

Butterfields Home Services Limited

Butterfields Home Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Butterfields Homecare on 5 September 2017. This was the first inspection of this service since changes to the provider's registration were made in May 2015.

Butterfields Homecare provides personal care to people living in their own homes within the Taunton area and in a close proximity to the registered office. At the time of our inspection the service was providing personal care and support to 18 people. Some of these people only required a minimal level of personal care that fell within the regulation of the Care Quality Commission.

A registered manager was in post at the time of the inspection. 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.

The service had ensured that people felt safe that their care would be delivered as required. People spoke positively about the staff and said they were confident care would be delivered as planned. No concerns were raised about continuous lateness or missed care appointments. Staff had received training in how to identify and respond to suspected abuse and policies to guide staff on how to report concerns were available. There was sufficient staff on duty to meet people's needs and there were systems used monitor people's care delivery.

Staff felt they had sufficient time to meet people's needs and said appointments were not rushed. Staff said the service ensured they had sufficient time between appointments to travel. Medicines were managed in a way that ensured people received them when they needed them. We identified some staff inconsistency in relation to some medicines recording which the registered manager was to go to address with staff.

People said they received care and support from trained staff and did not raise any concerns about staff competency. People received mixed but minimal levels of support in relation to eating and drinking, but told us staff supported them as needed. Staff were trained to ensure they understood the principles of the Mental Capacity Act 2005. No person using the service currently required authority from the Court of Protection to lawfully deprive them of their liberty in their own home.

The service had ensured that an effective induction and training programme was available for staff. This supported staff to provide effective care to people and staff commented that they felt they received sufficient training. Additionally, the service supported staff through a regular supervision and appraisal programme.

Where possible, the service had ensured continuity in care. This had allowed staff to build a relationship with people and their relatives. People gave very positive feedback about their care and we received the same level of feedback from people's relatives. We reviewed a sample of compliment cards from people and

relatives that had previously used the service which reflected the feedback we received. People were involved in planning and designing their care and staff understood the needs of the people they supported.

People said the service was responsive to their needs. People's care records were personalised and people were actively involved in making choices and decisions in relation to their care. There was a system to ensure people's needs were fully assessed prior to care packages being undertaken. The service had a system that ensured regular care reviews were completed. People and staff gave examples of how the service had been responsive in relation to unforeseen changes. The provider had a complaints procedure and people were given the required information they needed on how to complain if they wished to.

People and their relatives spoke positively about the management of the service. Staff felt supported by the registered manager and senior staff at the service. There were systems to obtain the views of staff and key messages were communicated to staff. Staff told us they felt listened to if they raised anything. There were auditing systems to monitor the quality of care provided together with the accuracy of records and documentation used by staff.

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.

People felt safe and told us they received care as required.

Staff understood their obligations in relation to safeguarding people.

There were sufficient numbers of staff to ensure care needs were met.

Staff recruitment helped minimise risks to people.

People received support with their medicines as required.

Is the service effective?

Good ●

The service was effective

People told us they received care and support from competent staff.

People were supported to eat and drink where required.

Staff received training to understand the Mental Capacity Act 2005.

New staff received an induction and continuing support.

Staff received appropriate training, supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

People gave positive feedback about staff at the service.

The service had received written compliments about the care provided.

Relatives we spoke with spoke highly of the care provided.

Staff were knowledgeable about people's needs.

People said the care they received was in line with their wishes.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People said the service was responsive to their needs.

People's needs were assessed prior to a package of care being undertaken.

Reviews ensured the service was responsive to people's changing needs.

The provider had a complaints procedure and people felt able to complain.

The provider had systems to obtain the views and opinions of people.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives spoke positively about the service management.

Staff spoke positively about the leadership of the service and felt supported.

The provider communicated with staff and their views were sought.

There were quality assurance systems to monitor the service provided.

Notifications and the Provider Information Return were sent as required.

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.

The inspection took place on 5 September 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This was the first inspection of this service since changes to the provider's registration were made in May 2015.

This inspection was carried out by one adult social care 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection, we spoke with eight people who received care from the service and four people's relatives. We also spoke with the registered manager and three members of care staff.

We looked at four people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

All of the people we spoke with felt safe. People said they were confident staff would always arrive. All of the people we spoke with said they had never been let down. People said there were enough staff to provide continuity in their care. People told us staff were punctual and reliable, and understood there was a flexibility of 30 minutes either side of the arranged time of appointment, although we were told it was rare that carers needed this. People said if a staff member knew they were going to be late, they would ring them to inform them.

We received positive comments from people. One person said, "They are always dead on time, I have different ladies but I know them all." Another person told us, "I am safe, I get mainly the same girls, they are very good about time - they have never let me down." A relative we spoke with told us, "I have no worries about my loved one's safety, carers arrive on time we always know who is coming."

An assessment of people's needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. We did however find that guidance on how to deal with a diabetic emergency could be improved. Within people's records there was guidance detailing how people wished to be cared for and any mobility equipment they used. Within one person's records we saw the person was living with diabetes and was insulin dependent. Although the service had no direct involvement in the diabetes management, the person's records indicated they had previously (prior to receiving care from Butterfields) been hospitalised with low blood sugar. Within the person's records, there was no guidance for staff on what to do in an emergency situation to support the person should their blood sugar levels become unsafe. We identified this to the registered manager who addressed this immediately.

Staff had received appropriate training to safeguard people from suspected or actual abuse. Staff we spoke with knew the safeguarding procedures within the service and explained the process they would undertake to report concerns. Staff knew that they could report safeguarding concerns to the management of the service, but also that they could report concerns to external agencies such as the Care Quality Commission or local safeguarding team. Staff we spoke with felt confident concerns raised with the registered manager or senior staff would be addressed. Records we reviewed prior to the inspection evidenced the service had raised concerns with the local authority when the need was identified.

There were sufficient numbers of staff to support people safely. No concerns were raised by people we spoke with in relation to care appointments being completed. Staff told us they felt there was sufficient staff on duty to meet the needs of people and that they had sufficient time to travel between calls to meet the needs of the people. The registered manager and senior management were also actively involved in care provision where required. We spoke with the registered manager who told us that care packages were only commenced following the full assessment of people's needs and expectations in relation to appointment times. This ensured a service in line with people's needs was delivered.

There were systems that monitored care delivery to ensure people were safe and had received, or were receiving, care in line with their assessed needs. Staff were issued mobile smartphone's embedded with an

application. This application allowed them to 'scan in' on arrival at an appointment and 'scan out' when leaving the person's home using a Quick Response (QR) style barcode situated within people's properties. This allowed the senior staff and registered manager to monitor the completion of care appointments and this also ensured that the call length was as per the requirements of the person.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member's previous employment history and employment or character references. Photographic proof of the staff member's identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

Medicines were managed safely and in line with people's assessed needs. The support people received from staff at the service varied. For example, some people managed their own medicines with no support from staff and others required staff to remove their medicines from a pharmaceutical 'blister' pack as they were unable. Appropriate assessments had been completed where people had elected to be independent with their medicines. People told us they received the support they needed with medication and that staff acted in accordance with their wishes. The provider had a system to audit medicines records used by staff within people's homes. During a review of records, we identified some staff inconsistency in relation to record keeping when recording why medicines had not been given to people. The registered manager told us this would be discussed with staff at the earliest opportunity.

Is the service effective?

Our findings

People we spoke with felt that staff were well trained and met their needs effectively. When we asked people if they felt staff were trained sufficiently we received positive replies. One person told us, "They have had good training in Dementia - they know how to deal with my loved one and how to treat her." Another person said, "I am astounded at the depth of carers' knowledge, they know what to do." Another person recalled a positive experience where staff had identified a concern. They commented, "They are all good at their job, the practice nurse was very impressed they had spotted the start of a pressure area in its early stages and referred it to them."

Staff provided assistance to some people in the preparation of their meals and drinks. The registered manager told us there were no people known to be at risk of malnutrition or obesity being cared for by the service at the time of our inspection. People we spoke with did not raise any concerns about the support they received, which was variable between each person. Some people were fully independent with meal preparation and others required a small amount of support from staff. Within people's records it highlighted the level of staff intervention required. One person's records said, "I like to cook a few fresh vegetables before the carers arrive. My meal will be in the oven with a plate warming in the top oven."

Some people told us they had their breakfast prepared by staff and at lunchtime either had a snack, sandwich or a frozen ready meal which had been prepared by the staff. Care records again detailed what was required for the person to ensure they had sufficient food and drink until the next appointment. For example one record stated, "Please make a sandwich for later and put it in the fridge." In relation to drinks one person's records stated, "Please make a flask of tea and leave in lounge beside armchair." The same person's record also requested that staff made a second cup of tea before leaving as well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Most of the people supported by the service had capacity to make decisions and care records reflected this. Staff had received training in the MCA to ensure they understood their role when people did not have the capacity to consent to certain aspects of their care.

The registered manager told us that some people's capacity had begun to fluctuate and as a result they had undertaken a management level course in the MCA in order to ensure the service was acting in accordance with relevant legislation when required. We saw evidence that since this course, senior staff had received one to one supervision with the registered manager to discuss the MCA and how to apply it in the service. Following this, the registered manager told us additional information and learning would be discussed with staff during themed supervisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection (CoP). These applications are completed and submitted to the court by the local authority, however there is an expectation a domiciliary care provider liaises with the relevant local authority when required to highlight where a deprivation of liberty may be occurring. The registered manager explained that although no person was currently subject to a CoP deprivation of liberty, they had previously escalated concerns with the local authority about a person who was no longer using the service.

The provider had an induction process for new staff without any previous care experience which encompassed the new Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. New staff were further supported with shadowing senior staff, progressive supervisions and observations through the initial stages of their employment.

Staff were supported through a training programme. The provider had a programme that ensured staff received regular training that ensured effective care was delivered to people. Staff we spoke with were positive about the training package they received and felt they received training relevant to the people they supported. Training in subjects such as moving and handling, medication, health and safety and safeguarding was completed. A senior carer was shortly to complete a 'train the trainer' course in moving and handling in order to ensure they could deliver training to staff that required refresher training. The registered manager stated they would review the current record keeping arrangements for training to ensure all current training completed by staff was accurately recorded.

Training was also provided to staff in additional areas such as record keeping, equality and diversity and person centred care. Additional training specific to people at the service had been provided where required. Staff confirmed that where required, additional training was provided and staff felt supported by this. For example, training in catheter care and stoma care had been provided by an accredited person. Some staff told us they also had completed training to achieve a nationally recognised qualification or diploma in health and social care.

The provider ensured that staff received regular supervision and appraisal to monitor care delivery and to enable staff to progress and develop. Staff supervision was scheduled to be completed every 12 weeks. The supervision process followed an observation of staff practice within a person's home. Following this, the supervisor's observations were discussed together with the feedback of the person who received the care. Annual appraisals reviewed the annual performance by the staff member, together with setting objectives and actions for the following year.

Is the service caring?

Our findings

Most people spoken with agreed that staff treated them with respect and in a dignified and caring manner. People also told us that when personal care was being done, staff did it in a way which ensured their privacy and dignity was maintained. All of the feedback we received from either people or their relatives was positive. A comment we received from one person was, "My carers know me so well, they know what to do and how to help me, they know I value my independence and allow me to do what I can, even if it takes longer." When asked, all of the people we spoke with told us they would recommend the service to others.

Other people also gave positive feedback. One person recalled, "I suffered in the early days at the thought of all the young girls seeing me in all my glory, but they made it easy for me and there is now no problem at all. They treat me very kindly and chatter while doing my care - they will do anything I ask. Another person said, "I have a good relationship with the carers, they treat me kindly and respectfully and respect my privacy." A relative said, "My [person's name] is not the easiest person. She takes a while to get to know people but has developed a good relationship with her regular carers who are very friendly kind and reliable."

The provider maintained a log of compliments received from people. The compliments reflected the positive feedback we had received from people and their relatives over the course of our inspection. The compliments were from people who received care directly from the service and people's relatives. A sample of the recent comments included, "This comes to thank all of you so very much for the wonderful care you gave to my beloved [person's name]. You all made such a difference to the quality of his life during his last illness." A further compliment read, "Thank you all for the wonderful care you gave to [person's name]. I don't know what I would have done without you."

People were involved in their care planning and told us they felt their views were important to the service. People's care records evidenced how people wished to be supported and showed this had been discussed with them. There was personalised information within people's records such as how people wished for their personal care to be given. All of the people we spoke with told us care was delivered in accordance with their needs and that staff always ensured their needs were met prior to leaving the appointment.

Staff understood people's care and support needs and demonstrated they knew how people preferred to be cared for. We spoke with some staff about the people they cared for and how the continuity of care provided by the service was achieved. Staff told us that in general they supported the same people and that this helped them to form good relationships and understand the people they cared for. This included people's likes and dislikes. Staff explained how senior support staff would introduce them to new people. Another member of staff also mentioned how they would come to the office and read a care plan if they didn't know somebody that well in order to try and learn about them and how they liked to be supported.

People were given information about the service. People were given a 'service user guide' when they commenced a care package. The guide contained information about the service, for example the main contact number and the out of hour's emergency number so they could contact the service at any time. People told us they were always able to contact somebody from the service if needed. Other information

included information from the local safeguarding team who they could contact should they have concerns. People received other information such as their scheduled care appointment times and information on who would be providing their care. This was either sent electronically or posted, in accordance with people's preferences.

Is the service responsive?

Our findings

All of the people we spoke with said they had an assessment prior to care starting and said they were actively involved in planning their care. All of the people we spoke with agreed that their care was delivered as agreed in their care plan and that they were getting the care they wanted/needed in the way they wished. One person told us, "I am in charge of what happens to me, my legs might not work but my brain does. They all know and respect my need for independence, and only do what I want them to do." A relative we spoke with told us, "My loved one still gets regular input from [staff member name] who understands her needs. My loved one is involved in all decisions about her care - she is still very much in control".

People and their relatives gave examples of when the service had been responsive to their changing needs. For example, one relative told us they had requested additional support for their relative with just one week's notice. They told us this was arranged, and the service had ensured a staff member familiar with their relative was used. Another relative said that staff, "Move heaven and earth" to ensure they arrived on time to visit their relative because of their anxiety it caused if they were late.

We found people's needs were assessed prior to them receiving care from the service. It was evident from speaking with the registered manager and senior staff that this process was very important to the service as no care package would be undertaken unless the service were fully confident they could meet the person's needs and expectations. We saw the pre-care delivery documentation established people's needs for personal care, nutrition and hydration, any health concerns and social and leisure activities. It also ensured matters such as gaining access to people's homes, funding and any legal framework in place for others to make decisions on behalf of the person receiving care were discussed. Each person then had care and support plans that were tailored to meeting their individual needs based on the information ascertained during the pre-care delivery assessment.

Personalised care records contained information unique to the people to whom they related. This showed that care records had been completed in conjunction with the people whose needs they were designed to reflect or their representatives. Records contained detailed information about the level of support people needed during different appointments. For example, if a person had multiple care appointments during the day, their individual appointments were separately detailed within their plan. There was detailed guidance for staff on how to provide personal care to people in accordance with their preferences. Staff we spoke with told us they felt the records were easy to use and the detail within them allowed them to quickly understand the person's needs and support them as such. Staff told us that if needed, they attended the office to read people's care plans if they were new to the service. This helped them understand the level of care people needed.

The registered manager told us that care needs were reviewed at least every six months or earlier should the need be identified. People we spoke with and their relatives confirmed that these reviews happened and people's care records also supported this. Records showed that following the commencement of a new care package, people were frequently contacted in the initial stages to ensure their care delivery was meeting their needs and that they were happy with the service being provided. This showed the service had systems

to continually ensure they delivered personalised care.

Staff felt the registered manager and other senior managers had been responsive to meet the needs of people. During our discussions with staff we discussed the travel time they were allocated between appointments. One member of staff we spoke with told us that in general travel time was good, and that if they identified that insufficient time had been allocated the service would be responsive and adjust this. A member of staff also commented on how the office contacted them if they became aware of any significant traffic delays on routes frequently used by staff.

Staff also gave examples of how the service had responded to unplanned change. Staff commented on when some care appointments had run over due to unexpected matters such as a fall or additional care being required. They told us that when they had contacted the office to report this, subsequent appointments were rescheduled or allocated to others.

People and their relatives felt they could raise any concerns or complaints to the staff or management within the service. The provider's complaints procedure was communicated to people. The complaints procedure detailed how to raise a complaint with the service and what people should expect from the service. The service had received a complaint in 2017, however following an investigation it was a complaint raised following a person's misunderstanding of appointment times and the matter was resolved by the service management.

The provider had a system to encourage feedback about the service and to ensure people's views and opinions were captured. An annual survey had been sent out to all people using the service around November 2016. People and their relatives were asked for their views on different aspects of the service. For example, questions about people having their needs met, staffing, punctuality, were staff well trained and if they would recommend the service to others. The results of the survey were positive with no common concerns or complaints raised. Where minor matters were raised these were quickly addressed with the person by the service. People at the service said they would recommend it to others.

Is the service well-led?

Our findings

The views of all people and relatives we obtained described the service as friendly, helpful and caring. People and their relatives were unanimous in the view that the service was well run and, without exception, spoke highly of the management. People knew all management and office staff by name and said they found them to be very approachable and extremely helpful, friendly and caring.

Comments we received from people and their relatives were positive. One person said, "This agency is the best I have ever had, they want to know if there is anything they can do differently that would help me, just talking to them makes me feel better. They are good - they have never let me down." Another person told us, "All well run, [staff member] in the office is brilliant, always knows who I am, makes me feel special." A relative we spoke with said, "I have spoken to the manager often on my loved one's behalf and have had sensible discussions, I have found her to be open and transparent, I think their scheduling is very good."

Staff said they were well supported and felt valued by the management team. All of the staff we spoke with told us they were happy in their employment and said they received a high level of support. Staff said the support they received with training was good and that additional support and guidance was available through the supervision and appraisal process. The comments we received about the registered manager were positive. One staff member told us, "[Registered manager name] is lovely to work for, she's brilliant and I can speak with her about anything if needed." All of the staff said there was a good team ethos in the service and all aimed to achieve the best for the people they supported. One said, "We have a really good team, management are easy to talk to and listen."

A staff survey completed around November 2016 reflected the comments we received from staff. The survey, which was completed annually, sought the views of staff in relation to their employment satisfaction. Questions within the survey asked if staff felt valued, if their working patterns were suitable, if they enjoyed their work, if training requirements were met and if they were treated fairly. The results of the survey reflected either positive or very positive answers. The results also noted an improvement on the previous survey in relation to information sharing and pay.

The management communicated with staff about the service. There were bi-weekly senior's meetings held. These discussed people's needs or any current concerns, including any safeguarding concerns that had been reported or may need to be reported. This information was communicated to staff as required. There were also periodic meetings for staff to communicate information about the service. The service employed a very small number of staff. The management and staff told us that communication was frequent, and as highlighted previously staff felt there was support available if required. We saw the minutes from previous staff meetings that had been held. These showed that matters such as people's personal care needs, accurate record completion, feedback received into the service about care provision and medication were discussed.

There were management systems that monitored the quality of care provision at the service. The management at the service completed 'spot checks' in the community and observed staff practice during

care appointments. These unannounced checks, which focused on punctuality, care provision and feedback from the person, were then discussed in supervision. This ensured that staff were meeting people's needs and that care was provided at the required standard. Additional quality assurance checks were completed on care records and medicine records. Any shortfalls identified were communicated to staff either individually or as a group if required. This ensured that issues were highlighted quickly to staff to reduce the risk of reoccurrence.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.