Butterfields Home Services Limited

Butterfields Home Services

Inspection report

The Manning Suite
Victoria House
Victoria Street
Taunton
TA1 3FA
Tel: 01823 211112
Website: info@butterfields-homecare.com.

Date of inspection visit: 24 February 2015
Date of publication: 13/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was announced and took place 24 and 25 February 2014.

Butterfields Home Service provides personal care and support to people living in their own homes. At the time of the inspection they were providing a service to 35 people. 12 people received support with shopping or cleaning. This part of the service is not regulated by us and did not form part of the inspection. Seven people were either in hospital or respite care. Sixteen people were therefore receiving personal care. The service provides a variety of packages of care for people including support at the end of their life.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 a clear vision for the service. There was a commitment to provide high quality care which was tailored to people's individual wishes. These values were communicated to staff through staff meetings and supervisions.

There were systems in place to monitor the quality of care and plan on-going improvements. People were contacted on a regular basis through telephone calls and visits to ensure they were satisfied with the care they received.

People told us they felt safe with all the staff who supported them. There were risk assessments in place which meant care was provided in a manner that kept people as safe as possible whilst promoting their independence and choices.

People received care and support in line with their needs and wishes because adequate numbers of staff were employed. There were systems to ensure the service could be maintained in the event of staff sickness or other disruptions to planned care delivery.

People told us they had regular staff visiting them most of the time. One person told us they were not so happy when their regular care staff were not available.

People knew how to make a complaint and said they would feel able to do so. They told us they were visited by senior staff to ensure they were satisfied with the service they received.

Staff had good knowledge of the needs and preferences of people using the service which enabled them to provide personalised care to people. One relative told us about the care given to a person living with dementia "you need to know someone if you are going to work with them. They took time to get to know them."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One person told us "The service is absolutely wonderful. It does wonders for me."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People told us they felt safe with the staff who supported them in their homes.

People were supported by enough staff to meet their needs safely. The recruitment procedures ensured all staff were checked before they began work to minimise the risks of abuse to people.

Good

Is the service effective?
The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

Staff ensured people consented to the care they received on each occasion.

People's health needs were monitored action was taken when required to ensure their health needs were met. Staff liaised with health care professionals and followed their guidance when appropriate to promote people's well-being.

Good

Is the service caring?
The service was caring. People told us staff were polite and kind.

Staff respected people's privacy and promoted their independence and dignity.

People were fully involved in decisions about their care and support. There were regular reviews which enabled people and their relatives to express their views.

Good

Is the service responsive?
The service was responsive. People were provided with care which reflected their wishes and needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their choices.

People knew how to make a complaint and were confident that action would be taken.

Good

Is the service well-led?
The service was well led by a manager who was registered with the Care Quality Commission.

There were systems in place to monitor the quality of the service and any shortfalls identified were promptly addressed.

Good

Butterfields Home Services

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.

We looked at information we had received about the service. At our last inspection in February 2013 we did not identify any concerns with the care provided to people.

This inspection took place on 24 and 25 February 2015 and was carried out by one adult social care inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the manager was available in the office. We also arranged to meet staff and to visit people who received a service in their own homes.

During the inspection we met three people receiving care at home and one relative. We spoke with a further five people and two relatives on the telephone. We spent time at the office and met with the manager, office staff and five members of the care team. We viewed records relating to individual care and the running of the service. Records seen included four care plans, three staff personal files, records of staff training and quality monitoring records. We contacted seven health and social care professionals and received information from three.

Good

Is the service safe?

Our findings

People told us they felt safe with all the staff who supported them. One person said "I have no complaints at all. Someone even comes to see if everything is alright." Another person said "I rely on them and they do not let me down."

The service had taken action to minimise the risk of abuse to people receiving a service. Staff had received training in recognising and reporting abuse and talked to us about the action they would take if any abuse was suspected. Safeguarding training formed part of staff induction and was then up-dated each year. The manager had made safeguarding alerts when necessary and was familiar with the documentation and processes involved in working with other agencies to keep people safe. People were given information about how to raise concerns and how to keep safe when they first began having care.

Staff told us about the ways they kept people safe. They understood their role in maintaining a safe environment for people and the importance of being alert to any possible abuse. They talked to us about the importance of safe manual handling and of being well trained in this area to prevent harm to the person receiving care and themselves.

People received support visits in line with their needs and wishes because sufficient staff were employed. The agency made additional staff available so they were able to cover staff sickness and respond to emergency situations. There was always a senior member of staff on-call who could provide back up to care staff in an emergency.

People received a rota every week that showed which care staff were visiting them and at what time. People said staff were reliable and did not let them down. People received a phone call if new carers were being introduced. It was not always possible to keep people informed of last minute changes due to staff sickness but people would know most of the people in their team and so would usually know the person covering the visit. People were able to express an opinion about who visited them They told the office about anyone they had not liked or who they considered to be inexperienced.

The agency ensured there were enough staff to care for people by only taking on new people when they had sufficient staff in place. The manager told us they needed to constantly recruit staff to meet the needs of the increasing number of people receiving care. Senior staff were able to cover care visits but the manager told us the aim was to free up senior staff to do staff supervisions and monitoring visits.

The registered manager told us about the recruitment process of new staff. We looked at three staff files and saw checks had been completed before staff began working with people. Staff told us their recruitment process had been thorough and their induction had prepared them well for work at the agency. Staff completed a period of supervision lasting three months and then received a contract for set hours. Additional hours were the often available however staff told us they were always asked if they wanted extra hours. They said care staff worked as a team and management and office staff were aware of the demands of their role. One member of staff said "We can say no. Everyone will help out. "

All staff had work mobile phones to contact the office or their supervisor. This meant they could let them know if they were delayed or if they needed additional support.

Care plans contained risk assessments relating to people's home environments and to the person using the service. Where necessary the risks of manual handling were assessed and appropriate guidance relating to the number of staff required and the type of equipment were noted. When we visited people we saw staff complied with guidance documented in the care plan. Some people's risks were very specific to them and these were clearly noted in office files and in care plans we saw people's homes.

People were supported to take medicines by staff who had received appropriate training and completed a competence assessment. Training records showed when staff had completed training and when an up-date was due. Medicine administration records were completed accurately and these were audited when they were returned to the office and during spot checks by the clinical lead.

People received medication according to their needs. One person had to have their medication crushed and we saw in their file the confirmation from the doctor and pharmacist this was safe and did not affect the properties of the medicines. MAR charts showed prescribed lotions and creams were signed for to confirm they had been given as part of the person's personal care.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People we spoke with were very positive about the staff who visited them to provide care and support.

Care staff we accompanied on visits were confident and competent. They demonstrated skills and knowledge when caring for the people they visited. Staff were well trained and competent in their roles. One person told us they were supposed to have senior qualified care staff. Two staff visited them three times a day. We saw from their rota that senior staff were involved in the majority of their care visits. Staff told us about their previous experience. They told us about the ways in which the service enabled them to develop their skills and knowledge.

Training was provided to ensure staff had the skills and knowledge to provide appropriate care. The induction programme was planned with each individual member of staff when they were recruited. Induction training in the office was followed by shadow shifts, supervised working and a system of reviews of new staff. Additional training and support was available when required. For example when a person requiring assistance with movement and was supplied with a new hoist staff were trained individually in its use. Records showed who had been trained and noted their competence had been assessed.

Plans were completed with staff to identify the additional areas they wanted to be trained in. For example some people receiving care had problems swallowing (dysphagia). A trainer had come to the office to provide staff with initial training. Two senior members of staff had attended an external training event so they were able to support staff on an on-going basis.

The service was increasingly asked to support people at the end of their life. Training for staff was developed through the use of videos and links with the hospice training programme. The service was pro-active in accessing specialist training and support for staff. Health and social care staff with specialist knowledge were asked to talk to the staff caring for individuals with complex needs. For example staff caring for a person requiring regular exercises had been trained by the physiotherapist.

Staff supported people to eat and drink according to their care plan. We read in one care plan about a person's need to have their food prepared to a specific consistency. Staff were able to tell us about this person's needs when we asked them. We visited them in their home and saw there was clear and specific guidance clearly available. We saw staff follow the guidance as they delivered care. People were asked what they wanted to eat and daily records were kept of food taken.

A relative talked to us about the way staff supported their family member with eating and drinking. They told us staff had listened to their advice and worked with them to encourage the person to eat. They said "they cannot force them to eat a meal but the way they go about it gives the best chance of success."

Each person gave their written consent when they began to use the service. Staff were trained to understand the Mental Capacity Act 2005 The MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests.

People confirmed they were able to make decisions about the care or treatment they received. People told us they were involved in all decisions about the support they received. One person told us they had confidence in staff. We talked to relatives who helped to plan some people's care with them. We heard staff checking with people as they delivered care to ensure they were happy with everything that was happening that morning.

One person had the capacity to choose what food they wanted to eat. This did not always fully comply with the recommendations made by health and social care professionals. We saw clear documentation in the person's care file that ensured the person could make some choices and acknowledging this was their responsibility.

Staff monitored people's health and liaised with health care professionals to ensure people received the care and treatment they required. One person said "They are beginning to know me very well. They know when I am not

Good

Is the service effective?

well." In care plans we saw the service was working with social workers, community and psychiatric nurses. Staff assisted people to visit their doctors or contacted them to visit the person at home. We spoke with one healthcare professional who told us the staff had "worked hard" to support one person in their own home. Another told us they were pleased with the way the service supported people. They found staff helpful and co-operative.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included: "They are very satisfactory. Always polite and kind. They are ready to do those extra little touches. I have no complaints at all" Another person said "They are absolutely wonderful. They are reliable girls. Hardworking and cheerful. It does wonders for me having them visit." A relative told us they felt supported by care staff. They said the staff came to care for their relative but also "looked after" them and "gave good support and friendship."

People received regular carers from within a designated team. People said sometimes they had "different ones" or that they had "too many" care staff but rotas showed small teams of carers attended people throughout the week. When changes were made people usually knew the stand-in carer or would be visited by the supervisor. Some people had very regular carers with changes resulting only from holidays or illness. One relative said "Yes, we have regular ones. I know them all. They are all very nice girls." A member of staff said "We have regular people which is always good. Sometimes though people like to meet a new face. We are matched with people. Not everyone likes everyone. People are individual. It is all about what they want." One person told us they were not so happy when their regular care staff were not available.

People said the care staff who visited them were polite and respected their privacy. Staff said "We know which people need extra time to be alone." When we visited people in their homes staff were very aware of people's need for privacy whilst receiving personal care. Staff gently prompted and encouraged people to maintain their independence and to be involved in their own personal care.

Interactions between people and the staff visiting them were kind and friendly. We visited one person who received care from two care staff four times a day. Staff were well known to the person and they were relaxed and happy in their company. Staff talked to people in an encouraging and supportive manner. We met a live –in carer who worked with the agency to provide care for one person. They told us the service staff maintained a good balance between keeping to time and giving time for people so they did not feel hurried. One relative said staff were always kind and patient. "They never rush. It seems like they have plenty of time although we know they don't."

People were able to express their views about their care. People were phoned after two weeks of starting care from the agency. There was a full review at least every year. In the care plans we saw people had been reviewed at two weeks, twelve weeks and six months. One person had wanted to write their own care plan and we saw this in their file. People told us senior staff had visited them to check they were satisfied with the service. One relative said "X came out to see me. You can speak freely."

When concerns were raised they were dealt with promptly. People said there might be "hiccups" or things occasionally "went a bit iffy" but would be quickly resolved. In one care plan carers had expressed concerns about the person's satisfaction with the service. The person had been visited and issues had been resolved. They told us there was "a blip" but everything was fine again.

Staff were aware of the need to maintain confidentiality. Confidentiality had been discussed in a recent staff meeting. Minutes confirmed the importance of confidentiality in all aspects of service operation.

Care plans in people's home and the daily records completed showed concern for the person. One carer told us about how they had come to understand the people they cared for. They talked to us about the problems people faced and how as care staff they needed to understand how illness might affect people's behaviour at times.

Records for a person who had received care at the end of their life were very detailed and showed individual and personalised care. The care staff had worked with the community nurses and the person's family to support them to be comfortable in their own home.

Good

Is the service responsive?

Our findings

Staff had good knowledge of the needs and preferences of people using the service. This enabled them to provide care that was responsive to people's needs and personalised to their wishes and preferences. People received support that varied from one or two short visits a week through to four visits a day from two care staff. The service was flexible and supplied the care people needed. For example one person had a designated team of care staff to sleep- in overnight and to maximise their independence during the day. Staff told us how they supported the person to follow their interests and enabled them to visit community events and entertainments. They said "It is all about knowing the person. You get to know what is important. Sometimes doing the little extras can be what matters." Care staff supported people who lived alone or worked with relatives and other professionals to meet people's needs.

Everyone had a care plan with specific care tasks detailed but people valued the flexibility of staff. One person told us "They come twice a week. They help me with a shower but they will do whatever I ask them to."

Another person told us they felt very much in control of their care. They said "I'm independent. They do what I ask them to do. This is my home, my life. We discuss things. They are always ready to help out. They are very good girls and do what they can to help me."

We observed how care was organised creatively for one person to meet their needs. Two carers met to assist the person with personal care. One member of staff stayed on to assist with breakfast. This meant the person did not feel rushed and had plenty of time to enjoy their breakfast while the other carer was able to visit another person who also wanted a fairly early start to their day.

People received a detailed assessment before service with the agency began. The manager told us they needed to be sure they could meet the needs and expectations of people. Care delivery was planned with occupational therapists to ensure appropriate equipment was in place. People were reviewed two weeks, twelve weeks and six months. Client reviews were discussed at senior care staff meetings to ensure any issues were identified and attended to.

Care plans were personalised to each individual and contained information to enable staff to deliver care in a manner that respected the person's wishes. Care plans gave information about people's physical needs, background information about their health conditions and important personal information such as family contacts. There were clear instructions to staff and where required additional appropriate information. For example guidance on manual handling, eating and drinking, exercises or pressure damage.

It was clear staff responded to changes in people's needs. Additional visits had been added as people required more care. We saw care plans had been up-dated following visits by the supervisors or following care reviews. One care plan emphasised the need to assess the person at each visit as their abilities and wishes varied. Care staff reported changes to the office so contact could be made with health professionals or family members. One relative said "I know anything I need to know will be reported to me. I can leave a note and it will be followed up."

Good

Is the service well-led?

Our findings

The registered manager was very open and approachable. They developed their skills and knowledge by on-going training and attended local and national conferences. Staff told us they felt happy to speak directly to the manager at any time.

The manager had clear ideas about the sort of service people should receive from the agency. They had a vision of a service that was reliable and provided high quality care. They wanted to emphasis a team approach where managers and staff supported each other to do a good job for people receiving care. Staff told us they were working for "a good company." One member of staff said "I believe in what they believe in."

There was a staffing structure which gave clear lines of responsibility and accountability. The registered manager was supported by a team of office based staff. A medical director co-ordinated staff training, undertook staff reviews and followed up any concerns with care raised by staff or people receiving care. The care planner ensured the smooth running of staff rotas and understood the calls people needed. Senior care staff had designated teams. One person had their own live-in team of care staff. There was a 24 hour on call rota so a senior member of staff was always available.

There were systems in place to make sure high standards of care were delivered. All staff received formal supervisions with senior members of staff. Supervisors worked with care staff and also carried out observations and spot checks. We found some records of interviews were not signed or clearly recorded. The manager tool immediate action to improve practice in this area.

Minutes of staff meetings showed any issues of concern were discussed and addressed. Actions to be taken were recorded and agreed with staff.

There were effective quality assurance systems in place to monitor care. We saw staff checked into the person's home using their mobile phone. This enabled office staff to know where the carer was and the amount of time spent with the person. The manager said it is important staff arrived on time and spent the full amount of time with people.

The service had collated the feedback they received from people through face to face and telephone reviews between January 2014 and September 2014. Later reviews had not yet been collated although we saw they had been completed in people's files. 29 people had been contacted. People said staff arrived on time and stayed the required amount of time. Staff did what was required in the care plan. Small changes to improve the service had been implemented.

The agency worked with health and social care professionals to meet people's needs. One social worker told us they were really pleased with the agency. They said they were committed to maintaining a good service to people. A health care professional told us staff got involved and worked with the people they provided a service for. Staff were available to attend review meetings and worked well in partnership. Care staff worked with family members and live-in care staff to meet people's needs. One live-in carer said staff were efficient and the joint working went "really well."

Information was available if people needed to be transferred to another service. The manager said there was a team approach to problems that arose and plans were in place to respond to emergencies such as poor weather.