

Butterflies Home Care Ltd

Butterflies In Andover

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Butterflies in Andover is a domiciliary care provider. At the time of this inspection 24 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service was not always well led. Staff did not always feel supported by the registered manager however relatives we spoke with were happy with the service provided.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective or clear how they were being used to measure, or improve, the quality of the service provided.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, for some staff further checks were required to obtain a full employment history.

Not all staff received regular support and one to one sessions or supervision to discuss areas of development and to enable them to carry out their roles effectively. Training in manual handling was provided on line at present while the service was looking for a new trainer to provide practical training.

People using the service and their relatives, told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

There were plans in place for foreseeable emergencies. Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable.

People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures.

Staff had the skills and qualities and skills to deliver effective care and staff felt supported by the training offered. People were supported with their nutritional needs when required.

Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 August 2020, and this is the first inspection.

Why we inspected

This was a planned inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Butterflies In Andover

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with members of staff including the registered manager and five care staff.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and their relatives thought there were enough staff. One relative told us, "The carers are on time more or less and if they are running late, I am informed and there is always a reason for any delay". Another relative said, "They are more or less on time and never missed a call. The carers always stay for the time they are supposed to and once the tasks have been completed, they will stay and chat which is great".
- There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. Records showed most calls were provided at allocated times and a few calls were provided later than expected. Relatives informed us when calls were later, they were kept informed of the changes to the allocated times.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, records showed gaps in employment for two staff members that had not been fully explored by the provider. For another staff member, they had a full work history for when they were living in the UK but no employment history of when they worked abroad. We spoke with the provider who assured us they had spoken to staff but not recorded the reasons why. To ensure records were compliant with regulations they were adding a check list to their interview check form.

Systems and processes to safeguard people from the risk of abuse

- People's families told us they thought their loved ones were kept safe. One family member told us, "My father is very safe with the carers as they work as a team. I know he is safe with them as I feel confident to leave him when I go out when they provide a sitting service for a few hours". Another relative said, "Mum is very safe with the carers as I have observed the way they work and are very attentive". Another relative told us, "They interact very well with my husband and are very trustworthy".
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- The registered manager and staff were aware of their responsibility to report any concerns.

Assessing risk, safety monitoring and management

- People and their relatives felt the service managed risks well. One relative told us, "My husband walks with a Zimmer [frame] and the girls [care staff] always ensure he is safe as they will walk beside him". Another relative said, "The company made sure he got grab rails in the bathroom". Another relative told us, "The carers are always risk assessing to ensure at all times the care is managed safely".

- Assessments were undertaken to assess any risks to people and to the care staff who supported them. For example, risks to the environment inside and externally, personal care and moving and handling.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Using medicines safely

- Relatives we spoke with felt medicines were safe. One relative told us, "I know medication is given properly as they take a photo of the Dossett box prior to the meds being removed and then, once they have been dispensed, take another picture and upload onto care plan". Another relative said, "When I informed [staff members name] of a change in Mums medication and she was to have an additional tablet, I received a text from [staff members name] saying that all carers had been informed and this would be actioned, very reassuring".
- The service supported people to take their medicines safely. The service kept a record of people's medicines using an electronic monitoring system where staff could update people's medicine administration records (MAR) on each visit. This improved safety because senior care staff could access care records remotely and monitor the delivery of care in real-time.

Preventing and controlling infection

- Relatives we spoke with felt staff followed good infection control procedures. One relative told us, "They are very aware of infection control". Another relative said, "I had a new wet room put into Dads and the carers reminded me that I had forgotten to put paper towels and antiseptic wipes back in again to ensure good hygiene".
- Staff followed clear infection control policies and procedures on infection control.
- Relatives told us staff always wore gloves and aprons when delivering personal care to reduce the risk of spread of infection. Staff confirmed they had access to a plentiful supply of gloves and aprons.

Learning lessons when things go wrong

- The registered manager informed us there had been no accidents or incidents at the service but were aware of any action to take to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives told us they had confidence in staff's skills and knowledge. One relative told us, "Mum is very safe with the care provided as even the new carers she is introduced to are very quick learners". Another relative said, "They are very well trained".
- Records showed staff were supported with the appropriate training needed to carry out their roles. At present this was all being provided online. The service had just introduced new dementia training face to face which had gone well and were going to continue with this training. However, moving and handling was being carried out online at present as they were looking for a new practical trainer for manual handling. The registered manager assured us this was a priority.
- Staff we spoke with felt the training they received was useful and enabled them to work safely and confidently. One staff member told us, "All of our training is done online I'm am fully up to date and have passed my courses".
- We received mixed responses about staff receiving effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Some staff felt supported by this and others felt they had not received a chance to meet with their manager to identify any concerns. One staff member told us, "I receive supervisions, they are useful and can raise anything we need to". Another staff member said, "I feel they would be more useful if they were more frequent and things were actually listened too". However, one staff member told us, "I have never had a meeting to discuss my work or training. I have not had a meeting to inform me my probation has ended or if there are any concerns". Records showed supervisions were not always provided in line with the provider's policy on frequency of supervisions.

We recommend the provider consider reviewing staff supervision records to ensure all staff are given the opportunities to meet with their line manager and support them thorough effective supervisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were happy with the care provided. One relative told us, "All the care that my Mum needs is provided, and they will also chat away to Mum. It is all very good". Another relative said, "The care plan meets all my Dad's needs".
- People received care and support which met their needs. When people started to use the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One relative told us, "The care plan is very comprehensive and before we started to use Butterflies, my brother was very involved with the overview and planning". Another relative said, "These guys are great, and I am so impressed with them as they use their phones, or iPads to record activity on and

follow the care plan". Another relative told us, "They follow a comprehensive care plan and do everything for him that we have identified".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported at mealtimes to access food and drinks of their choice. One relative told us, "They will make Mum a meal and give her drinks, they always ask her what she would like". Another relative said, "I make all Dads meals and drinks but if I am not there, the carers always ensure he has drinks and food that he likes".
- The support people received varied depending on their individual circumstances. One staff member told us, "We have lunch and tea calls which involves preparing meals. Also encouraging lots of fluids and eating".
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs. One staff member told us, "I know likes and dislikes from reading care plans etc., but mainly through getting to know who we support".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services. One relative told us, "Mum had a tiny bedsore and they let us know, but meanwhile they had contacted the surgery and been in touch to get the nurse out, it is great as they do so much for us so we don't need to worry". Another relative said, "When Mum had a fall, they called an ambulance and then let us know. They seem to have everything sorted so we as a family do not need to worry about a thing". Another relative told us, "Dad will not take off his lifeline buzzer and his neck was getting a little red and sore, but the carers monitor this and apply cream and it has cleared up".

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed an understanding of the MCA. Staff had completed training about the MCA and understood the importance of ensuring people made choices about their lives.
- Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their relatives told us they had been involved in discussions about their care planning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the relatives we spoke with told us staff were caring and compassionate. One relative told us, "They are genuine people and really look after Dad". Another relative said, "The carers are like long standing friends that call into visit". Another relative said, "They are so supportive to Mum and Dad as well as to the family". Other comments included, "They interact well and are very kind", "The girls are so lovely and respectful in every way".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I would be happy for a family member to receive care from Butterflies as we as staff work very hard and are very passionate about the people we support".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. Staff supported people to make decisions about their care and these were recorded in their care plans.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "By getting to know my clients I can respect their wishes of how they like their care to be carried out. I regularly read the other carers notes to see if things have changed so my knowledge is current before I arrive and the care I deliver is accurate". Another staff member said, "We get to know our clients well and I know a lot about what they used to do for work, about family history and what they like to do".
- People were supported to make choices about their care through daily discussion and formal reviews.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their loved ones were treated with dignity. One relative told us, "They never rush Dad and treat him with dignity and respect". Another relative said, "They are so kind, and Mum doesn't mind when they do such private intimate personal care, she feels very comfortable with them". Another relative told us, "They do all my husband's personal care and are very kind as they will give him as much privacy as required".
- Staff told us they always promoted people's privacy and dignity. One staff member said, "The care I provide promotes dignity, respect, privacy and independence as I always respect the wishes of service users. I discuss how and what they would like, I give time where needed and give privacy by standing outside a door in the toilet/bathroom until I am needed. Covering up when dressing/undressing so dignity is kept at all times, keeping bedroom doors, windows, curtains closed etc. I encourage independence where possible and always encourage service users to carry out tasks within day to day life, keeping positive at all times".
- People were encouraged to be as independent as possible. Care staff knew the level of support each

person needed and what aspects of their care they could do themselves. One staff member told us, "I personally try to make sure I give the clients time to do or try the tasks they need to do rather than doing it myself for the sake of finishing quicker. I try to encourage them to do as much as they can themselves and make sure they are given opportunities to choose regularly like what clothing they would like or what they would like to eat etc". Another staff member said, "I always ask the client how they would like me to help. I never assume and take over. If someone can do something for themselves, even as small as doing their buttons up of their shirt, I will wait and allow them the time to do that".

- People's personal information was kept secure electronically. Staff understood the importance of maintaining the electronic care records. People and their relatives understood their records were electronic and that they could see the records if they wanted to. One relative told us, "I have access to everything that is recorded on Mums care plan and it is quick and easy to access".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs. One relative told us, "They also provide a sitting service for two or three hours once a week which allows me to go out and during this time they will sit and chat to Dad and socialise and do things with him to keep him alert. The carers will do jigsaw puzzles with Dad which he enjoys doing". Other comments included, "They are very supportive and will find solutions to any problem that may arise", "My husband's needs are met by the care he receives".
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs such as, personal care, daily living activities, personal hygiene, meal preparation and health issues. One relative told us, "They have a good routine with my father, and he feels very comfortable with them being in his home".
- The service used electronic care planning. This supported staff in their role and gave instant access and live updates.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us that they could print documents in larger print or read records for people with sensory needs.

Improving care quality in response to complaints or concerns

- The registered manager told us the service had received no complaints. One relative told us, "They are very good, and we have no complaints". Another relative said, "They will immediately respond if I have any issues that need to be discussed".
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

End of life care and support

- When we visited the service, nobody was receiving end of life care. Due to the type of service the registered manager told us they don't normally deal with end of life care.
- The service provided staff with training on end of life care and staff were also supported by an employee assistance line if they needed to talk to someone privately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Most of the staff we spoke with did not feel fully supported by the registered manager. One staff member told us, "The team is much better now than when I started however, between the team and management it still feels very us and them and I feel like we manage ourselves more than we are managed". Another staff member said, "Somewhat, it is difficult to get a response from management in a timely manner". Other comments included, "I feel supported in my role majority of the time but more so the support from the care team is much more", "I personally love my job, management could be better and more supportive".
- Staff we spoke with told us if they had any concerns, they would report them to their manager. However, not all staff felt fully confident that appropriate action would be taken. One staff member told us, "I do feel able to raise concerns to manager but depending what it is depends if I have to ask again or get a reply when seen". Another staff member told us, "When issues are raised, I feel like they are not always dealt with, depending on [registered managers name] opinion is whether things are dealt with, she has an attitude of my business my way".
- As a result of staff not feeling fully supported staff told us this had caused low staff morale. One staff member told us, "Staff morale is positive sometimes but often poor as not always the support from management. You do get deflated as rarely get good feedback. A clients family member told me of a compliment sent to the boss and I never heard about it so was thankful to hear from the family member". Another staff member said, "There is rarely thanks given for going the extra mile or any incentive to work for her, the staff morale is poor and it has been commented on a lot that we keep going for each other and the clients and not for [registered managers name]".
- During the inspection the registered manager was not always available due to covering for staff sickness and annual leave. One staff member felt more support was needed in the office they told us, "Personally I feel like help is needed in the office and [registered managers name] doesn't have enough support there in order to support us effectively as she's too busy".
- The governance arrangements needed to be strengthened and developed. Audits viewed were not sufficiently robust. It was not clear how they were being used to measure, or improve, the quality of the service provided. For example, a recent recruitment audit had not picked up on gaps in employment histories.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives we spoke with felt communication was good. One relative told us, "[Staff members name] is

always available if I need to talk to her and responds quickly if I leave a message". Another relative said, "I can phone or text [staff members name] at any time and she will respond even if it is later in the evening".

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. These were either completed by telephone or by visiting people in their own homes.
- The provider sought feedback from people or their families using a quality assurance survey. This was sent out annually seeking their views. The feedback from the latest quality assurance survey in June 2021 showed people were happy with the service.
- The provider also sought feedback from staff using a quality assurance survey. The most recent staff survey was in April 2021. This showed that staff were happy working at the service. As a result, the registered manager told us staff were now on contracted hours. They said, "Paid monthly for whole shift which has made staff feel secure and has helped with staff recruitment".
- Staff were not supported by staff meetings. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. One staff member told us, "Team meetings are very rarely held, they are needed for us as staff, as we never really see each other. We have raised this many times for regular team meetings". Another staff member said, "We have never had a staff meeting since I've worked there, even though we have repeatedly asked for them". The registered manager told us they had paused staff meetings due to COVID-19, they did try an online Teams meeting which was challenging and didn't work well. They are looking at smaller staff meetings to start shortly.
- The service worked in partnership with health and social professionals. One relative told us, "They will always look at easier ways to manage things at Mum and Dads, for example signposting us to various agencies, getting a hospital bed in place, and lidded beakers for ease of drinking".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service. One relative told us, "We had two other care providers before using Butterflies and I have every confidence with the care that Butterflies provide, which I didn't with the other companies". Another relative said, "I am really impressed with this company". Other comments included, "The care provided is so good that it takes a great weight off my mind", "The company is wonderful", "I am very confident with Butterflies".
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence. The registered manager told us they only took on support packages where they believed they would be able to achieve the level of care they were committed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty to notify CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.