who undertook training to develop the skills and knowledge they needed to meet people's needs.

People's health care needs were monitored and changes in their health or well-being prompted staff to refer to the GP or other health professionals.

People were encouraged to make choices and decisions about the care and support they received.

Good



### Is the service caring?

The service was caring

People spoke positively about the care they received.

People were treated with kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

Good



### Is the service responsive?

The service was responsive.

People had a plan of care and when changes to people's support was needed or requested, these were made promptly.

People felt able to raise concerns and expressed confidence that actions would be taken to address their concerns appropriately.

Staff had a good understanding of people's individual needs and preferences.

Good



### Is the service well-led?

The service was well-led.

The management team provided strong leadership, direction and support.

There were clear reporting structures in place and staff were aware of their responsibilities and accountabilities.

Good



# Summary of findings

People and those important to them had the opportunity to feedback their views about the quality of the service they received.

# Butterfly Home Help

## 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 was carried on 8 December 2015 by one inspector. Before the inspection we looked at all of the information we had about the service. This included information we had received in notifications. Notifications are important events which the provider is required by law to send to us. The provider had also completed a Provider

Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had from questionnaires people had completed about the service.

During the inspection, we spoke with the registered manager, the operations manager, the care manager and seven staff. We looked at documents and care records for five people and six staff recruitment and training files. We looked at records relating to the monitoring and management of the service such as policies, meeting minutes, surveys and audit reports.

On 9 and 10 December 2015 we spoke with two external health professionals, and eight people who used the service, or their relatives, on the telephone.

# Is the service safe?

## Our findings

People told us they felt safe using the service and spoke highly of the staff that provided their care. One person said, "I do feel safe with the carers and I would let you or the company know if I didn't". Another commented, "They (the staff) are really good, they are very professional".

Staff had a good understanding of their role in keeping people safe and protected from the risks of harm and abuse. They were able to explain how they would recognise different types of abuse or neglect, and the actions they would take. A member of staff told us, "I have had safeguarding training, and would report immediately if I thought someone was being abused, to the manager or the senior staff on call". Information we held about the provider showed they had made safeguarding referrals to the local authority when there was a concern about people's welfare.

There were enough staff available to meet the current needs of people using the service. Some people required the support of two carers and we saw this was provided as needed. Senior staff told us they would not take on additional care packages if they felt quality and safety would be compromised. They told us the registered manager was fully supportive, and empowered them to make this decision if needed.

Risk assessments were completed, for example, for moving and handling, infection control, people living alone, medication and nutrition. Risk management plans were completed and updated on a six monthly basis, or when there was a significant change.

We saw vulnerability assessments were completed and these highlighted how people may be most vulnerable and at risk in the event of severe weather conditions. Contact details of 'good neighbours' were recorded where possible, to help ensure there was a contact for people in the case of extreme untoward circumstances. Arrangements were in place to deal with foreseeable emergencies. The care plans contained information that may be needed in the event of a person requiring a hospital admission.

Medicines were managed safely. Some people required assistance to take their medicines, and this was

documented and recorded. Staff received training and were assessed before they were allowed to support people with their medicines. Medicine administration records (MARs) were completed by staff within people's homes and the provider had systems to monitor the accuracy of these records.

The provider had systems to effectively monitor incidents and accidents. Staff told us they were expected to contact the office and report accidents and incidents immediately. A senior member of staff was on call at all times to provide guidance and support to staff in the event of an emergency or untoward incident. Records showed that incidents such as medicine errors had been reported and appropriate actions taken in response. This included the reporting of an error to the person's GP, and documenting and acting on the advice given. We saw a member of staff had been identified as requiring additional training, and this was completed.

Staff recruitment procedures ensured pre-employment checks were completed before new staff were appointed. Staff files contained application forms that showed previous employment history, together with employment or character references. Proof of staff identity and address was obtained and enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS check ensures that people barred from working with certain groups of people, such as vulnerable adults, would be identified.

The provider had systems in place to monitor that care was being delivered safely. Staff told us they were expected to call the office and report if they were likely to be more than 15 minutes late for a visit. A senior member of staff then called the person to let them know. One person told us, "They do let us know if they are going to be late".

Staff were provided with supplies of personal protective equipment, such as gloves and aprons. They were also provided with 'Butterfly bags' to keep additional supplies of care documentation and advisory brochures for people such as 'Winter wrapping up' from Age UK. Staff told us they were encouraged to keep their supplies topped up so they would be prepared for situations or events that stopped them from visiting the office.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the standard of care provided. Comments included, "All the staff are very professional, they know what I need", and "On the whole, I get a pretty good service".

All staff received an induction when they started in post. This included the completion of mandatory training, such as infection control, moving and handling, mental capacity act, first aid and safeguarding people. A senior member of the management team was responsible for training which they provided in accordance with the new care certificate. The care certificate is a nationally recognised framework for good practice in the induction of staff. Staff also spent time shadowing experienced members of staff, before they were allowed to work unsupervised.

Additional training was provided to enhance staff knowledge in certain areas. Staff spoke positively about this, and told us the training really helped them to understand people's individual and specific needs. For example, one member of staff told us they had received training around the approaches to use to help provide more effective support to a person with mental health needs. We saw other specific training had been provided, for example, stroke awareness, tissue viability, diabetes and end of life care. Staff were encouraged to work towards achieving formal care qualifications and senior staff completed management and leadership training.

We spoke with a health professional who had provided training for staff. They told us, "The staff knew the person really well. The programme was very specific, and the person's family have noticed the difference. Recommendations I made have been implemented by the staff".

Staff were supported to effectively carry out their roles. Staff received regular performance supervision. They told us the sessions were useful and constructive. In addition to the planned supervision sessions, staff were also 'spot checked' when they were carrying out care duties in a person's home. Records showed that unannounced visits were made by senior staff who assessed and reported on the member of staff's performance.

All of the staff spoken with told us they were well supported. We received comments such as, "I think we are a really good team", "We can call at any time for advice and support, "I love working here, we are monitored regularly and I've just had my appraisal" and "I feel really well supported in my role, there's always someone to ask and who is willing to help".

People were asked to give consent before care was delivered. We were also told that people's preferences for male or female care staff were respected. One person commented, "I wouldn't want to be helped into the bath by a male carer, and I always have a female carer". The care documentation included a section for the person to sign to confirm they had been consulted, involved and that they agreed with their care plan. There was evidence of family involvement where appropriate, and it was noted where the need for an advocate had been considered.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and demonstrated an understanding of how the MCA impacted on their work. Staff told us they always involved people in making decisions about their day to day care, such as what to wear, and how they wished to be supported with their personal care. Staff told us they were aware of more formal processes for when decisions needed to be made for people. One member of staff told us, "I think the doctors and others have a meeting to decide how people are to be cared for." We saw the principles of the Mental Capacity Act 2005 were being followed and meetings had been held.

People had access to other health professionals as needed. We saw there was involvement from GPs, social workers, tissue viability nurses, community matron, district nurses, occupational health and speech and language therapy services. Staff told us they felt well supported by health professionals in the community. People's care records showed that referrals had been made when needed. For example, one person was prone to skin soreness and breakdown. The district nurse had been consulted and had provided specific training and guidance for staff to enable the person to receive the most effective care.

# Is the service caring?

## Our findings

We received positive feedback from people and their families when we asked about the caring nature of staff. One person said, "They are definitely very good, I get plenty of help from them", and a relative said, "I would say they are good and they care. I do speak to them if needed, I am very involved with (name of person's) care."

We looked at the compliments log maintained by the provider and saw comments that reflected the feedback we had when we spoke with people. This included comments such as "Would like to thank everyone at Butterfly for the wonderful care my aunt received" and "Without Butterfly, she wouldn't have been able to stay at home as long as she has".

Staff were knowledgeable about people's needs, demonstrated how they treated people with respect, and told us how they aimed to provide personal, individual care to people. We received the following comments from staff, "If I can make a difference to a person's life, even if it is just for five minutes, it's worth it", "I always check with people how they like to be cared for and what they would like to be called", and, "I always show respect to people, I must be doing a good job because people ask for me".

People were given information about the service. The Butterfly 'Professional Care Family Values' brochure provided financial information and details about the types of care provided. The Butterfly 'Clients Guide' provided additional information about, for example, quality assurance, infection control and a variety of Age UK factsheets and advice booklets. Contracts and terms for the supply of the services of a care worker were provided.

Staff were able to describe how to provide end of life care to people. One member of staff told us about the training they had received and commented how, "It helped prepare me for caring for someone who is near the end of life".

The registered manager told us about the events they arranged for people. They told us about the tea parties they arranged twice each year for people who used the service and their families. The registered provider did the catering and provided entertainment and staff provided transport for people. A tea party was planned to take place before Christmas.

The registered manager helped people to maintain links with the local community. For example, they introduced people at risk of social isolation to local support groups.



# Is the service responsive?

## Our findings

People's care needs were being met. The people we spoke with and their relatives told us the service delivered the care they needed. They spoke positively about staff. One person told us, "They help me with what I need, I usually have a bath, sometimes I have different staff, but they all seem to know what they are doing". Another person commented, "They are always caring and respectful to me".

Care records were personalised for people and provided good information about their individual packages of care. People's needs were assessed before a care package was agreed. Senior staff told us they considered the impact on current staffing levels before additional care packages were arranged.

Care plans were agreed with people and their relatives as appropriate. They were signed when they had been agreed. A further statement acknowledged, "I understand I can review and alter any part of the above (care plan) should I wish". The care plans provided details of the care each person needed, their regular routines, accident and emergency information, and specific guidance for staff. We saw details about each person's preferences to enable staff to deliver care in accordance with individual needs. For example, one care plan stated, "Finds it uncomfortable to be touched on their calf area",

Staff told us they read the care plans regularly to make sure they kept up to date with each person's needs. One member of staff told us, "I use the care plan as my guide and reference, although I still ask people how they want to be cared for".

People's care needs were reviewed on a six monthly basis, or more often if there was a change. A senior member of staff commented, "We communicate a lot between ourselves and with other professionals for some people with more complex needs. We can just pick up the phone when we have any concerns or need to discuss anything about a person's care". A health professional confirmed the effectiveness of the communication between themselves and the service, and said staff asked for guidance and

support and acted on recommendations they made. One health professional told us, "They have done brilliantly, we have lots of discussions (especially with the senior staff) and regular meetings. We have provided additional training where needed to make sure staff could meet people's individual needs".

The provider operated a 24 hour on call system and staff told us they were expected to report immediately if they had any concerns, or if there were changes in a person's condition. For example, staff reported changes in people's skin condition, if they appeared generally unwell, or if they were worried about people not eating or drinking sufficiently.

People told us they were involved in reviews of their care. People's comments included, "I have a review sometimes, not sure how often" and "I went through my plan recently". We saw the care plans provided clear detail about the involvement and input of other health professionals.

One health professional told us, "We are involved with people who have complex needs. They (Butterfly Home Help) are really good, they do try and match the carer with the client where they can".

People told us they felt able to complain, and most people told us they had details of how to make a complaint. One person commented, "It's with the rest of the paperwork I was given". Some people told us they had expressed concerns about their visits being late sometimes, although they were usually telephoned to let them know. Senior staff told us they tried to make sure people were contacted if they were going to be more than 15 minutes later than planned. The contractual agreement with each person stated they may expect a flexibility of 30 minutes during week days and up to one hour at weekends. The provider told us they had acknowledged there had been an issue with the timings of visits, and they had reviewed and revised staff workloads. They told us this had improved the timeliness of visits, but this was continually monitored. Staff told us they appreciated the changes made, and believed their travel times were now more manageable. Staff said they felt more able to deliver care in a personalised way, and they were not so rushed.

# Is the service well-led?

## Our findings

People told us they were aware of the management structure. There was a clear structure in place and the service had a registered manager, an operations manager, and a care manager, supported by a care coordinator and senior care staff. A senior member of staff told us, "I feel 100% supported in this role, and I believe we have a good support network for all of the staff team". Another member of staff said, "I just love working here, we are a real team".

The management and senior team communicated with people on a regular basis, and senior staff visited people's homes when 'spot checks' were completed and reviews undertaken. One person said, "I know I can pick up the phone anytime".

The spot check system was completed by senior staff. They monitored and reported how staff completed a visit to a person receiving care. They reported on the personal care support provided, the use of equipment, staff awareness of safety within the environment, how staff interacted and how the staff presented themselves, such as the wearing of their name badges. Records made by the staff were checked for accuracy, and staff received feedback and an action plan was produced if needed.

Care records and medicine charts were collected on a monthly basis from each person's home and audited to check they had been completed correctly. We were given examples of actions taken, such as additional staff monitoring and supervisions when the records did not meet the required standards.

Staff told us they were happy with their employment and felt they were listened to. They told us about some difficulties they had experienced with their working practices earlier in the year. The provider responded by holding a series of meetings and changed some of the working practices as a direct result of the feedback they received. The staff said the situation had improved significantly. One member of staff told us, "Things really changed, we have more staff and we now have more time to get to places".

The directors and management team held meetings on a monthly basis, and the operations manager held meetings with the care manager on a weekly basis. A new initiative just introduced was that two care staff were invited to part of the monthly meeting. This was to give them the opportunity to be more aware of the provider's strategy and business planning, and for the staff to be able to share any concerns on behalf of the team. Staff told us they understood the values of the provider and said, "They want us to provide the best possible care".

People told us they were given the opportunity to provide feedback about the service. Some people told us they preferred to do this informally, for example directly to the visiting care staff or by phone to the care manager. Surveys were completed on an annual basis for people and their families that gave the opportunity for people to feedback formally. The management team told us they also encouraged people to provide feedback at other times.

The provider had other systems in place to monitor the quality of the service. These included audits carried out periodically throughout the year. These covered areas such as care plans, medication management, health and safety, infection prevention and staff records. We saw that improvements were made in response to issues identified and feedback provided.

Visit times and staff whereabouts were monitored through a computer system. Staff 'logged in and out' of each person's home, and the times were monitored by the senior staff team. Staff were provided with torches and personal alarms to enhance their safety when they worked alone.

The registered manager understood their legal obligations with regard to notifications they needed to send to the Commission. They were members of local forums and attended meetings to help keep them informed and up to date with current guidance and best practice.