

Ask Butler (UK) Limited

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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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ask Butler is a domiciliary care agency that provides care and support to people living in their own homes. The inspection was announced and we informed the provider 48 hours before the inspection that we would be coming, to ensure that key staff would be available. At the time of the inspection 12 people were receiving personal care, and this was the first inspection since the service registered on 19 May 2014.

There was a registered manager at the service. 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.

Relatives told us their family members felt safe with care staff. Care staff understood how to raise any safeguarding concerns. Risks were assessed and individual written guidance was developed, so that people could continue to live at home as safely as possible in line with their own wishes.

The provider employed sufficient skilled and experienced staff to meet people's needs. Appropriate pre-employment checks were undertaken before care staff were appointed, in order to ascertain whether staff were suitable to provide care and support for people who used the service. The provider confirmed they will now ensure the verification of all employment references.

Staff received appropriate training, supervision and support to effectively meet people's needs. This included training and guidance in relation to seeking people's consent before providing personal care, supporting people to make their own choices and decisions and how to meet the needs of people receiving palliative care.

Relatives told us their family members received compassionate and tender care, and were treated with the utmost respect. Staff described how they ensured people's dignity and confidentiality was maintained.

The registered manager and office manager offered support and assistance to people and their relatives when there was a crisis or they needed help to access other resources. They maintained good links with people who were in hospital to support them to smoothly resume their care packages once discharged, and to provide emotional support at a particularly difficult time.

The service responded to people's needs and provided personalised care. The provider sought feedback from people and their relatives, and ensured that people and their relatives had clear information about how to make a complaint.

People received a well-led service. The registered manager led the staff team by example, as he demonstrated a clear vision about the caring values of the service and the good standard of care and support people should receive. Staff were positive about how they were managed and the support they were given. Systems were in place to audit and monitor the quality of the service.

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 systems in place to safeguard people from harm and staff understood how to protect people.

Risks to people's safety were identified and guidance had been developed to minimise the risks.

Thorough recruitment practices were used to ensure people received their care and support from staff with suitable knowledge and skills.

Is the service effective?

Good ●

The service was effective.

People were asked for their consent before any care was provided.

Staff were provided with training and support to meet people's needs.

People received appropriate support to meet their nutritional and health care needs.

Is the service caring?

Good ●

The service was caring.

People were supported by compassionate and respectful staff, who ensured people's privacy and dignity. The management team offered their assistance to people encountering difficulties.

People were provided with personalised care that reflected their wishes and preferences.

Staff received training, guidance and support to meet the needs of people with life limiting illnesses.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and their care plans were reviewed and updated when required.

There was a clear system in operation to manage any complaints.

Is the service well-led?

Good ●

The service was well-led.

People's representatives told us the service was competently managed and the registered manager was supportive.

The registered manager enabled staff to learn and develop within the organisation.

Quality monitoring checks were regularly conducted to determine if people were being consistently provided with suitable care and support in accordance with their identified needs.

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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.

The inspection of Ask Butler took place on 27 June and 4 July 2016 and was announced. We informed the registered manager two days before our visit that we would be coming. We did this because the registered manager and other senior staff are sometimes out of the office visiting people who use the service and supporting staff. Therefore, we needed to make sure the management team would be in. One inspector conducted the inspection.

Prior to the inspection visit we looked at information we held about the service. We reviewed any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required by law to send us. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, the field supervisor, the administrator and the office manager. Following our visit to the agency office, we spoke by telephone with the relatives of three people who use the service and two care workers. We looked at a range of documents in relation to people's care and how the service was managed, which included three people's care records and four staff recruitment and appraisal records, and training and development files. We checked a selection of policies and procedures, the complaints log and quality assurance checks conducted by the field supervisor and registered manager. We contacted health and social care professionals with knowledge and experience of Ask Butler to find out their opinions about the service. We received written information from one professional.

Is the service safe?

Our findings

Relatives told us they thought their family members were safe. One relative said, "They (staff) are just so lovely to [my family member], it is unbelievable how gentle and thoughtful they are. They treat him/her with such kindness, as if they were looking after their own relative." Another relative told us, "They always come on time and will stay longer if there is a problem. They are honest and reliable people."

The provider had up to date safeguarding and whistleblowing policies. The safeguarding policy provided accurate information about the legal requirement to report any alleged safeguarding to the relevant local authority and to notify the Care Quality Commission (CQC). We noted that the registered manager attended training sessions and seminars to update his knowledge. Our discussions with the field supervisor and members of the care staff team demonstrated they had a confident understanding of the different types of abuse and their responsibility to report safeguarding concerns to their line manager. Staff stated they were confident that the registered manager would take appropriate action to ensure people's safety and welfare. Staff were familiar with the provider's whistleblowing policy and were aware of external organisations they could contact if necessary. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings).

Risk assessments had been carried out for each person using the service, so that any risks to the safety of people and staff could be identified and safely addressed. The risk assessments focussed on areas of people's day to day life, for example moving and positioning people who were at risk of developing pressure sores and supporting people at risk of malnutrition to receive appropriate support and monitoring with their diet. People's care and support plans showed that staff were provided with suitable guidance about the actions they should take in order to reduce the occurrence of identified risks. In addition to individual risk assessments, the provider had undertaken risk assessments in people's homes to detect any environmental and domestic issues that could impact on the safety of people and staff, for example any loose mats and rugs that could cause an accident.

Relatives told us there were always enough staff to safely meet people's needs and there were no concerns in regards to staff punctuality and reliability. One relative told us they were very pleased that staff were so reliable and dependable as it enabled them to carry on with daily routines and safely care for other family members. At the time of the inspection the provider employed 14 care staff, who were supported by an experienced field supervisor. The office manager told us they held an overseas nursing qualification and had worked in non-nursing health care support roles in the UK prior to working for the provider. Their role was flexible and included carrying out assessments for new people using the service, visiting people who used the service when they were admitted to hospital or a hospice and attending people's review meetings. Both the office manager and the field supervisor were able to temporarily cover any unexpected staff sickness or authorised absence. This enabled the provider to ensure that people did not miss visits and received their care and support from staff they were familiar with.

The recruitment files showed that the provider had robust processes to ensure that staff were safely

appointed. A range of checks were performed before new employees began work, which included proof of identity, a minimum of two written references, proof of eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. (The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people). We noted that occupational references had letterheads and company stamps; however the provider had not verified references in order to ascertain their authenticity. We discussed this with the registered manager, who explained that he had previously managed the field supervisor and the care staff team at other domiciliary care agencies over the past 20 years, hence he personally knew the referees. The registered manager confirmed that any subsequent recruitment would demonstrate the verification of references.

The registered manager and the office manager responded to out of hours calls. In order to ensure that there was an audit trail when a person who used the service and /or their relative called, the provider used a call centre to take messages outside of core hours. We observed a simulated test of how the system worked and saw that the designated on-call manager was instantly contacted by telephone and sent an email. The registered manager told us that this system meant people and staff were assured that there was an independent written record made to confirm their contact with the provider.

Records showed that staff had received medicines training, however at the time of this inspection none of the people who used the service required any medicines support from staff. The registered manager told us that people who used the service lived with relatives who chose to manage this aspect of their care.

Staff informed us they were provided with protective personal equipment (PPE), including disposable aprons and gloves, and records evidenced that staff had attended infection control training. The spot checks to people's homes carried out by the field supervisor demonstrated that checks were made to ensure staff appropriately used their PPE and followed standard infection control practices.

Is the service effective?

Our findings

Relatives told us they thought staff were experienced and properly trained for their roles and responsibilities. Comments included, "I think the staff are brilliant" and "yes, they are calm when situations arise and they are trained to provide palliative care."

Records showed that the provider offered staff a range of training to meet people's needs. This included mandatory training, for example health and safety, safeguarding vulnerable adults, equality and inclusion, supporting people with medicines, and moving and positioning. Care staff told us they were being supported by the provider to complete palliative care training. Both care workers told us they had worked in health and social care for many years and had achieved national vocational qualifications in levels two and three. One care worker said, "Having supported people for a long time, it feels special to now be looking after people with palliative care needs. We can do training about palliative care and I am learning new things." At the time of the inspection six staff had national qualifications in health and social care at either levels two or three and other staff were being supported to gain appropriate qualifications.

The field supervisor told us they had spoken with the registered manager about their professional development and it had been agreed that they would commence a management qualification this year, along with the office manager. The field supervisor was responsible for carrying out one to one supervisions with staff and providing some of the training, including moving and positioning and infection control. They explained that preventing cross contamination and infection control was a specific interest as they had a degree in a related field.

All staff had been provided with the opportunity to achieve the Care Certificate. This is a set of standards that social care and health workers stick to in their daily life. It is the new minimum standards that should be covered as part of the induction of new care workers. We were informed by the registered manager that staff were close to completing the certificate. Both care workers told us that they had enjoyed the course as it was a useful refresher.

Staff informed us they received regular supervision and an annual appraisal, which was confirmed in the records we checked. One staff member told us, "We are very well supported by the manager and [field supervisor]. The supervisor came over to support me at a person's home when they passed away." They said it was important to have supervision as people who used the service had complex health care and emotional needs, and relatives needed support and reassurance at difficult times.

Care staff told us they acted on people's wishes and asked for their consent before they provided any care, which was confirmed by people's relatives. The service provided care and support to people who at times might not have capacity to make certain decisions. This included people who were living with dementia and other people with cognitive impairments due to their life limiting illness. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any

made on their behalf must be in their best interests and as least restrictive as possible.

The provider understood the need to liaise with professionals at the local authority if they had concerns about a person's capacity to make decisions so that the person's mental capacity could be assessed. The provider's MCA policy stated the provider's obligation to work with people, their representatives, social services, health care professionals and other relevant persons in the event that a person was not able to make an informed decision for themselves.

Care plans contained information about people's capacity to make daily decisions about their care and support. The registered manager was aware of any circumstances where people's health and welfare, and/or their property and financial affairs were subject to a Lasting Power of Attorney or were managed by the Court of Protection. We noted that the provider did not seek a copy of relevant documentation to keep within a person's care file, in order to ensure that staff always liaise with the correct individual who has the legal authority to make decisions on behalf of a person who lacks mental capacity or no longer wishes to make decisions for themselves.

People's care and support plans provided information about the type of support they needed from staff in order to meet their nutritional needs and keep hydrated. Due to people's complex health care needs, district nurses and other health care professionals were actively involved in people's care. The health care professionals took a lead role in monitoring the condition of people's skin or assessing if they needed supplements to address unintentional weight loss that was impacting on their safety and wellbeing. We received comments from a health and social care professional who stated that the provider liaised very well with health care professionals and provided a very high standard of care for people, especially people with more complex needs.

Is the service caring?

Our findings

Relatives told us the care staff and the office team were "so friendly and caring" and "excellent, lovely people." One relative said they hoped that their family member would remain at home with the care from Ask Butler for as long as possible, as this was the best agency they had come across. Another relative praised how the staff spoke to their family member in a gentle and calm way, which was particularly important due to their health care needs. Relatives talked about how staff were genuinely fond of their family member. One relative said, "They (staff) really do adore him/her" and another relative described how staff provided personal care with such tenderness and compassion "as if [my family member] was a member of their own family. He/she does not get such wonderful care in hospital; they take such care of him/her."

Staff described their work as being a privilege, as they were able to contribute to the care and support people with complex care needs and life limiting illnesses. During the inspection we noted that the registered manager and office manager endeavoured to support people and their relatives to deal with a wide range of problems they encountered. This was commented on by a relative who told us they had desperately needed additional respite hours and had mentioned it to the registered manager. The relative told us they were delighted when the registered manager had quickly put this in place. We also saw in people's care files that the provider had written to statutory organisations to assist relatives who needed additional aids and adaptations at home in order to support their family member. The provider's compassionate approach was commented on by a health and social care professional, who cited several examples of when the management team had tried hard to support people and their relatives with the provision of additional hours or moral support to sort out issues regarding equipment or housing. Relatives and the health and social care professional described the provider as conscientious and committed.

Relatives told us their family member was consulted about their care and asked about their choices and preferences. A relative said they felt that the office manager had listened to their wishes when the provider conducted its own assessment, as the visits by the care workers took into account other important daily commitments that the relative needed to balance with their caring responsibilities.

Care staff told us how they ensured that people were supported in a way that promoted their dignity. One care worker explained, "I always make sure that people are ready to receive their personal care. If they have visitors then we can wait a while and do some tidying up. We make sure that doors are closed, curtains pulled and if a close relative is staying in the room, we check that the person consents to us starting their care." Care files showed that people were asked if they had a preference for a male or female care worker. We noted that the office manager provided personal care every week for a person as this met their gender preference. The office manager told us they had developed a positive rapport with the person and would continue to provide elements of their personal care.

We observed that confidential information was kept securely at the provider's office. Care staff provided good explanations of how they maintained people's confidentiality and adhered to professional boundaries. For example, one staff member said that if they received a telephone call from their line manager while they were travelling on public transport to a person's home, they would make it clear that they were not in a

position to discuss any confidential matters.

The provider produced a guide for people who use the service and their relatives, which included information about the service and contact telephone numbers. This included a Freephone telephone number. We noted that when a family experienced problems with their telephone service, the registered manager provided the person with a telephone that belonged to the provider. This demonstrated the provider's commitment to ensuring that people were able to easily contact the service and feel supported.

Is the service responsive?

Our findings

Relatives told us the service was responsive. They told us that the provider met their needs as carers and met the needs of their family member. One relative stated that they had very specific guidance for staff about how to support their family member, which they had explained to staff at the beginning of the care package and discussed with any new staff. The relative said that staff adhered to the guidance which had enabled their family member to have a more positive experience of receiving their personal care.

People's care files showed their needs had been assessed prior to being referred to the provider. The care files we looked at contained detailed assessments carried out by health and social care professionals as part of the NHS Continuing Care funding process. This information was then used by the provider to inform their own assessment and planning of care. The office manager told us that their prior clinical background was useful for understanding and responding to the personal care needs of people with complex health conditions and palliative care needs, and we noted this knowledgeable input within the care plans. Care plans were found to be well written and personalised. They were kept under review and updated as necessary. Referrals were made for increased levels of care.

People received a visit at least once a month from the field supervisor and the office manager also carried out some visits. Although these visits formed part of the provider's 'spot checks' on the conduct and effectiveness of care workers, it was also used as an opportunity to read the care plan and check that it still accurately reflected people's needs. Relatives told us they had regular telephone contact with the registered manager and updated him if they felt their family member needed more care or their care delivered in a different way in order to respond to any changing needs.

The office manager visited people when they were in hospital or another care setting. At the time of the inspection one person had been admitted to hospital and the provider was in regular contact with their relative. The office manager explained that these visits enabled them to speak with health and social care professionals about the person's needs, so that the provider was well informed to take over their care once they returned home again. We noted that these visits were also a way of offering emotional support to people and their relatives.

The registered manager showed us a new information technology system that was due to be introduced after the inspection. We were shown a landline telephone that care staff could use to give live information about how they had supported people in accordance with their care and support plans and record that they had met the requirements of people's care plans within the agreed timescales. We were informed that it would enable the office staff team to monitor in real time whether people's needs were being properly responded to. The registered manager told us that this system had provided positive benefits for people when it was trialled by other organisations.

Relatives told us they were very contented with the service and did not have a complaint. The provider had received one complaint over a year ago and had carried out a thorough investigation. People were provided with information about how to make a complaint and the provider's complaints procedure had clear

guidelines about their time period for responding to complaints. Care staff understood how to support people to make a complaint if they expressed they were not pleased with the standard of their care and support.

Is the service well-led?

Our findings

Relatives told us they thought the service was well managed and they spoke highly about the friendly and approachable office team. The registered manager was described as "very caring and involved" and "His caring and motivated attitude is a good example for the staff." A health and social care professional informed us that the registered manager and the office manager worked diligently to ensure the service operated to a high standard. He was experienced in the delivery of domiciliary care services and had attained a national qualification in leadership and management.

Staff told us they liked working at the service and stated that morale was good. They had known the registered manager at other domiciliary care agencies and were keen to be part of the team as he was now a proprietor. Staff conveyed that there was an expectation that employees were expected to work in a compassionate and effective manner, and in return were provided with a rewarding and supportive work environment. They told us that the registered manager was approachable and listened to their views.

The provider had systems in place to monitor the quality of the service. This included audits of care plans and risk assessments, audits of accidents and incidents to look for any emerging trends and checks that staff were attending training sessions and completing online training. People and relatives were asked for their views about the quality of the service at review meetings, monthly spot check visits and through telephone monitoring calls. All of the feedback was complimentary, apart from the one complaint the provider had received. The provider had attempted to analyse the complaint so that they could learn from any mistakes and make improvements. We read the complaint and noted that it was difficult to relate the complainant's experiences to the views expressed in the more recent feedback from people and their relatives.

The provider was aware of the need to notify the Care Quality Commission of important changes, incidents and events at the service, as required by legislation. A health and social care professional informed us that the provider kept other organisations up to date with required information.