

Erian Limited

Butterfly Home Help (Bath and Wiltshire)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 April 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, mental health, older people, physical disability, sensory impairment and younger adults.

Not everyone using Butterfly Home Help receives regulated activity; 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 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.

Staff were not safely recruited. The provider had not always asked for a full employment history of staff prior to starting work at the service. Where there were gaps in employment history, these had not been explored with the member of staff to determine the reason. When staff had started prior to a satisfactory check with the disclosure and barring service, the service had not assessed the risks.

Risks had not always been assessed, so that safety measures could be put in place. There was not always clear guidance for staff on how to use equipment needed to keep people safe such as bed rails.

Quality assurance systems were not robust. There were no overarching quality assurance documents and action plans for the service as a whole. Only the satellite office in Bath produced monitoring information.

We have made a recommendation that the service reviews its quality monitoring systems.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

Medicines were managed safely and staff had received training in administration of medicines prior to doing that activity. There were sufficient staff employed and available to meet the care packages the provider had agreed to.

Staff understood their responsibility to keep people safe from harm. They had received training on safeguarding and knew the signs to be aware of. If needed the staff would have no hesitation reporting abuse and were confident the office would take appropriate action.

Training and supervision was provided to staff and updated when needed. Staff told us they felt supported

and could ask for training in any area. People and their relatives told us they felt staff were well trained and had the skills needed to do their jobs.

Personal protective equipment was supplied to staff and people told us the staff wore it when supporting personal care.

People were supported to access healthcare if needed; the service supported them to call GP's, district nurses or any other healthcare professional.

People and their relatives thought the service was caring and the staff respected their privacy and dignity. Person centred values were demonstrated by staff that told us they enjoyed the work they did. Care plans were person centred and people told us they had been involved in their assessments of care needs. People felt listened to and were able to have a review on a regular basis.

Confidential information was kept secure and only authorised personnel were able to access records. Staff used hand held devices to record daily notes, which required a password to access.

Complaints were well managed and records demonstrated all complaints were logged with the action that had been taken. People, their relatives and staff told us they thought the service was well managed. Staff found the management to be open, transparent and approachable.

At our last inspection carried out in July 2013, all the legal requirements were met; at this inspection, we have found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the first time the service has been rated as requires improvement. You can see what action we told the provider to take at the back of the full version of this report.

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.

Staff were not recruited safely. The service had not completed necessary recruitment checks prior to staff starting employment.

Risks were not always assessed so that safety measures could be put in place. There was not always detailed guidance recorded for staff to make sure they followed safe practice when using equipment.

Medicines were managed safely.

There were sufficient staff to undertake the care packages agreed by the service.

Staff were aware of the different types of abuse and signs to look for. They were confident that if they reported concerns the management would take appropriate action.

Is the service effective?

Good ●

The service was always effective.

Staff received training and supervision regularly to update skills and knowledge. Staff told us they felt supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and promoted choice. Consent was sought before staff provided support.

The service referred people to other healthcare professionals when needed and regularly assessed people's needs.

People had support to prepare meals which they told us was not rushed.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place but were not robust.
There was no overarching quality assurance system in place.

There were regular team meetings and staff we spoke with told us the management at the service were open, visible and approachable.

The service worked in partnership with other agencies and had good working relationships with local healthcare professionals.

Requires Improvement 

Butterfly Home Help (Bath and Wiltshire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 April 2018 and was announced. We gave the service notice of the inspection visit because we needed to be sure that someone would be at the office.

Inspection activity started on 20 March 2018 and ended on 20 April 2018. It included talking to people who use the service, their relatives and staff on the telephone. We visited the office location on 17 April 2018 to see the registered manager, operations manager, office staff and care staff; and to review care records and policies and procedures. We also contacted healthcare professionals who have been involved recently with people who used the service for their feedback.

The inspection was completed by an Inspection Manager and one Inspector. An expert by experience carried out telephone calls to people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection was a person who had personal experience of using a domiciliary care service.

Prior to the inspection, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law.

Is the service safe?

Our findings

Recruitment was not always safe. We saw for one member of staff that a full employment history had not been obtained. We noted that there was a gap in their employment for a period of 19 years. The service had not checked this gap. The provider's recruitment policy stated that applicants had to give details of all past employment prior to interview. For another member of staff, their employment history recorded they had worked at a service for a period of three years. The reference from this employer stated they had worked at the service for four years. This discrepancy had not been explored. This member of staff had also commenced employment with only one reference. Another member of staff had also not given a full employment history. We saw that one of their references was from an employer that was not listed on their employment history. The provider policy stated that two written references would be sought prior to employment; these references would cover the past three months of employment. We discussed these points with the operations manager during our inspection.

One member of staff had declared that they had a caution during the interview process but had not declared it on their application form. We checked with the business and finance manager what the caution was as we could not see a risk assessment. This member of staff had commenced employment before their Disclosure and Barring Service (DBS) check had been received. The service had completed DBS checks for all staff. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The provider's policy enabled staff to start employment before a full DBS check was received, following an assessment of risk. The service had not fully assessed the potential risks of this situation. We raised this with the operations manager who told us that the member of staff was shadowing other more experienced staff and not working with people alone. The provider's recruitment policy stated that where the member of staff declared offences and cautions, their case would be reviewed and risk assessed.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and proper person's employed.

Not all risks had been assessed and records did not demonstrate that effective safety measures were in place. For example, we saw that one person needed a hoist to help them move and had bed rails on their bed to prevent them from falling. There was no risk assessment in place or guidance for staff to inform them where the bed rails should be placed on their bed. People can become trapped in bed rails if they are not placed in the correct position. The Medicines and Healthcare products Regulatory Agency have published guidance on the safe use of bed rails which gives providers guidance on how to assess risks. There was also no risk assessment or clear guidance for staff on how to use the hoist safely.

There was no choking risk assessment in place for one person who had been assessed as being at risk of choking. The person was prescribed thickener for their drinks, to reduce the risk of choking, but there was no clear guidance for staff on the amount of thickener to be used. The lack of clear guidance for staff left this person at risk of choking. This person had also been identified as being at risk of developing pressure ulcers. There was no detailed guidance for staff to know what to look for when checking this person's skin. This

meant the service could not be sure that changes to skin would be identified and reported so that appropriate care and treatment could be sought.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

People told us they felt safe using the service. One person told us, "Oh yes, I feel safe all the time." Another person told us, "I do feel safe overall, I have to be hoisted. I am happy with the way it's done." Another person said, "Absolutely I feel safe. Very safe. They are very competent and caring." One person told us, "I feel safe, they hold on to me so that I don't fall." Another person said, "[care worker] locks up when she goes, I feel safe." One relative told us, "I am happy [relative] is safe." One relative told us, "Most of the girls you feel safe with, the new girls are not used to some of the equipment, but [relative] can tell them what is wanted."

There were sufficient staff to meet the care packages agreed. The registered manager told us they were recruiting care workers and had just completed induction for some new workers so that capacity could be increased. Existing staff were offered the opportunity to do additional visits to cover calls. There was an on call system so that people and staff had contact with a senior member of the team at all times.

Medicines were managed safely. Staff had received training on medicines administration and had been observed to assess their competence. The service only administered medicines from 'dosette boxes'. These are prepared tools that pharmacists produce to enable people to manage their own medicines.

Risks of infection prevention and control were minimised as staff followed safe practice. Staff had supplies of personal protective equipment (PPE) such as gloves, aprons and shoe covers. Staff we spoke with told us if they ran out there was always more available at the office. People and their relatives told us that staff wore PPE when supporting them with personal care. One person told us, "They [care workers] wash their hands. If they didn't I'd soon tell them." One relative told us, "They [care workers] wash hands first thing, then put on gloves and pinnies. Everything is bagged. Then hands washed before they leave."

Incidents and accidents were monitored and analysed for trends. Lessons learned were shared with staff. One senior member of staff told us they used group text messages to share learning with staff to minimise risks of reoccurrence.

Staff we spoke with understood the different types of abuse and signs to look for. They were confident about what they would do if they were concerned. They told us they would report concerns to their senior staff who would deal with the concern appropriately. The service had submitted a number of notifications to us to inform us of safeguarding referrals they had made. This demonstrated that staff were reporting concerns where appropriate.

Lone working risk assessments were in place to protect staff out and about in the community. Staff told us they felt safe, they had work phones and were able to call the office at any time.

Is the service effective?

Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service, applications to deprive people of their liberty must be made to the Court of Protection. The service was working within the principles of the MCA.

Staff we spoke with understood the principles of the MCA and how it applied to their work. One member of staff told us, "We always assume people have capacity, always offer people choice and support them to choose." Staff told us they would sometimes show people options as it helped people make choices. People told us they were asked their consent to care before staff gave support. One person told us, "They [care workers] are respectful of my decisions." Another person said, "They get my agreement for care." A relative told us, "They have a discussion with [relative] and listen to what is said."

People told us they had an assessment with a member of staff from the service, prior to care being received. One person told us, "I was actively involved in my care needs assessment." One relative told us, "They go through things with my [relative] and myself." People's needs were regularly assessed to make sure the service was still providing the right support. One person told us, "I had a review with the girls yesterday." We spoke with staff who had completed assessments and discussed what they are looking for. One member of staff told us, "We discuss what people want, we ask about their backgrounds, their medical history and we assess what their needs are."

As part of care packages people could have support with their meal preparation, or heating meals using the person's microwave, as well as support during meal times. People told us, "There is enough time for food, you are not rushed." If care workers were concerned about a person's fluid or food intake staff told us they would report their concerns to senior staff, who would make referrals to other healthcare professionals.

Records demonstrated that the service contacted healthcare professionals such as social workers, GP's, district nurses or the mental health teams to seek advice, make referrals or to report concerns. Staff we spoke with had knowledge of common issues some people experienced such as urinary tract infections or pain management. One person told us, "They pick it up quickly if I'm not feeling well. If the Dr is needed it will be organised by the carer." One relative told us, ""If [family member] is not feeling well, they pick up on it very quickly. They would contact the GP and tell me."

Staff used hand held devices to access people's records. The devices required a password to access them. This meant staff could access the electronic care planning system called 'PASS' and write notes up following each visit. The system enabled the service to quickly update records, record reviews and assessments and store care plans. The registered manager told us that people and families could have log in details to enable

them to access their records if they wished.

New members of staff completed an induction where they spent time doing classroom learning, online learning and shadowing a more experienced member of staff. There were opportunities to complete further training and care qualifications. The staff we spoke with told us if they felt they needed training in a certain area they only had to ask and it would be provided. People told us they thought staff had the right skills to do the job. One person said, "They [care workers] do have the right skills, they are very good." Another person told us, "The staff are skilled and competent." One relative told us, "The staff are skilled and capable, new ones shadow. The experienced carer always gives the correct detail."

Staff had supervision on a regular basis with their supervisor, which gave them the opportunity to discuss any concerns or training needs. In 2017, the senior management changed line management at the service to make improvements. Key senior staff supervised a team of care workers and made sure they received formal supervision and an appraisal. One of the supervisors told us, "There are formal supervisions every three months, appraisals every year and we also observe staff." All staff had observations of their practice, which checked their practical skills were compliant with the provider's policies and procedures.

Is the service caring?

Our findings

People and their relatives told us they thought their care workers were caring. One person said, "Nice caring girls, I can't say anything against them." Another person told us, "The carers are definitely kind and caring. They are all very nice." Another person said, "They are kind, caring and respectful." One relative told us, "They comb hair and look after [relative], I couldn't ask for better."

Staff took time to get to know people, what was important to them and how they wanted to be cared for. One person told us, "They are caring and take the time to find out about you." Another person told us, "The staff are caring, they listen to you." One relative told us, "They [care workers] are kind and caring and aware of my [relative's] needs. They take the time to get to know what is needed."

People told us that staff respected their privacy and dignity. One person told us, "They respect my privacy and dignity, while I have my bath they do their books." People told us the staff knocked on doors and closed doors when personal care was being provided. One person told us, "If they didn't take care of my dignity I would tell them." People did not feel rushed while having their care and support, they felt there was enough time to do what was needed. One person said, "They are so caring, they give me enough time to have my bath properly."

Staff we spoke with gave us examples of how they supported people's dignity. They told us they made sure people were covered with towels when supporting their personal care; they talked to people giving them reassurance and tried to make them feel comfortable. A member of staff told us, "I always think, how would I feel? I try and give as much privacy as I can." Staff told us they made sure doors were closed when supporting personal care, one member of staff said, "I close the door even though there is no-one else in the house."

Person centred principles were supported by staff. They told us that they make sure people have choice, they always gain consent for care and treatment before they give support, and they respect people and promote independence. One person told us, "The carers show respect for my privacy and dignity and help me to be independent." Another person told us, "The staff and the office show respect when they speak to me."

As far as possible, the service tried to make sure people had consistency with a regular care worker. Staff told us they enjoyed supporting the same people as it enabled them to build up relationships. One person told us, "I am well matched with my carers, they understand my needs." Another person told us, "I have quite a few carers, we are well matched. I get on well with all of them." One relative told us, "Preferences are always taken into consideration."

Staff we spoke with told us they enjoyed their jobs. One member of staff told us, "I enjoy my job as I like to cheer people up as much as I can, especially as they can be on their own all day." Another member of staff told us, "I love meeting different people every day." Staff we spoke with told us about times they had visited people in their own time to do welfare calls or to help with domestic tasks such as cleaning. In the recent

adverse weather staff at the service worked on days off, provided 4x4 vehicles for staff to use to get to people and walked for miles to make sure people got the care they needed.

Where people could not easily communicate, staff gave examples of different techniques they used. One member of staff told us, "For one client I give verbal encouragement, I hold her hand and use non-verbal communication such as eye contact."

People's property and belongings were respected by staff. A member of staff told us, "I always think that I am in their [person] home, I respect that."

People's confidential information was stored safely and only accessed by authorised staff. People's records were stored on an electronic system, which required passwords to access it.

Is the service responsive?

Our findings

People received personalised care and support that had been arranged to meet their individual needs. Following an assessment, the service produced care and support plans, which gave the staff guidance on how to support people's needs. People and their relatives were involved in planning and reviews of care and support provided. One person told us, "My care is specific to what my needs are." Another person told us, "My care is specific to me." Another person said, "They [care workers] give me what I ask for, they meet my needs."

People told us they felt the service listened to what they wanted and that they could involve their family members in the care planning process. One person told us, "My husband is involved in care decisions. Our views are listened to and acted on."

People had care and support to enable them to do a range of activities. Care packages included support with personal care, help with medicines, maintaining independence and support to access local communities. People told us they felt the service was person-centred to their preferences, wishes and needs. One person told us, "I'm quite happy with the service I'm getting. I've got my freedom back thanks to Butterfly." One healthcare professional told us they thought the service always thoroughly checked people's care plans prior to agreeing to provide care. This meant the service checked to make sure they could meet people's assessed needs with the resources they had.

Staff told us they were able to read people's care plans before they started working with the person. This meant staff understood what was needed ahead of the service starting. Staff told us that if they had any questions they would ask more senior staff. The service would liaise with occupational therapists if needed for advice and guidance on people's manual handling requirements.

The service managed complaints responsively. Records demonstrated that complaints had been recorded and managed according to the provider's procedure. People and their relatives told us they would know how to complain but said they didn't need to. People told us they would ring the office and speak to someone if they had a concern. One person told us, "People came out from the office. They ask if you are happy or have any complaints, I am definitely confident that any issues would be sorted."

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people might need alternative formats for information senior staff told us this could be arranged.

As part of people's care packages staff told us they enjoyed being able to do activities with people. One member of staff told us about a person they supported who was living with dementia. They had taken tomato plants for them and was supporting them to grow their own tomatoes. One member of staff told us they went swimming with a person every week to support them to maintain an activity they really enjoyed.

End of life care was provided when needed. Staff we spoke with were compassionate when speaking about providing this type of care. One member of staff told us, "Even though they [person] can't communicate verbally anymore, I still chat away, I always introduce myself and talk to them, I hold their hand and let them know someone is there."

Is the service well-led?

Our findings

At our last inspection in July 2013 we found the service was meeting all the legal requirements. At this inspection, we have found two breaches of the Regulations and this key question is rated as requires improvement.

Quality monitoring systems, such as a range of audits were in place; however, the completed audits did not identify the issues raised in this report. There were regular audits of various areas of the service provision and reports were prepared for the board of directors. The operations manager told us that as she was "hands on" she was aware of the issues within the service. The operations manager did not complete the audits; these were completed by a care manager from another office. The quality monitoring systems and processes did not provide a clear overview of areas requiring improvement and there were no overarching quality assurance documents in place. There was little documented evidence of any action plans that were developed as a result of the audits that had been completed. The operations manager told us that it was such a small team any actions were verbally communicated and actioned.

We recommend that the service consider reviewing its quality assurance systems to ensure they remain fit for purpose.

People and their relatives told us they thought Butterfly Home Help was well managed and the office was easy to contact. One person told us, "The office staff are friendly and helpful, you get a reminder call for bank holidays." Another person told us, "They are helpful, you can ring them at any time." Another person told us, "It is very well run indeed." Another person said, "Overall it is a very well-run service. I am very pleased." One health care professional told us, "The office staff are always friendly and helpful and knowledgeable in respect of their care staff, their skills and capacity for accepting new referrals."

Staff felt supported by the senior management at the service. Regular team meetings were held and minutes kept. A senior member of staff told us it could be difficult to get the staff together but they had other ways of communicating, such as the monthly newsletter for staff. We were able to see examples of what had been produced. The most recent newsletters had information on new staff starters, staff who had gained qualifications and information on topics such as confidentiality. The service had a Facebook page and all staff were able to contribute to the news published.

The provider values were known by the staff we spoke with. They felt their colleagues worked to the values and management at the service demonstrated behaviours in keeping with the values, which were 'professional care, family values'. Staff told us the service was managed by a senior management team who were open and transparent; they would approach them with any concerns.

Staff we spoke with were appreciative of the management style. One member of staff told us, "Management are approachable, they are very good with my rotas." Another member of staff told us, "I feel I have support, I can come and talk to someone anytime." Another member of staff said, "This company is personable, very caring, the owners are genuinely interested in what we do, they want to know about us." Another said, "I feel

looked after."

The registered manager told us they really valued the staff team and felt very proud of them. Enhancements had been introduced for staff as a thank you for their contribution. For example, since the last inspection a 'perk box' had been introduced which was available for all staff. This was a rewards system so that staff could access discounts for services such as the cinema, local restaurants or holidays. The provider had achieved Investors in People accreditation, which meant they were committed to meet a set of standards of staff management. The service is 10 years old in 2018, so the provider is giving all of the staff an additional day of annual leave to celebrate.

The service worked with various agencies to make sure people got the care required. Senior staff had good relationships with other professionals such as social workers, GP's and other healthcare professionals.

The directors had set up a community interest company to support local people. The registered manager told us they had provided social activities for older people in the local area such as tea parties. Staff told us they had donated all of their old phones to people in need in Ghana. The service worked in partnership with the Salvation Army to donate old uniforms to a hospital in Kenya. The registered manager, director and the business and finance manager had all taken part in a charity cycling event to raise money for a local charity.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not always been identified and assessed so that safety measures could be put in place.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had not carried out the required pre-employment recruitment checks to make sure persons employed were suitable.