

## Butterfly Days Limited

# Butterfly Days Limited

### 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

### About the service

Butterfly Days Limited is a domiciliary care agency providing personal care to people in 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. At the time of our inspection there were 16 people receiving personal care from the service.

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

People told us they felt safe when carers visited them and the service they received helped them to keep safe and manage risks. The service carried out risk assessments and put in place measures to reduce the risk of people coming to harm.

People told us staff were kind, caring and thoughtful and that they benefitted from having a group of regular carers whom they knew well.

There were sufficient numbers of staff to meet the needs of the people using the service. Staff were recruited safely and had appropriate training for the role.

Medicines were administered, managed and monitored safely.

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; the policies and systems in the service supported this practice.

People told us they knew how to make complaints and felt confident that the service would act on these. There was a suitable complaints policy in place and a system for investigating and responding to these.

There were robust systems in place to oversee the quality of the service and ensure people received consistent high-quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This is the first inspection of this service which registered on 9 February 2022.

Rating at last inspection

This is the first inspection of this service which registered on 9 February 2022.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Butterfly Days Limited

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 3 people who used the service and 4 relatives. We spoke with 9 staff members including the registered manager and care staff. We reviewed four care records and two recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

# 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 of the service and it has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Assessing risk, safety monitoring and management

- People and their relatives told us the service was safe. One person said, "The [staff] have all been fine. The carers are a similar age to me and they are very polite and helpful which goes a long way to making me feel safe."
- We reviewed the care plans for four people and found that these contained sufficient information about the risks to them and how staff could minimise and mitigate these. The service worked well with other organisations to ensure risks to people were effectively managed and that people received prompt medical care from other professionals where required.

Staffing and recruitment

- People and their relatives told us staff always attended on the agreed days and that they had a regular group of staff they knew well.
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks (DBS) and obtaining references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Not everyone using the service had support with their medicines. However, the service undertook an assessment at the time of taking on the care package to see what support, if any, the person may require.
- Where people did need support, this was clearly stated in their care records with information about how they liked to take their medicines, when, and what these were for.
- We reviewed Medicines Administration Records (MARS) for three people using the service and found that these were completed correctly and indicated that medicines were being administered in line with the prescriber's instructions.
- The provider used an electronic system for recording the administration of medicines. This meant the registered manager was able to pick up any missed doses of medicines promptly. We saw evidence of audits carried out to check medicines were being administered properly.

### Preventing and controlling infection

- Staff had access to appropriate stocks of personal protective equipment (PPE) and people told us staff wore this when they visited them. This helped to reduce the risk of the spread of infection.
- All care staff had received training in infection control and had regular refreshers. Spot checks were also carried out by senior staff which checked whether staff were wearing the correct uniform and PPE when providing care.

### Learning lessons when things go wrong

- Incidents were analysed and investigated to identify instances where action may reduce the risk of repeat incidents.
- Care plans were updated where required in response to incidents.



# 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 of the service and it has been rated good in this area. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed before they started providing a service to them.
- Care was planned and delivered in line with best practice guidance. The service used industry recognised tools to assess for risk and put in place clear plans to reduce risk.

Staff support: induction, training, skills and experience

- Staff received a comprehensive package of training in subjects applicable to the role. Where people had specific needs, staff had access to training in these areas.
- Staff competency was assessed and overseen by the management team. Staff performance and development was a focus of both group and one to one meetings with the management team.

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

- Not everyone using the service had support with eating and drinking. Where they did, the service carried out assessments around the risks of malnutrition and dehydration and put in place clear plans to reduce these risks.
- Where people needed support with eating and drinking, the level of support required was clearly set out in care records, along with their preferences.

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

- The service had developed good relationships with other healthcare professionals such as district nursing teams and GP surgeries to ensure people received joined up care.
- The service made referrals to other healthcare professionals where required to ensure that people received the input they needed to stay healthy.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us that they were given choice and felt in control of their care. One person said, "The carers always ask my permission and whether I want help with this or that to encourage my independence."
- The service assessed people's capacity to make decisions. People's abilities were clearly recorded in their care records and there was a focus on supporting people to be in control of their lives and make decisions independently.
- People's care plans made clear how they made decisions. This meant people were supported to give consent in whatever method of communication was best for them.

# 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 of the service and it has been rated good in this area. 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 and respecting and promoting people's privacy, dignity and independence

- People told us the service was caring and that staff treated them with kindness. One person said, "At Christmas the carers brought me meals in from their own homes so that I had a festive meal. Another time when the washing machine broke they took my washing home to their own homes, washed it and brought it back clean and dry. That is above what would normally be expected."
- People told us staff treated them with respect and dignity.
- Care records made clear what tasks people could complete independently and what parts of tasks they needed support with. This reduced the risk of people being over supported.

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

- People and their relatives, where appropriate, were involved in the planning of their care and were asked to sign their care documents to indicate they were happy with the contents.
- People told us they had access to their care documents in their home and were aware of the contents of these. They said they took part in regular reviews of these and that their views and wishes were documented.
- People were asked for their views on the service they receive regularly through surveys of their views and also care reviews. People's comments were documented and any action taken was recorded.

# 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 of this service and it has been rated good in this area. 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's care was planned in a personalised way which reflected their individuality and their wishes. People's goals were reflected, i.e. wishing to live more independently.
- The timing of care visits were planned in line with people's preferences. For example, if someone wanted a breakfast visit, this was planned in line with what time the person preferred to have their breakfast.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records made clear the ways in which people communicated their needs and preferences.
- People were given numerous ways to communicate their views and wishes to the service. These were acted upon.

Improving care quality in response to complaints or concerns

- There was a robust system for recording, investigating and responding to complaints. The service had not received any complaints since it registered with us on 9 February 2022.
- Everyone we spoke with said they knew how to make a complaint but did not have any at present. One person said, "I have never had to raise a concern or complaint, but being familiar with people in the office, the response is always good whenever I need to talk to the office."

End of life care and support

- No one was receiving end of life care at the time of our visit.
- However, care plans were in place which set out people's wishes at the end of their life and whether they had any particular preferences.
- There were plans in place to work with outside organisations to ensure people received the care they required to have a comfortable and pain free death.

# 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 of this service and it has been rated good in this area. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager had implemented robust systems to monitor the quality of the service. It was clear that these systems were effective and that there was effective oversight of the quality of the service. This ensured more consistent and positive outcomes for people.
- Positive comments about the management team were made by people who used the service, their relatives and staff. One person said, "Sometimes the manager will come out at weekends as a carer and it seems to be managed quite well from the office point of view." A relative told us, "We are very happy with the service provided. We get on well with the office, and between us we have found a system which works for all of us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were provided with surveys in which they could anonymously share their views on the care they received. People also had a copy of the complaints procedure in their home as part of a welcome pack.
- We reviewed the responses to the most recent surveys of people's views and found these were positive.

Continuous learning and improving care

- The registered manager reviewed incident records regularly and implemented any changes required to reduce the risk of repeat incidents and to identify any instances where changes in staff practice were required.
- The registered manager had plans in place to continually grow and develop the service and had recently been awarded a new contract with a local authority.

Working in partnership with others

- The service had good links with other outside organisations to ensure people received joined up and effective care.
- The service communicated well with organisations such as commissioning County Councils.