

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 20 June 2018 and was announced. The provider was given 48 hours' notice as we needed to be sure that someone would be available in the office and to support us to visit people in their own homes.

Butterflies Home Care is a domiciliary care agency. It provides personal care to older people living in their own homes in the community within the Hampshire and Dorset area. At the time of the inspection, Butterflies were providing a service to 48 people in the Dorset and Hampshire area to people with a variety of care needs, including people living with physical frailty or memory loss.

There was a registered manager in post. 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.

Robust governance and quality monitoring systems were not established or embedded within the service. Improvements were required in how the service was managed and how arrangements for accountability and delegation of management tasks were recorded. Monthly audits which included reviewing people's records, staff files and training were not established which would ensure the quality of the service and identify where improvements could be made.

Risks were not monitored adequately, or completed within care plans to ensure the effective monitoring and mitigation of the risk. This meant the provider was not doing all that was reasonably practicable to manage risks.

Some people self-administered their medicines, whilst others needed support. Although people told us they received their medicines as they should, staff had not received spot checks or competency checks to ensure they were administering medicines safely.

We have made a recommendation about the provider refers to current NICE guidance in regards competency and assessment for staff administering medicines.

There was a risk that people may be moved by staff who had not been assessed as competent to move and assist them. Although staff had in date training from previous employers the registered manager had not assured themselves staff were competent to perform specific tasks through monitoring and direct observations.

Although staff received an induction when they started working for the service, which included shadowing staff they were not receiving regular monitoring, supervision or appraisals.

We have made a recommendation that the provider considers good practice guidance to ensure all staff receive appropriate support, training and supervision and appraisal to carry out their roles.

There was a risk people may not be supported in line with their assessed care needs, as there were shortfalls in the information held within care plans. We observed four care plans which had missing information in regards the support people required. The registered manager told us, "I know that the care plans are not as person centred as I would like but I am working through it."

Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding. Professionals, staff and relatives told us they had no concerns relating to safeguarding.

We checked whether the service was working within the principles of the Mental Capacity Act. People told us that staff sought their consent before providing care. One person said, "They always ask me first".

Staff demonstrated a kind and caring approach towards people. People told us staff knew them well and treated them as individuals. People were consulted about the care they received and were given opportunities to express their views. People were supported to make decisions about things such as what they wanted to eat or drink, what they wanted to wear, and how they wished to spend their day.

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. There were no gaps in employment history and staff told us they had not been allowed to commence employment until all checks were complete.

Systems were in place for recording complaints within the service. People's relatives told us they felt confident to raise complaints but had not needed to.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with on-going care needs. Where people were being supported with end of life care, staff worked in partnership with GP and district nurses.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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.

Improvements were required to how identified risks were monitored, to ensure there was a consistent approach in how risks were mitigated and risk management plans were updated.

Some people were supported to take their medicines. However, the registered manager had not assessed that staff were competent to support people with medicines in a safe way.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse. People felt safe and secure when receiving support from staff members.

Staffing levels were sufficient to meet people's needs

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Staff received training to give them the skills they needed to carry out their roles but some improvements were required to ensure all staff were supported to carry out their roles.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

The service worked with other healthcare services to deliver effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity

### **Is the service responsive?**

The service was not always responsive.

People's care records were not fully completed or person centred. They lacked information relating to people's support needs

People and their relatives were listened to and felt involved in making decisions about their care.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

**Requires Improvement** ●

### **Is the service well-led?**

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 service had appropriate policies in place, however these had not been updated to reflect the provider's individual information.

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

**Requires Improvement** ●

# 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.

The inspection took place on 20 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by two inspectors. We visited the office location to see the registered manager and office staff; and to review care records, policies and procedures. We also visited people in their own homes. Following the inspection we telephoned people who used the service and staff who we had not interviewed on the day of the inspection. We also contacted the local authority to obtain their views about the service.

Before the inspection we reviewed all the information we held about the service. This included notifications the agency had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. 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 visited three people who used the service and spoke with four relatives. We also spoke with 11 members of staff, the registered manager and the office administrator. We spoke with two professionals who had knowledge of the service. Following the inspection we spoke with six people who used the service and three members of staff.

We looked at a range of records during the inspection, these included four care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety

records, policies, risk assessments, meeting minutes and staff training records. We looked at four staff files, the recruitment process, complaints, training and supervision records.

## Is the service safe?

### Our findings

Improvements were required to how risks were managed and risk management plans were reviewed and updated. Although staff told us they were aware of people's risks, not all risk assessments were completed with guidance for staff on how to mitigate the risks. For example, one person's care record stated that they were at risk of falls. The risk assessment gave details in regards to trip hazards such as wet floors and rugs, but held no additional guidance for staff in regards the person's abilities in relation to their mobility, or measures to reduce the risk of falls. The person's moving and assisting section in the care plan was not completed, which meant the risk of falls was not identified in their care plan. Another person's care plan identified that they could present as being confused. The person liked to go out alone on a regular basis. Staff were aware what time the person would return home, however there were no guidelines in place to guide staff what processes to follow if the person became confused and did not return home at their normal time. The registered manager updated the care plan following the inspection with immediate effect.

There was a risk that people may not receive their medicines correctly. The provider had not completed the appropriate checks to ensure staff were competent to administer medicines, including completing direct observation of staff. We spoke with five members of staff in regards to the spot checks and direct observation they had received. They informed us although they had completed on line medicines training, they had not received any formal competency observations. The registered manager informed us they only employed staff with previous care experience which included medicines experience and training, but agreed they had not themselves assessed that staff were competent to administer medicines through their assessment or direct observation. NICE guidance states, 'Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety, quality and consistency of care.' This meant they could not be assured staff were competent to administer medicines safely.

We recommend the provider follows NICE guidance in Managing medicine for adult receiving social care in the community, particularly in regards staff training and competency.

Staff reported accidents and incident to the registered manager either in person or by using the on line system. Two members of staff discussed their experiences of supporting people who had fallen. Both members of staff told us they informed the office by telephone if there were any accidents or incidents. They informed us they were not aware of any accident or incident forms that needed completed, one member of staff told us, "The registered manager would complete these once we have telephoned them." The provider's policy in respect of accident incidents or near misses requires that 'all accident and incidents involving injury to staff or service user are reported and recorded in the accident book, no matter how minor'. The registered manager was confident all accident and incidents were reported, but recognised staff needed additional training in understanding how to complete accident forms.

Staff told us and training records evidenced that staff had received training in safeguarding vulnerable adults. They were aware of what signs and behaviours they would look for if they suspected a person was at risk of abuse. Staff were also able to explain the process they would follow to report any concerns and were



aware of outside agencies they could report concerns of abuse to.

Systems were in place to record safeguarding concerns. The registered manager was able to discuss how they had investigated a recent safeguarding concern, and what lessons had been learnt. They informed us, "Following the outcome of the safeguarding investigation we informed all staff of what went wrong and how to prevent a reoccurrence happening, to improve the safety of all of our clients."

The service had safe recruitment practices. We looked at the recruitment files for four members of staff and saw that appropriate references had been sought and a satisfactory check from the Disclosure and Barring Service had been obtained. Staff confirmed that they did not start to work for the service before these documents had been obtained by the provider.

There were sufficient numbers of staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving a care service in their homes. The registered manager informed us, staff remained in the same area and usually supported the same people. They explained, "We don't use agency staff and currently don't have any staff shortages. Unless we can meet people's needs we do not take on the care package". People told us they were happy staff arrived on time. Staff told us that their visits were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. One staff member told us, "We don't have set rotas, and only receive a rota a few days in advance. I don't worry too much as my hours are set."

Staff and relatives told us they had no concerns relating to how people were cared for. People using the service told us they saw the same staff and felt staff, "Generally" arrived when they should". Staff used their mobile phones to log in and out of the person's home, which allowed the registered manager to see instantly if a staff were in at the person home when they should be.

Some people required support with making their meals. We noted that staff had attended training in food hygiene.

Staff we spoke with had a good understanding of infection control. Staff were able to access Personal Protective Equipment [PPE]. This included disposable apron and gloves. This equipment is used to mitigate the risk of infection to the person being cared for and the member of staff. A member of staff told us, staff working in the Hampshire area were able to access PPE from the administrator's home as there was not a registered office in the Hampshire area. They informed us, "This works well."

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 were any difficulties covering calls due to events such as the weather conditions or sickness. One health professional told us the registered manager supported people well in the event of an emergency. They told us, "During recent bad weather [registered manager] called and offered the use of a 4x4 vehicle to get carers round to people, [name] went the extra mile to ensure clients were supported."

## Is the service effective?

### Our findings

There was a risk that people may be supported by staff without the correct skills and qualifications to meet their needs. Two members of staff told us they had not received training in assisting people to move since commencing their employment. One staff member told us they supported people to move but were "Waiting for a date" to complete their on line training in moving and assisting. Another member of staff told us, "I have not completed my moving and handling training, but I have done the training before in my other job. I show new staff how to move people." Although staff told they were confident within their roles, they had not been supervised or monitored by the registered manager since starting employment.

Staff completed induction training which included training which was considered essential. This included fire safety, dementia, and nutrition and hydration manual handling and infection control." The registered manager told us all staff completed online and face to face training. Although staff received an induction when they started working for the service, which included shadowing staff they were not receiving regular monitoring, supervision or appraisals.

The registered manager informed us that their training programme was being developed, and staff would be supported to complete training specific to their roles by the online training system they were using. They informed us staff would be supported to develop in their knowledge and skills by completing the Care Certificate or other vocational qualifications. The Care Certificate sets out common induction standards for social care staff to ensure their competence.

Staff were not receiving regular monitoring, supervision or appraisals. Records showed that one staff member had not received supervision since starting work in January 2018, [a one to one meeting with their manager to discuss work performance]. The registered manager confirmed supervision had not taken place for all staff.

We recommend that the provider considers good practice guidance to ensure all staff receive appropriate support, training and supervision and appraisal to carry out their roles.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA 2005) and what this meant for the people they visited. The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People told us that staff sought their consent before providing care. One person said, "They always ask me first". We observed consent being sought, such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices.

Pre-assessments were completed before a care package was agreed. The assessments included details

about people's preferences and risks they faced. They considered whether people had religious or cultural needs which staff needed to be respectful of and formed the basis of the persons on going care plan. People and those important to them were involved in these assessments.

Some people were supported with preparing and eating their meals. Staff knew people's dietary requirements and we observed from one person's daily notes that they were provided with appropriate food for their needs. People told us they chose what they wanted to eat and received appropriate support to eat and drink. We observed one carer preparing a meal. They informed us at the person's morning visit they had discussed with the person what they would like to have for their lunch that day. The person received the meal they had requested.

Staff knew people well and were knowledgeable about people's health conditions and the support they required to maintain good health. 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. Staff told us they worked well together to ensure people received consistent, effective care. A staff member told us, "If we visit and someone needs support from their GP we stay and help them."

# Is the service caring?

## Our findings

The service was caring. People and relatives were positive about the care provided by staff. Comments included, "I would put them on a pedestal, best company ever", "I am so grateful for all the support I get", "The carers stay their allocated time and always call if they are going to be late."

Staff were able to tell us in detail about people's care needs. Staff offered people choices about their care and treatment in ways which were appropriate and enabled people to have control over their support. We noted that staff spoke with people in a warm and friendly manner and took time to listen to people without rushing them.

People told us that they felt listened to by staff and that they made time to have a conversation. One relative commented, "What amazes me is that they [staff] are always upbeat. Carers stay their time and at the end of the care they update things on their phones. Carers tell me if they have noticed something with [relative] such as a sore patch so I always know what is going on." One person told us, "Their bedside manner is fantastic". "There are not enough stars to award them".

Where people were unwell or in pain or distress, staff responded in a timely and compassionate manner to reassure people and seek external assistance where needed. One staff member said, "If someone was unwell or upset I would stay a little longer. I would let the office know I was running late." A relative told us, "It's very rare they [staff] are not on time. They keep to a set pattern".

When new staff started working for the service, people and their relatives told us how they were introduced to new staff gradually. One person explained, "We get introduced to new staff when they are being shown what to do." Staff told us they were given a sufficient amount of time on care calls to provide compassionate care.

People and people's relatives told us that staff understood how to treat people with respect and upheld people's privacy and confidentiality. Staff explained how they would ensure that curtains and doors are closed when they are supporting a person with their personal care. One relative told us, "They treat my [title] with such dignity and respect". The provider told us in their PIR, 'We have a care team of experienced carers both male and female. We ask each service user the gender of the carer they would be happy to have, and we will refuse care packages if we are unable to safely provide a service user with the care they need.'

People were supported to be as independent as possible. One person said, "I can do most things myself and the staff are patient to wait for me". Staff respected people's right to stay independent, but also alerted each other if there were any concerns. One member of staff told us, "We all have regular clients and would know if there was something wrong". We send a message by our phones".

Staff told us they could access the electronic care records system via the smart phones they were provided with by the provider. This meant communication was good and staff remained updated in regards any changes in need. One health professional told us, I have been around when carers are with my clients, they

show respect. They shared an example of over hearing male carers checking with the person they were ok to continue with the personal care whilst they had visitors in the home. They told us. "I felt this was good, so I have no concerns what so ever I have found all the carers to be polite and hardworking".

## Is the service responsive?

### Our findings

People were at risk of not being supported in line with their assessed care needs. We observed four care plans which had missing information in regards the support people required. For example, one person's care plan listed the person was deaf. The sections in the care plan 'how this effect my abilities' was blank. Although staff informed us they were aware how to support the person, there was a risk the person would not be able to communicate their wishes to existing staff or new staff. Another care plan guided us that the person needed support with catheter care, the care plan informed staff they needed to 'detach the night bag and empty and dispose of the bag if needed'. There was no guidance to staff to indicate when this would be appropriate. The registered manager told us, "I know that the care plans are not as person centred as I would like but I am working through it."

People told us they had been involved in their care assessment. One person told us, "I was involved and am entirely happy with my care plan". "They [staff name] went through everything and explained it all to me, they were very reliable". Another person told us, they were asked question at the beginning of their care package, they told us, "The carers strike the right balance, I want to maintain the art of doing things myself. My plan reflects this".

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. They told us they were able to respond to people's needs very quickly and felt communication was good throughout the team. One member of staff told us, "We use the system all the time. We are all responsive and aware of any concerns before we complete the next visit".

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood and communicated with people in ways which were meaningful for them. For example, one member of staff told us, if they were speaking to someone who had difficulty hearing they would, "Ensure I was in front of them and they could understand me".

People were provided with information about how to make a complaint and the response they could expect. They were also provided with details of external agencies in the event they were not satisfied with the response. One health professional told us, "I haven't had any complaints, in fact we have clients who have been resistant to care and yet Butterflies have been able to engage them".

People told us that they had not had a reason to complain about the service they received. All of the people we spoke with felt confident to make a complaint or for a relative to make a complaint on their behalf. One relative told us, "I have every confidence in [registered manager] I know that they would act on any concerns."

At the time of the inspection there were two people receiving end of life care. The registered manager told us

they were working closely with the district nurses and family regarding people's end of life care. They explained that they understood the importance of being aware of people's wishes for their end of life care and ensured that people's choices and preferences were consistently discussed and reflected in people's care plans.

## Is the service well-led?

### Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had overall responsibility for the service in Hampshire and Dorset. The office base had been transferred to Dorset from Hampshire in October 2017. The registered manager had the support of a part time administrative assistant. The registered manager told us, "If I am away staff can call [name] office administrator. The office administrator held no managerial responsibilities for the service.

Improvements were required to the monitoring systems within the service and the provider's governance systems. There were no established systems or checks for the registered manager to follow to monitor the service. For example, the system in place to monitor incidents was not effective. Staff told us they were not aware of what checks and audits were carried out in the home by the registered manager.

Improvements were required to how the service was managed and arrangements for accountability and delegation of management tasks. The registered manager informed us they had recently lost the support of a team leader, this meant there were no senior staff available to support the registered manager or to manage the service in their absence. The out of hours support was also provided by the registered manager. The registered manager told us they had found the lack of senior support meant they were overseeing the service alone which "Could be difficult at times."

Systems were not ensuring staff practice was reviewed to ensure that people were receiving effective care. The registered manager told us staff competency checks had not taken place since the position of the team leader had become vacant. Four members of staff told us they had not received any competency checks or feedback in their performance since commencing work. This meant there was a risk that people would not be receiving effective care and support.

Improvements were also required to ensure records were maintained and kept up to date in respect of people and the management of the service. Policy and procedures were not linked to the service. For example, a generic set of policy and procedures had been purchased. Updates were listed on the computer system as completed in June and September 2017, and January and May 2018. The policies examined in the files had the name Butterflies Home Care Ltd but all sections where specific company information was required or links to local safeguarding authorities or emergency services were blank. This meant there was a risk staff and people were not given the correct information in regards which service to contact in an emergency. The registered manager confirmed following the inspection the policies had been updated and correct information added.

Information was not always shared effectively. We asked the registered manager to provide us with an up to dated contact list of people and their relatives who had given consent for us to make contact with them to



discuss their experiences of the service. We telephoned six people, each person told us they had not been informed we would be contacting them in regards their experience of receiving a service from Butterflies of Hampshire, or had been asked if they consented to us calling.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was keen to drive improvement and learn from mistakes. They informed us during our inspection they had reflected on the lack of support in regards senior members within the team to support with quality assurance processes such as supervisions, and spot checks. They informed us they would be looking at the skills mix of their current team to look at development opportunities within the service.

Staff told us they felt supported by the registered manager. The registered manager told us they listened to staff, and spoke with staff on a daily basis. Comments in regards the leadership from staff included, "[registered manager] is fair and can talk to them about anything at all". "The registered manager is approachable and tries their best". Health professionals thought the service was well led. One health professional told us, "I contact Butterflies of Hampshire by calling or emailing the registered manager. Their computerised records are great for reporting back to me as you can get the information much quicker than paper notes".

People, relatives and staff told us that Butterflies of Hampshire was well led. One person told us, "We have met the registered manager and she seems nice, experienced, and friendly and told us about the team". Staff told us they had not received supervisions or regular staff meetings, but felt supported and were proud to work for Butterflies of Hampshire. One member of staff told us, "We all work together as a team and that's why it works, another said, "Butterflies is a "friendly company". The registered manager had an open door policy and staff told us they were comfortable with approaching them with any queries. Another member of staff told us, told us, although the registered manager was busy in the office, they are good at answering the phone."

The provider sought feedback from people and or their families through the use of a quality assurance survey. A survey had been sent out to people using the service in May 2018. The provider was analysing the results at the time of the inspection. .

The provider is required by law to notify the CQC of important events which occur in the service to protect the safety of people who use the service and how this was being done. The registered manager was aware of their responsibility.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The leadership and governance of the service was not effective in regards the monitoring of the service.</p>